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ORIGINAL RESEARCH

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BREASTFEEDING EXPERIENCES OF WORKING MOTHERS IN VIETNAM

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Abstract

Background: World Health Organization recommends mothers all over the world should continue breastfeeding up to the age of two years or beyond to achieve optimal health, growth and development for their infants. However, the breastfeeding practices among working mothers have been decreased by the time passed.

Objective: to describe the breastfeeding experiences of mothers who returned to work after childbirth.

Methods: This study was utilized a qualitative design. Purposive sampling was used to recruit the participant who met the inclusion criteria. Data were collected from 10 semi-structured in-depth interviews. All interviews were audio-recorded and transcribed verbatim. The interview transcriptions were analyzed by using the qualitative content analysis approach.

Results: The breastfeeding period of 10 working mothers ranging from 7 to 15 months. Five categories emerged from the data were: 1) Attitude towards breastfeeding, 2) Breastfeeding support during working, 3) Strategic plan for breastfeeding, 4) Psychological distress, and 5) A need for support facilities and resources for breastfeeding during working.

Conclusion: This research provided a better understanding of breastfeeding experiences of working mothers in Vietnam. The findings can help nurses and other healthcare professionals in providing anticipatory guidance to mothers who plan to continue breastfeeding after returning to work.

Keywords: breastfeeding experience; working women; Vietnam

INTRODUCTION

Breast-milk is a good source of macro-nutrients, micronutrients, bioactive components, growth factors, and especially immunological factors which protect against inflammation and infection for children ([Ballard & Morrow, 2013](#)). Additionally, breastfeeding also demonstrates many advantages to mothers such as protective effects against breast cancer in women, faster postpartum involution of the uterus in early postpartum period, delayed return of menstrual periods, and also known as contraceptive

method ([Babita, Singh, Malik, & Kalhan, 2014](#); [Kramer & Kakuma, 2012](#); [Victora et al., 2016](#)). Furthermore, breastfeeding enhances the mother-child interaction, which, in turn, positively affects both short-term and long-term health ([Dieterich, Felice, O'Sullivan, & Rasmussen, 2013](#); [Liu, Leung, & Yang, 2013](#)). The evidence supported that breastfeeding as an effective intervention to advance mother-child health. Especially the timely initiation of breastfeeding within the first hour after birth is very important, as well as breastfeeding

exclusively during the first 6 months, and continued breastfeeding for the child until he/she is at least 2 years old ([Chien & Tai, 2007](#)).

Despite the well-documented importance of breastfeeding, the prevalence of breastfeeding is still very low in Vietnam ([Chung, Kim, Choi, & Bae, 2013](#)). Because of the low rate of breastfeeding internationally including Vietnam, numerous studies have been conducted around the world to investigate factors influencing breastfeeding practices. It is well recognized that working mothers were less likely to give breastfeeding to their children compared to unemployed mothers ([Asfaw, Argaw, & Kefene, 2015](#); [Jessri, Farmer, & Olson, 2013](#); [Jones, Kogan, Singh, Dee, & Grummer-Strawn, 2011](#); [Maonga, Mahande, Damian, & Msuya, 2016](#); [Saffari, Pakpour, & Chen, 2017](#)). The breastfeeding practices among working mothers have been decreased by the time passed. For example, among 100 working mothers who continued breastfeeding while working outside the home, 30 mothers continued breastfeeding for 1 to 3 months, 25 mothers continued breastfeeding for 4 to 6 months, 25 mothers continued breastfeeding for 7 to 12 months, and 20 mothers continued breastfeeding for more than a year ([Alhabas, 2016](#)).

Vietnam has the target to increase the rate of exclusive breastfeeding into 50% by the year 2020 and increased the rate of breastfeeding after six months. Currently, the prevalence of the working women in Vietnam is 72% ([Dan, 2018](#)) and among them, they are married women and have children. The decision to return to work after childbirth may be the results of financial constraints or women's lifestyles change; but this decision presents a unique challenge for women who desire to continue breastfeeding when returned to work.

In Vietnam, there is no study was conducted to describe the breastfeeding experiences of working mother when they returning to work. Therefore, the need of exploration about the breastfeeding experience of working mothers is important. The aim of this study is to

explore the breastfeeding experiences of mothers who returned to work after childbirth.

METHODS

Design

A qualitative descriptive study design was used to address the research objective. Breastfeeding experiences were collected from participant's stories.

Setting and sample

Participants were recruited by using a purposive sampling technique from Binh Duong province between March and April 2018. The inclusion criteria were working mothers either government officer or private officer, having breastfeeding experiences after return to work, having non-complicated normal vaginal delivery, and delivered a healthy baby without any medical conditions. Exclusion criteria were working mothers who have chronic diseases which breastfeeding is not allowed by a doctor such as HIV/AIDS or severe heart disease. In accordance with qualitative descriptive approach, the criterion of saturation was used to determine the number of sample size. The data saturation in this study was achieved by 10th interview. Therefore, the sample size for this study was 10 interviewees.

Data collection

Data were collected by using the semi-structured open-ended questionnaires. The interview was conducted in individual. The questionnaires were derived from literature review and from the researcher's insight on breastfeeding experiences. The interview guide was presented in the table 1. The first author is the lecturer in Medical College at Binh Duong province and had the experience to work with working mothers for more than 10 years while the second author is the midwife lecturer with 8 years of working experiences in maternity units.

All interviews were started with the question "Could you please tell me about your breastfeeding experiences?" and the

participants were asked by following prompting question such as “Any challenge with breastfeeding?” Other issues raised by participants during the interviews were used as cues for additional prompting questions.

Interview were conducted in the participants’ preferred place in which 8 interviews were conducted at homes and 2 at the offices. In Vietnam, the maternity leave is 6 months with full paid salary; therefore, all interviews were conducted after 6 months postpartum period so that the participant can share about their breastfeeding experiences while working.

Ethical consideration

Ethical approval was obtained from Binh Duong Medical College human research ethics

committees. Informed consent was obtained from the participants prior to commencement of interviews. The participants were informed about the objective of the study and informed about the right of participants. The participants can refuse to participate in the study at any time.

Data analysis

All recorded data from the interviews were fully transcribed verbatim; the qualitative content analysis approach was used to summarize the informational contents of the data. Themes and categories were formed after the first three interviews. Three procedures were used including coding data, categorizing text units, and refining the emerging themes (Miles & Huberman, 1994).

Table 1 Interview guideline

- Hello..... My name is.....Thank you for your time for this interview. In this interview, I would like to know more about your breastfeeding experiences when you returned to work, is that possible?
- Could you please tell me about your breastfeeding experiences? How long did you breastfeed for your child?
- As a working mother, how did you think about breastfeeding?
- Before returning to work, how did you prepare for continuing breastfeeding during your working?
- When returning to work, how could you maintain breastfeeding? Did you follow exactly what you had planned about breastfeeding?
- Do you think it was the challenge for you to keep breastfeeding during your working? What were the challenges that you faced during your breastfeeding?
- How could you deal with the challenges?
- What kinds of support that you received during breastfeeding period?
- To make working mothers be able to give breastfeeding for their children until 2 years as the recommendation of WHO, do you think what we should provide?
- Are there any more things that you want to share with me?
- To more clarify: Could you explain more, please?
- To more reflect: What did it mean to you?
- It is very nice for me to learn from your experiences. Thank you very much for giving me time for this interview. Wishing you will have a good health and successful life.

RESULTS

Five themes were emerged from the data: 1) Attitude towards breastfeeding, 2) Breastfeeding support during working, 3) Strategic plan for breastfeeding, 4) Psychological distress, and 5) A need for support facilities and resources for breastfeeding during working.

Attitude towards breastfeeding

The emerging theme of attitudes towards breastfeeding by working mothers is explored through the codes of two interview and the categories including plan for breastfeeding during working, dedication, commitment, assertiveness, and values the benefits of breastfeeding. Most of mothers perceive about the benefits of breastfeeding and have the intention to continue breastfeeding while they

were working. The second participant seemed to have strong commitment on breastfeeding with the evidence that she can give the exclusive breastfeeding.

...Breastfeeding is a good nutrition for my baby. It contains the immune factors to help my baby against the infection disease during the first two year, such as diarrhea, respiratory infection, and so on. I will try to continue to breastfeed for my baby for at least 18 months...I do understand about the benefits of breastfeeding for the baby, the baby was fed by breast milk, they could be healthier... it also helps to create the good relationship between the baby and the mother...make the schedule for myself to feed my baby.

One participant appeared a little insecure about breastfeeding and acknowledged that it really requires a lot of effort for one to breastfeed successfully particularly while working away from home.

...I also think that it is a little bit difficult for me to breastfeed my child when I get back to work because of the time ... it requires a lot of effort to give breastfeeding for my baby after I returned to work.

Breastfeeding support during working

The theme is explored from the perception of participant about the support that they experienced from working environment, living conditions, family member, husband, government policies, and breastfeeding community. Even though the same working status but the perceptions about the breastfeeding support of participants are quite different. One mother spoke about the negative attitude and lack of support from colleagues and employers in an institution regarding breastfeeding. The lacking of support from co-workers and employers was highlighted as follows:

...The employer not really support while the women in breastfeeding period. I could not receive any support from my office...at that moment I had to go to the toilet and take out the breast milk. I use the toilet to be the place where I can take out the milk. Of course, when I used the toilet to take out the milk...because...it is...it is the common place for everybody...so...somebody they would not happy when I used the toilet.

In contrast, other mother stated that she received the good support from workplace:

In case, if I cannot deal with the working time, I can request the day off work. My colleagues helped me to resolve the emergency problem.

All working mothers acknowledged that they received the great support from their husbands and family members.

...I didn't do housework, I didn't cook, my mother and my husband cooked for me and brought the food to me for breakfast, for lunch, for dinner... I didn't do anything at home. I spend a lot of time for my baby when I was at home... I felt so thankful for the support...the support from my husband...that the only one who was beside me at that time...he supported me a lot...he tried to do other stuffs to help me to have more time to rest...he encouraged me to eat healthy food...I think he supported me even in mental issues...yes...he made me feel so happy...that feeling is really good for mother.

Strategic plan for breastfeeding

This theme reflected an organized plan that women needed to develop to combine breastfeeding and working. The participants described the strategic plan in terms of plan ahead, organize, process of maintaining milk supply, time management, and maintenance of physical health. In order to continue breastfeeding while working, mothers need to have a plan, become organized, and have the process to maintain breast milk for breastfeeding successfully. The participants tried to keep their health behavior during the time they were working and breastfeeding in order to produce the sufficient level of breast milk for their babies. One mother said:

...I try to eat the food ah...which can ...improve the amount of breast milk. I drink milk...I drink the hot milk before feeding my baby. I keep relaxing...I keep relaxing in my mind, my body. For that way, I think it can maintain my breast milk...and... another way I exercise...yeah...I exercise at home every day.

Mother also showed time management for breastfeeding by keeping balance between working and breastfeeding.

...I tried to keep balance between working time and time for feeding my baby...I set the priority

for my work. I did meditation when I have free time to relax myself.

Psychological distress

Stress or pressures from the working environment were a major obstacle to continue breastfeeding. This psychological distress included feeling overwhelmed, stress, under pressures, and having to make sacrifices. Participant indicated that they could not breastfeed as the desired time because they were working. It is too much work. They thought they were too pressures with working and it caused the insufficient lactation for baby; as a result, they needed to stop giving breastfeeding for their babies.

...I think it comes from my working pressure, I get pressure... I act as Vice Dean in the faculty, so...you know...sometimes I have to solve a lot of work at the same time...Someday, I spend a lot of time with my colleagues at my office...I decreased the time at my home and the time for my baby...it made me think a lot and I think it caused to reduce the amount of breast milk at that time...it is really difficult to continue with breastfeeding while we are working women.

All working mothers concerned about lack of time when they returning to work. The second participant mentioned that she has no time to rest, to eat.

...Someday I skip the breakfast...I don't have enough time to enjoy a good meal...I do not have time to sleep.

That is the main reason why she stopped breastfeed to her child when her child was 13 months. In addition, most of participants were worried about the insufficient lactation while working.

I never have leaking since the first child...um...I think that it maybe because of my work...I knew that...that symptom (leaking and engorgement) could lead to the absence of breast milk late...so I was so worried but I could not receive any support from my office...at that moment I had to go to the toilet and take out the breast milk by hands to solve the problem.

Besides that, in order to breastfeed when returning to work, the mothers seemed that she needed to make sacrifices for breastfeeding during working.

...when I was at home with my baby, I separate... um...meals...one day I may take five to six meals within a day with different kinds of food...um...but when I back to work...even there was some days I did not take my breakfast... I don't have time to sleep...but I tried to give time for my Mom to sleep...I mean my mother-in-law.

A need for support facilities and resources for breastfeeding during working

Working mothers indicated their concern about lack of facilities for breastfeeding at work such as the private room for pumping the breast milk, the refrigerator to store the expressed breast milk. They thought that they really need the support and the understanding from their workplaces for their breastfeeding situation. They strongly felt that breastfeeding facilities could be improved in the workplaces or institutions if people identify the need of providing breastfeeding for children because its significance to increasing productivity for the society.

The refrigerator there...but it is not safe for keep the milk...because for keeping the milk we need a really clean suitable temperature referent...and we also need a private room even with the machine...the milk taking machine which is ready for use.

Or another mother said:

In my opinion, I think they should provide the private place for mother in the workplace for pumping the breast milk...Besides private room which is very important...the other thing is the perception of the society...because all the support will begin with the understanding of the employer...even the room or the machine, the hour to leave the office...all come from the perception and understanding... I think when the employers have knowledge...and when they have a suitable understanding, they will know what they should do...that is all.

DISCUSSION

The analysis presented in this paper is based on the group of working mothers who delivered healthy full-term babies and had continued breastfeeding while returning to work. Similar to the results of previous studies, working mothers in this study showed

their attitudes towards breastfeeding and perceived the support from family member and husband. Support from family was helpful in enabling the working mother to continue the breastfeeding. Similar findings were reported in previous studies whereby social support enabled the mothers to continue to breastfeed despite initial challenges ([Hjälmhult & Lomborg, 2012](#); [Jessri et al., 2013](#)).

Additionally, McInnes and Chambers conducted a qualitative synthesis in 2008 and the finding found that mothers may consider the support from their partners, mothers or from friends to be more important than the support from health professional. However, social support included support from husbands, mothers or friends may have a negative influence if there is a lack of knowledge or experiences of breastfeeding among the member of the social group ([McInnes & Chambers, 2008](#)).

Interestingly, the Vietnamese mothers perceived that they have the insufficient lactation. It is the main reason that made them stopped to provide breastfeeding for their babies. Even though they have enough breast milk, they still add formula milk or water to their infants in the first six months. As already mentioned and discussed in many previous studies, perceived inadequate milk supply issues could be due to lack of knowledge on the physiological process of lactation ([Carvalhoes, Parada, & Costa, 2007](#); [Phillips, 2011](#); [Sarasua, Clausen, & Frunchak, 2009](#)). Working mothers in our study narrated similar perceptions of inadequate milk supply, especially when they returned to work. Education of working mothers during the antenatal period could help to address this concern. The antenatal education could emphasize on recognizing of the cues of infant's hunger, the physiology of breast milk production, the ways to monitor if the baby is getting enough nourishment, and ways to boost breast milk production ([Imdad, Yakoob, & Bhutta, 2011](#)).

Working mothers in this study showed their experiences differently about their emotions

and states of mind during breastfeeding and working. In order to be able to breastfeed, they dedicated a lot such as extended maternity leave without any payment, or preparation to breastfeed during work. It was associated with positive loving feelings of bonding or attachment with the baby. On the other hand, they also felt uncertain about their abilities to breastfeed and resented changes to their lifestyle because of the commitment to breastfeed. This result was similar to previous studies, in which a combination of positive and negative feelings was reported. In a study of [Rojjanasrirat \(2004\)](#), the results indicated that working mothers experienced of stress and they reported feeling stress from their workplace, their work schedules which strongly inhibit their ability to express their breast milk ([Rojjanasrirat, 2004](#)).

Furthermore, the finding from this investigation showed that the working mothers prepared themselves to continue breastfeeding when returned to work. They have the plan to continue breastfeeding before returning to work. The finding is similar to previous study of [Rojjanasrirat](#) in which the working mothers stated the importance of maintaining the good physical health to keep the sufficient level of breast milk. In addition, the working mothers showed their time management to breastfeed successfully ([Rojjanasrirat, 2004](#)).

Obviously, in order to make the working mother be able to continue breastfeed during working, workplace support is crucial for working mothers who are still breastfeeding. Therefore, strategies to promote breastfeeding in the workplace need to be implemented. For example, in the USA, the US Federal Patient Protection and Affordable Care Act (2010) ensures that companies give breastfeeding mothers of children under the age of 1-year reasonable time to express milk in a clean and private lactation room ([United States Breastfeeding Committee, 2013](#)). This is also the main recommendation for the government policy from working mothers in this study to make them can continue breastfeed until their children were two years old.

In addition, companies should practice flexibility such as providing working mothers with lactation breaks and the physical space to express milk or breastfeed (Marinelli, Moren, Taylor, & The Academy of Breastfeeding Medicine, 2013). Even though, the Vietnamese government has implemented many strategies to promote breastfeeding such as extension the maternity leave from 4 months to 6 months, organized the week of breastfeeding in August annually (UNICEF, 2017), the need of understanding about importance of breastfeeding from the workplace should be emphasized to make all the working mothers receiving the support from their institution.

Declaration of Conflicting Interest

None declared.

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Author Contribution

Both authors contributed equally in this study.

References

- Alhabas, M. S. (2016). *Breastfeeding among working mothers in Saudi Arabia*. South Carolina: University of South Carolina.
- Asfaw, M. M., Argaw, M. D., & Kefene, Z. K. (2015). Factors associated with exclusive breastfeeding practices in Debre Berhan District, Central Ethiopia: a cross sectional community based study. *International Breastfeeding Journal*, 10(1), 23.
- Babita, N. K., Singh, M., Malik, J. S., & Kalhan, M. (2014). Breastfeeding reduces breast cancer risk: A case-control study in north India. *International Journal of Preventive Medicine*, 5(6), 791.
- Ballard, O., & Morrow, A. L. (2013). Human milk composition: nutrients and bioactive factors. *Pediatric Clinics*, 60(1), 49-74.
- Carvalhoes, M. A. d. B. L., Parada, C. M. G. d. L., & Costa, M. P. d. (2007). Factors associated with exclusive breastfeeding in children under four months old in Botucatu-SP, Brazil. *Revista Latino-Americana de Enfermagem*, 15(1), 62-69.
- Chien, L. Y., & Tai, C. J. (2007). Effect of delivery method and timing of breastfeeding initiation on breastfeeding outcomes in Taiwan. *Birth*, 34(2), 123-130.
- Chung, S.-H., Kim, H.-R., Choi, Y.-S., & Bae, C.-W. (2013). Trends of breastfeeding rate in Korea (1994-2012): comparison with OECD and other countries. *Journal of Korean Medical Science*, 28(11), 1573-1580.
- Dan, M. (2018). Tỷ lệ lao động nữ tại Việt Nam thuộc nhóm cao nhất thế giới [The percentage of female workers in Vietnam is the highest in the world]. Retrieved from <http://thoibao.taichinhvietnam.vn/pages/xa-hoi/2018-01-23/ty-le-lao-dong-nu-tai-viet-nam-thuoc-nhom-cao-nhat-the-gioi-52996.aspx>
- Dieterich, C. M., Felice, J. P., O'Sullivan, E., & Rasmussen, K. M. (2013). Breastfeeding and health outcomes for the mother-infant dyad. *Pediatric Clinics of North America*, 60(1), 31.
- Hjälmlult, E., & Lomborg, K. (2012). Managing the first period at home with a newborn: A grounded theory study of mothers' experiences. *Scandinavian Journal of Caring Sciences*, 26(4), 654-662.
- Imdad, A., Yakoob, M. Y., & Bhutta, Z. A. (2011). Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus on developing countries. *BMC Public Health*, 11(3), S24.
- Jessri, M., Farmer, A. P., & Olson, K. (2013). Exploring Middle-Eastern mothers' perceptions and experiences of breastfeeding in Canada: An ethnographic study. *Maternal and Child Nutrition*, 9(1), 41-56.
- Jones, J. R., Kogan, M. D., Singh, G. K., Dee, D. L., & Grummer-Strawn, L. M. (2011). Factors associated with exclusive breastfeeding in the United States. *Pediatrics*, peds. 2011-0841.
- Kramer, M. S., & Kakuma, R. (2012). Optimal duration of exclusive breastfeeding. *The Cochrane Library*. 2012(8): 10.1002/14651858.CD003517. pub2
- Liu, J., Leung, P., & Yang, A. (2013). Breastfeeding and active bonding protects against children's internalizing behavior problems. *Nutrients*, 6(1), 76-89.
- Maonga, A. R., Mahande, M. J., Damian, D. J., & Msuya, S. E. (2016). Factors affecting exclusive breastfeeding among women in Muheza District Tanga northeastern Tanzania: A mixed method community based study. *Maternal and Child Health Journal*, 20(1), 77-87.
- Marinelli, K. A., Moren, K., Taylor, & The Academy of Breastfeeding Medicine, J. S. (2013). Breastfeeding support for mothers in workplace employment or educational settings: Summary statement. *Breastfeeding Medicine*, 8(1), 137-142.
- McInnes, R. J., & Chambers, J. A. (2008). Supporting breastfeeding mothers: qualitative synthesis. *Journal of Advanced Nursing*, 62(4), 407-427.
- Phillips, K. F. (2011). First-time breastfeeding mothers: perceptions and lived experiences with breastfeeding. *International Journal of Childbirth Education*, 26(3).
- Rojjanasrirat, W. (2004). Working women's breastfeeding experiences. *MCN: The American Journal of Maternal/Child Nursing*, 29(4), 222-227.
- Saffari, M., Pakpour, A. H., & Chen, H. (2017). Factors influencing exclusive breastfeeding among Iranian

- mothers: A longitudinal population-based study. *Health Promotion Perspectives*, 7(1), 34.
- Sarasua, I., Clausen, C., & Frunchak, V. (2009). Mothers' experiences with breastfeeding management and support: A quality improvement study. *Breastfeeding Review*, 17(1), 19.
- UNICEF. (2017). Sustain breastfeeding together [cùng nhau duy trì nuôi con bằng sữa mẹ]. Retrieved from <http://www.un.org.vn/vi/unicef-agencypresscenter2-89/4475-world-breastfeeding-week-2017-highlights-the-importance-of-partnerships-to-achieving-health-and-economic-benefits-of-breastfeeding.html>
- United States Breastfeeding Committee. (2013). Workplace support in federal law. Retrieved from http://www.usbreastfeeding.org/work_place-law
- Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., . . . Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475-490.

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