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Working women's perception of breastfeeding continuity through the use of Breastfeeding Support Rooms: a qualitative study

Percepção de mulheres trabalhadoras acerca da continuidade da amamentação a partir do uso das Salas de Apoio à Amamentação: um estudo qualitativo

Abstract

Objective: To identify how breastfeeding support rooms (BSR) in companies contribute to the continuity of breastfeeding. **Methods:** Qualitative research carried out with working women, between December 2019 and December 2020, using a semi-structured questionnaire. A thematic categorical content analysis was carried out and the theoretical framework of the Brazilian Ministry of Health's public policies for promoting, protecting and supporting breastfeeding was used. **Results:** 53 women aged between 28 and 41 took part. The BSR use ranged from 1 day to 21 months; 47,2% of the workers had used it for 4 months. Four themes were identified in relation to perceptions of how BSR contribute to continued breastfeeding: 1) It makes it possible to maintain milk production and milk stocks; 2) It prevents problems related to breastfeeding; 3) It avoids the use of artificial milk; 4) It provides ease, support and well-being. **Conclusion:** The women consider that the BSR contributes to the continuity of breastfeeding after returning to work. This is an important strategy that companies should invest in to promote breastfeeding in the workplace, generate well-being and professional appreciation for working women who breastfeed.

Keywords: Breast Feeding; Women, Working; Working Conditions; Health Promotion; Occupational Health.

Resumo

Objetivo: Identificar como salas de apoio à amamentação (SAA) nas empresas contribuem para a continuidade da amamentação. **Métodos:** Pesquisa qualitativa realizada com trabalhadoras, entre dezembro de 2019 e dezembro de 2020, a partir de um questionário semiestruturado. Procedeu-se à análise de conteúdo categorial temática e contou-se com o referencial teórico das políticas públicas de promoção, proteção e apoio à amamentação do Ministério da Saúde do Brasil. **Resultados:** Participaram 53 mulheres com idade entre 28 e 41 anos. A duração de utilização das SAA variou de um dia a 21 meses, sendo que 47,2% usaram durante quatro meses. Identificou-se quatro temas relacionados às percepções sobre como as SAA contribuem para a continuidade da amamentação: 1) Possibilita manter a produção do leite e o estoque do leite; 2) Previne problemas relacionados à amamentação; 3) Evita o uso de leites artificiais; 4) Proporciona facilidade, apoio e bem-estar. **Conclusão:** As mulheres consideram que as SAA contribuem para a continuidade da amamentação após o retorno ao trabalho. Essa é uma importante estratégia na qual as empresas devem investir para promover a amamentação no ambiente de trabalho, gerar bem-estar e valorização profissional para as trabalhadoras que amamentam.

Palavras-chave: Aleitamento Materno; Mulheres Trabalhadoras; Condições de Trabalho; Promoção da Saúde; Saúde do Trabalhador.

Introduction

Increasing breastfeeding indicators is an international priority¹. The proven benefits for maternal and child health are indisputable, as the practice of breastfeeding has an impact on survival, health, and quality of life and contributes to the development of human capital^{2,3}. The benefits extend to countries of all incomes: low, middle, and high^{3,4}.

The determinants of breastfeeding are multifactorial³, so promoting breastfeeding requires combined and simultaneous interventions⁵. With the increase in women's participation in the job market, returning to work represents one of the main challenges for breastfeeding continuity⁶. Concerns related to the need to express the milk and keep it in a safe place, and the guarantee that the milk will be given to your child by a person you trust, can result in increased stress levels and lack of concentration. This can have a negative impact on performance at work^{7,8} and the lack of breastfeeding support in the workplace discourages women from breastfeeding^{3,9}.

Strategies to promote, protect, and support breastfeeding in the workplace can help increase breastfeeding rates, improving commitment and retention in the workforce³. In the context of companies, whether public or private, support actions are related to setting up rooms for breastfeeding or expressing and storing breast milk; offering daycare; and support from supervisors, coworkers, and family members for breastfeeding or expressing milk during the working day^{7,10}. It is known that strategies aimed at working women who breastfeed have the potential to contribute to achieving the Sustainable Development Goals (SDGs). In addition to goal 3 (health and well-being), there is a potential impact on SDG 5 (gender equality and women's empowerment) and SDG 8 (decent work and economic growth)⁷.

In Brazil, axis 2 of the National Policy for Comprehensive Child Health Care proposes actions to promote, protect, and support breastfeeding and complementary feeding. One of these is the Working Woman who Breastfeeds action, which brings together legal provisions to guarantee breastfeeding and maternity in the workplace¹¹. The Working Woman who Breastfeeds action has three pillars of action: 1) the extension of maternity leave to six months, a non-mandatory provision made available through the Citizen Company Program¹²; 2) daycare in the workplace or daycare vouchers, a mandatory provision for companies with more than 30 women over the age of 16, according to Article 389 of the Brazilian Consolidation of Labor Laws (CLT)¹³; and 3) the implementation of Breastfeeding Support Rooms (BSR), a non-mandatory provision proposed by the Ministry of Health (MH)¹⁴. The Working Woman who Breastfeeds action is implemented by the MH with the support of the Brazilian Society of Pediatrics through the training of tutors, health professionals responsible for offering free technical support to public and private companies.

BSR and breaks to breastfeed or express milk during the working day are low-cost interventions that can reduce absenteeism, improve performance, commitment, workforce retention, reduce barriers for working women³, and can increase the intention to continue breastfeeding after maternity leave and increase the chances of breastfeeding at six months by 25%³. In addition, BSR contribute to increasing the rates of both exclusive and continued breastfeeding¹⁵⁻¹⁷, and are an important strategy in contributing to the achievement of eight of the 17 SDGs⁸.

No analysis was found that provided an understanding of how BSR can contribute to the continuity of breastfeeding after returning to work, based on the perception of women users. Therefore, to help support breastfeeding in the workplace through the promotion and implementation of BSR, the aim of this study was to identify working women's perceptions of breastfeeding continuity through the use of BSR.

Methods

Study design

A qualitative study was carried out as part of a larger project entitled "*Salas de Apoio à Amamentação: Estratégia Mulher Trabalhadora que Amamenta do Ministério da Saúde*" (Breastfeeding Support Rooms: The Ministry of Health's Working Woman Who Breastfeeds Strategy)¹⁸. The study was carried out between December 2019 and December 2020.

We relied on the theoretical framework of the Brazilian MH' public policies to promote, protect, and support breastfeeding, which considers the following as institutionalized breastfeeding support actions within the company:

the company's own local policies; rooms for expressing and storing breast milk or just for breastfeeding; daycare facilities; and support from supervisors, co-workers, and family members^{7,10}. We followed the writing criteria proposed by the Journal Article Reporting Standards (American Psychological Association, 2018)¹⁹ for qualitative research.

The research team has experience on the subject, and in previous studies the researchers have reported on the contribution of BSR to achieving the SDGs, in particular SDGs 5 and 7 relating to gender equality and decent work^{7,8}. They have also highlighted the benefits and challenges of implementing BSR in the workplace²⁰. So, based on what already exists in the scientific literature relating to the contributions of BSR to prolonging breastfeeding, we sought to understand, from the perspective of the women who use them, how this phenomenon occurs, with the aim of answering the question: How do BSR contribute to prolonging breastfeeding?

Selection and recruitment of study participants

The state of Paraná is one of the most developed regions in southern Brazil. Eight of the nine companies with BSR active in the state, certified by the Ministry of Health, participated in the study. These companies operated in the industry, commerce, and beauty sectors. The study included all female employees of these companies who had been on maternity leave in the year prior to the start of the study and who had used the BSR implemented. We excluded women from companies whose BSR had not been used in the six months prior to the start of the study. The study was therefore based on a population of 130 women who used BSR after returning from maternity leave.

The professionals in charge of BSR at the participating companies identified the women who used BSR and sent out invitations by institutional email, both for face-to-face interviews at the company and to fill in the questionnaire online within 60 days. In accordance with the General Data Protection Law (Law No. 13,709/2018)²¹, the companies did not provide the researchers with their employees' contact details.

Data collection

The data was collected using a semi-structured questionnaire drawn up for the project on "*Salas de Apoio à Amamentação: Estratégia Mulher Trabalhadora que Amamenta do Ministério da Saúde*" (Breastfeeding Support Rooms: The Ministry of Health's Working Woman Who Breastfeeds Strategy)¹⁸. This questionnaire was cut into two parts: 1) identification of the profile of the women who used the BSR: working hours, length of time working for the company, marital status (married or single), schooling (elementary school, secondary school, higher education, and post-graduate), age, and length of maternity leave (120 or 180 days); and 2) women's perception of the BSR and their contribution to prolonging breastfeeding, where the questions "Do you consider that the BSR contribute or has contributed to prolonging your breastfeeding? Why?" were asked.

The questionnaire was tested before the start of the study with three female workers. The research began with face-to-face interviews at the companies' BSR but was interrupted by the COVID-19 pandemic. Then it was continued using a self-completed online questionnaire (Google Forms), which also included the option of agreeing to the Informed Consent Form (ICF).

This study was approved by the Research Ethics Committee of the Department of Health Sciences of the Federal University of Paraná, under opinion no. 4.114.947, on June 26, 2020.

Data analysis

The process was guided by thematic categorical content analysis, following three stages: 1) organization of the material, 2) coding, and 3) interpretation of the results²². In the stage of organizing the material, similar answers were grouped for coding into themes within the questions. In coding, the raw data is gathered into units that allow the characteristics of the content exposed in the text to be described. *Atlas.ti* software version 9.0²³ was used to manage the data and produce a word cloud. The data was interpreted based on the theoretical framework on support for breastfeeding in the workplace defined by the MH^{7,10}.

To maintain the anonymity of the participating women, the speeches have been identified throughout the text with the letters “MT” for Mulher Trabalhadora (Working Woman), followed by a number, corresponding to the order of the speeches: MT1, MT2... MT53.

Results

Fifty-three working women took part in the study, 40.8% of the population, eight through semi-structured interviews, and 45 through an online questionnaire. The women were aged between 28 and 41, 47 had completed higher education or completed postgraduate studies (specialization, master's or doctorate), 51 were married or living in a stable union. Most of them (n = 41) had worked for the company for between one and 10 years. Regarding working hours, 34 worked full time, morning and evening, and 11 said they had flexible hours. All the women had 180 days of maternity leave. The women taking part in the study had breastfed or were breastfeeding for between eight and 32 months. 46 women breastfed exclusively for six months and 35 continued breastfeeding until the baby was between 12 and 24 months old. The duration of use of BSR ranged from one day to 21 months, with approximately half of the women (n = 25) using BSR for four months.

When asked about the contribution of BSR to prolonging breastfeeding, 51 of the women considered that BSR contributed, one considered that it didn't, and one didn't answer this question. The aim was to understand "why" women believe that BSR has or has not contributed to prolonging breastfeeding.

Of the 51 women who thought that BSR helped to prolong breastfeeding, 42 explained why. **Figure 1** shows a word cloud of the women's speeches, in which it is possible to identify positive aspects of BSR for breastfeeding, such as: it helps in the production, expressing, and storage of breast milk. The thematic categorical analysis allowed us to identify one main category: BSR promote and protect breastfeeding (**Figure 2**). In this category, four themes were identified relating to perceptions of how BSR contribute to prolonging breastfeeding: 1) BSR makes it possible to maintain milk production and milk storage; 2) It prevents problems related to breastfeeding; 3) It avoids the use of artificial milks; 4) It provides ease, support, and well-being. The complete table with all the quotes by theme is presented in the supplementary material.



Figure 1 Word cloud related to working women's perception of the contribution of breastfeeding support rooms (N = 42), Brazil, 2019-2020
Source: Own elaboration.

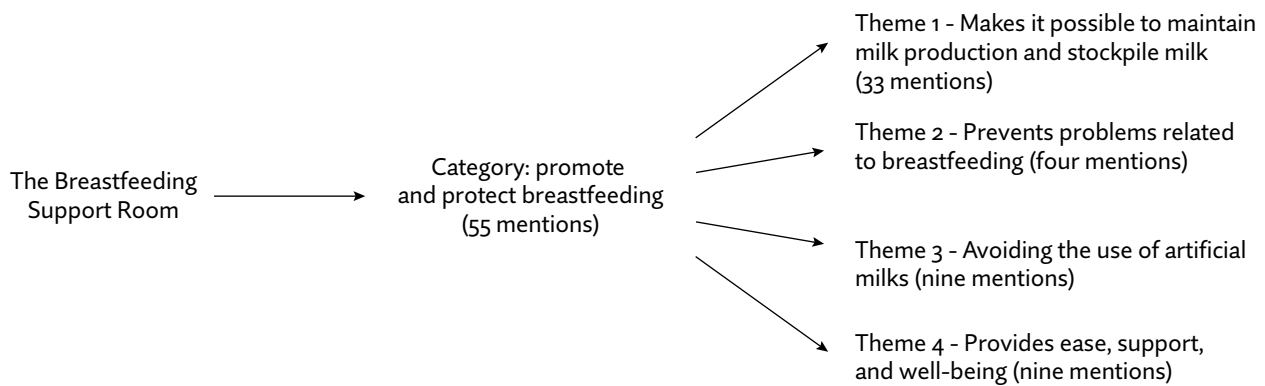


Figure 2 Working women’s perception of the contribution of breastfeeding support rooms to the continuity of breastfeeding after returning to work (N = 42), Brazil 2019-2020
Source: Own elaboration.

Table 1 Working women’s perceptions of the contribution of Breastfeeding Support Rooms to prolonging breastfeeding (N = 42), Paraná-Brazil 2019-2020

Themes	Quotes	No. of mentions
Make it possible to maintain milk production and store milk	<p>“Because it helps to stimulate the production of breast milk. Even if the mother wants to breastfeed, if she doesn’t express the milk or breastfeed during working hours, milk production decreases considerably and inevitably the mother stops breastfeeding” (MT1);</p> <p>“I was able to express the milk to send it to school [...]” (MT2);</p> <p>“If I didn’t have a place to express and store milk, I would certainly have stopped breastfeeding” (MT3)</p> <p>“Even when I went back to work, I was able to collect milk to give to the child later [...]” (MT4);</p> <p>“it was essential to maintain milk production [...]” (MT5);</p> <p>“It allowed breastfeeding to continue because it encouraged expressing and stimulation” (MT6)</p> <p>“If I didn’t have the room, it would certainly hurt my production [...]” (MT7)</p> <p>“[...] In addition to maintaining normal milk production” (MT9);</p> <p>“In my case, my allergic to cow milk son wouldn’t take formula, so if I didn’t milk in the work room, I’d have to do it in the bathroom [...]” (MT11)</p> <p>“If I didn’t take the milk, it would be more practical to give the supplement, because there would be no way of storing it” (MT12)</p> <p>“The fact that you can drain it helps a lot” (MT15);</p> <p>“Because of the possibility of being able to express and store the milk” (MT18)</p> <p>“because of milk production, it helps to maintain” (MT19);</p> <p>“Maintaining breast milk production [...]” (MT20);</p> <p>“It helped in the process of expressing the milk I used to breastfeed my daughter while she was in daycare, it helped so that milk production didn’t reduce or stop due to lack of stimulation [...]” (MT22);</p> <p>“It’s certainly helped me to keep expressing milk and always have more [...]” (MT23)</p>	33

Continue

	<p><i>"If I didn't have this place to express milk at the company, I probably would have stopped breastfeeding, or I would have expressed milk in an unhygienic place"</i> (MT24);</p> <p><i>"because the more you stimulate the breast, the more milk is produced [...]"</i> (MT25);</p> <p><i>"I was able to stock up on milk to send to daycare"</i> (MT26)</p> <p><i>"allows the stimulus for milk production to remain in the mother's body [...]"</i> (M27);</p> <p><i>"Because there would be no other suitable place to express the milk and store it"</i> (MT28);</p> <p><i>"[...] if I hadn't been milking during the day, my production would have decreased [...]"</i> (MT29);</p> <p><i>"Because the room allowed the milk to be express and stored in an appropriate way so that it could be used at another time by the baby; if it hadn't been for the room, this process wouldn't have been possible"</i> (MT30);</p> <p><i>"I was able to drain and store my milk for longer"</i> (MT34);</p> <p><i>"because if you don't use up the milk during working hours, you won't produce any more milk"</i> (MT36)</p> <p><i>"Because I had the opportunity to keep breastfeeding my son for an extended period, which I'm sure contributed to his development."</i> (MT38);</p> <p><i>"It was very important for maintaining the stock of breast milk in the daycare and continuing breastfeeding without the baby rejecting the breast after the work shift "</i> (MT39);</p> <p><i>"It certainly didn't reduce my milk production"</i> (MT40)</p> <p><i>"I think it was fundamental, because I was able to keep my son on breast milk until he was about two years old [...]"</i> (MT41);</p> <p><i>"because it's possible to express the milk in a suitable place, without having to improvise"</i> (MT44);</p> <p><i>"Upon returning from maternity leave, it is extremely necessary to express the milk at least once during the work shift so that it can continue to be produced [...]"</i> (MT46)</p> <p><i>"I was able to express milk during my journey and save it to give to my baby during the time we were apart"</i> (MT48);</p> <p><i>"Because of maintaining milk production, running out ,and continuing to produce. I think it's crucial for production"</i> (MT52).</p>	
Prevent problems related to breastfeeding	<p><i>"[...] preventing absence due to breastfeeding-related illnesses"</i> (MT8);</p> <p><i>"[...] and not experiencing problems as a result of not emptying the breasts "</i> (MT15)</p> <p><i>"[...] and also not running the risk of breast engorgement "</i> (MT23);</p> <p><i>"[...] Without this room, milk production would have been reduced (in addition to the risks of engorgement, mastitis etc.) [...]"</i> (MT46).</p>	4

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Avoid the use of artificial milk	<p><i>“[...] and thus maintain breastfeeding without the use of formulas for longer” (MT2)</i></p> <p><i>“was essential for [...] the exclusive use of breast milk” (MT5)</i></p> <p><i>“If I didn’t have the room [...] I would have had to start using artificial milk” (MT7);</i></p> <p><i>“because it prevented me from having to use artificial milk to breastfeed my baby while I was working [...]” (MT9)</i></p> <p><i>“[...] and I would also have had to introduce a bottle with formula because I wouldn’t have had any milk for them to drink during the day [...]” (MT29);</i></p> <p><i>“Because I didn’t have to include formula in my daughter’s diet” (MT33);</i></p> <p><i>“Because if [...] there’s no production to send to the daycare and the baby has to go on formula” (MT36);</i></p> <p><i>“I was able to keep my son on breast milk until he was about 2 years old, without the need to supplement with complementary milks/compounds [...]” (MT41)</i></p> <p><i>“allowed me to use only breast milk for another 30 days” (MT49).</i></p>	9
Provide ease, support, and well-being	<p><i>“Because it makes it easier, you don’t feel bad” (MT13)</i></p> <p><i>“Because you don’t feel uncomfortable with a very full breast [...]” (MT15)</i></p> <p><i>“[...] the breastfeeding room helped to make me feel comfortable (after all, I didn’t have to keep my breasts full for so long) and it was also crucial for me to donate the excess amount (which had previously been discarded)” (MT16);</i></p> <p><i>“I certainly wouldn’t be breastfeeding anymore if there wasn’t this support from the company, because the logistics of expressing it, storing it during working hours, would be much more complex” (MT17);</i></p> <p><i>“[...] And also the certainty that while I wasn’t around my child received my milk” (MT20);</i></p> <p><i>“[...] It helps keep the mother at peace, which also promotes milk production [...]” (MT27)</i></p> <p><i>“Because I felt supported by the company” (MT31)</i></p> <p><i>“The ease of the room keeps you breastfeeding” (MT32);</i></p> <p><i>“Because there is a space to provide psychological support for those who are breastfeeding. This serves as emotional support and affects the continuity and production of breast milk” (MT51).</i></p>	9

Theme 1: BSR make it possible to maintain milk production and milk stocks

Most of the women said that the BSR allow milk production to be maintained, because they enable women to extract and store milk safely, as observed in the report *“Because of the possibility of being able to express and store milk” (MT18)*. In this way, the milk extracted can be offered to the child later at home *“the room allowed the milk to be expressed and stored in an appropriate way so that it could be used at another time by the baby [...]” (MT30)* or taken to the nursery the next day *“I was able to express the milk to send it to school [...]” (MT2)*, *“I was able to stock up on milk to send to daycare” (MT26)*, *“It helped with the process of expressing the milk I used to breastfeed my daughter while she was at daycare, it helped so that milk production didn’t reduce or stop due to lack of stimulation” (MT22)*. The lack of a suitable place to express and store milk was considered a factor that prevents breastfeeding from continuing, as noted in the report *“if I didn’t have a place to express and store breast*

milk, I would certainly have stopped breastfeeding” (MT3). Therefore, for the women, “[...] *the fact that you can drain it helps a lot*” (MT15).

The women reported that BSR are essential for maintaining milk production, because *“it helps to stimulate the production of breast milk. Even if the mother wants to breastfeed, if she doesn’t express the milk or breastfeed during working hours, milk production decreases considerably and inevitably the mother stops breastfeeding”* (MT1), *“the more you stimulate the breast, the more milk is produced [...]”* (MT25), *“It’s certainly helped me to keep expressing milk and always have more [...]”* (MT23), *“because of maintaining milk production, running out, and continuing to produce [...]”* (MT52). In this way, we can see that BSR are considered by women to be an extremely important space: *“[...] I think it’s crucial for production”* (MT52), *“It was very important for maintaining the stock of breast milk in the daycare and continuing breastfeeding without the baby rejecting the breast after the work shift”* (MT39).

Theme 2: BSR prevent problems related to breastfeeding

Some women felt that continuing breastfeeding was possible because the BSR helped to prevent problems and difficulties related to breastfeeding, as observed in the women’s reports: *“[...] preventing absence due to breastfeeding-related illnesses”* (MT8), *“[...] and also not running the risk of breast engorgement”* (M23), and *“[...] Without this room, milk production would have been reduced (in addition to the risks of engorgement, mastitis etc.) [...]”* (M46). In addition, the use of breastfeeding machines prevents discomfort related to not emptying the breasts: *“[...] and not experiencing problems as a result of not emptying the breasts”* (MT15).

Theme 3: BSR avoid the use of artificial milk

It can be seen from the women’s reports that they consider the BSR to be a resource to avoid the use of artificial milk, as identified in the following reports: *“It prevented me from having to use artificial milk to breastfeed my baby while I was working [...]”* (MT9), *“[...] and thus maintain breastfeeding without the use of formulas for longer”* (MT2), and *“If I didn’t have the room [...] I would have had to start using artificial milk”* (MT7).

Theme 4: BSR provide ease, support, and well-being

From the workers’ speech, it is possible to see that the BSR provide an ease due to the possibility of expressing the milk and thus avoiding physical discomfort, as observed in the reports *“Because it makes it easier, you don’t feel bad”* (MT13), *“Because you don’t feel uncomfortable with a very full breast [...]”* (MT15).

Well-being is also observed in the fact that the woman feels more at ease knowing that her own milk is being given to her child: *“[...] And also the certainty that while I wasn’t around my child received my milk”* (MT20), *“[...] it helps to keep the mother at peace, which also promotes milk production [...]”* (MT27).

In addition, being able to use the BSR brings a feeling of support: *“Because I felt supported by the company”* (MT31), *“Because there is a space to provide psychological support for those who are breastfeeding. This serves as emotional support and affects the continuity and production of breast milk”* (MT51).

One of the women taking part in this study said that BSR didn’t contribute to continued breastfeeding, because she had flexible working hours and lived close to work, which allowed her to breastfeed her child directly, without the need to use a room, as observed in her speech: *“because I could choose the time to go home. I live close to work”* (MT14).

Discussion

This study has helped to identify, based on the perception and experience of formal working women, how BSR contribute to the continuity of breastfeeding after returning to work. This study also contributes to filling a gap in the literature regarding the lack of qualitative studies related to BSR and its benefits and complements previous results from studies that have shown the contribution of BSR to improving exclusive and continued breastfeeding indicators^{15-17, 24}.

BSR are a way for public and private companies to create a culture of respect and support for breastfeeding at work, promoting the health of working women and their children. In 2022, 68% of large companies in Latin America had BSR, but this figure fell to 29% among small and medium-sized companies. To change this scenario, the United Nations Children's Fund (UNICEF) carries out advocacy and training actions with governments, companies and unions to promote breastfeeding support in companies²⁵. In Brazil, the MH supports, guides, and supervises the implementation of BSR, bringing direct benefits to mothers, the company and the country²⁶.

This study identified the contributions of BSR to breastfeeding continuity, considering the importance of other factors that favor interest in breastfeeding continuity and, consequently, the intention to use BSR. The factors identified in this study are similar to those already pointed out in the literature, such as: having a partner, the woman's level of education, the workload, encouragement from colleagues and supervisors, and having paid maternity leave (preferably 180 days, higher than the 14 weeks recommended by the International Labor Organization)²⁷.

Concerning partner support, Santana et al.²⁸ state that being married is associated with breastfeeding for 12 months or more. Regarding level of education and partner support, most of the women taking part in this study had higher education and were married. Other studies show a positive relationship between increased maternal schooling and exclusive breastfeeding and continued breastfeeding for 12 months^{29,30}.

Flexible working hours are a step forward in supporting breastfeeding and show that managers recognize the importance of this period in the life of the mother-baby dyad. In our study, 21% of the participating workers said they had flexible working hours, of which one had the opportunity to go home to breastfeed and did not need to use the BSR. We therefore understand that flexible working hours are a factor that reduces the need to use BSR. However, the women in this study consider BSR to be an extremely important measure for the continuity of breastfeeding, supporting the data found by Nardi et al.¹⁷ and Vilar-Compte et al.²⁴. About maternity leave, according to Sinha et al.⁵, this contributes to increasing the rates of continued breastfeeding. However, we highlight the need for further studies to assess the relationship between maternity leave and the use of BSR.

Based on the perceptions of the working women, it was observed that most of them believe that BSR make it possible to maintain milk production and stocks, and a smaller proportion recognize that BSR prevent problems related to breastfeeding. These themes are related, since the possibility of expressing milk allows breastfeeding to continue and prevents problems related to breastfeeding. This finding shows that the women were aware of the physiology of breastfeeding and the mechanisms of human milk production. It is known that counseling and education actions related to breastfeeding, when administered simultaneously in different environments (health services, home and family environment, community environment, or work environment), promote an increase in continued breastfeeding⁵.

It is important for further studies to identify where and when working women who use the BSR receive information on breastfeeding, whether during prenatal care, at birth, in the maternity ward, during the baby's follow-up at the UBS (Basic Health Unit), through actions carried out by the company itself or by private health plans, thus stimulating the expansion of the implementation of effective actions.

In Brazil, public policies related to women's and children's health are focused on promoting, protecting and supporting breastfeeding, and public health programs on infant feeding have been implemented since the 1940s³¹.

Currently, the MH recommends that guidance on breastfeeding be provided from prenatal care, in line with the objectives of the National Policy for Comprehensive Child Health Care¹¹: the promotion and protection of children's health and breastfeeding, through comprehensive and integrated care. During prenatal care, information on breastfeeding is made available in the pregnant woman's booklet³².

At birth, support for the practice of breastfeeding is part of the ten steps to successful breastfeeding proposed by the World Health Organization (WHO)³³, which is one of the certification criteria of the Baby-Friendly Hospital Initiative (BFHI). In step 5, mothers should be shown how to maintain lactation, even if they are separated from their children³⁴. However, data from the MH' management system shows that there are currently few BFHI maternity hospitals in Brazil, there were 302 in 2021, representing less than 10% of the country's maternity hospitals, which attend around 25% of births in Brazil, with 21 BFHI hospitals in the state of Paraná³¹.

After birth, guidance on breastfeeding and healthy complementary feeding should be provided in UBSs by health professionals trained in the Breastfeeding and Feeding Brazil Strategy to implement the guidelines of the food guide for children under two.

It is common knowledge that breastmilk substitutes significantly impair the continuity of breastfeeding⁵. The fact that BSR help prevent the introduction of infant formula emerged among the related themes and is consistent with the findings of a study carried out in Iran, where working women who had access to lactation spaces used significantly less formula compared to women who did not have access³⁰. Industries use aggressive and unethical marketing strategies that exploit women's emotions and anxieties by, for example, reinforcing myths that the supply of breast milk is not sufficient for the baby's nutrition and associating the supply of infant formula with freedom for working women in a modern world³⁴. In this way, a supportive environment for breastfeeding at work is important if women are to be encouraged not to opt for infant formula in the face of a reality in which the marketing of infant formula is strong and has a great influence on the decisions of women and their families^{4,34}. Based on what was observed in this study, BSR can be implemented for this purpose.

BSR also help to prolong breastfeeding by providing ease, support, and well-being. According to Vilar-Compte et al.²⁴, feeling comfortable to breastfeed or express breast milk in the workplace is fundamental to the success of interventions in this environment. On the other hand, perceptions of injustice and stigmatization in relation to breastfeeding in the workplace are important predictors of lack of support. When managers and companies implement strategies to promote rooms for expressing and storing breast milk, or for breastfeeding in the workplace, this can help reduce situations of discrimination against working women⁷. In addition, the physical and emotional well-being and professional development of breastfeeding women workers promoted by company support is related to the achievement of SDG 5 (gender equality) and SDG 8 (decent work)⁸.

It is important to note that a large proportion of women in Brazil work in the informal sector, where many face a lack of maternity protection or inadequate benefits. This scenario poses a major challenge in expanding effective strategies to promote and protect breastfeeding, especially for women who are self-employed or have no employment relationship^{3,7}.

BSR are an important resource for supporting working women, not only in continuing to breastfeed but also in promoting their physical and mental health⁸. In this context, it is essential to invest in public policies that take into account the realities of women in the informal sector, guaranteeing them the support they need to balance the demands of work with the needs of maternal and child care.

Our study had some limitations: 1) it was carried out in just one state, which has 76.2% of the BSR in the southern region of the country and 8% of the total BSR certified in Brazil in 2017. Brazil has many disparities between regions, and it is important to investigate the profile of female users and their perception of BSR through complementary studies; 2) the response rate was just over 40% of the population of female BSR users in the state. However, it can be considered that this percentage is within the standard for online studies with self-completed questionnaires, as

observed in studies using the same methodology^{35,36}; 3) all the participating women had favorable conditions for continued breastfeeding and had 180 days of maternity leave. It is therefore important to clarify the perception of women who return to work after 120 days of maternity leave. However, this is the first study to identify how BSR contribute to the continuity of breastfeeding after returning to work, filling gaps in the literature on BSR and reinforcing the importance of expanding their implementation.

It can be concluded that, according to the perception of working women, BSR contribute to the continuation of breastfeeding after returning to work by maintaining milk production and stock, preventing problems related to breastfeeding, avoiding the use of artificial milk and providing ease, support and well-being. The workplace is among the four environmental scenarios that influence women's decision to continue breastfeeding²⁸. Based on the study's findings, it is possible to state that BSR are an important low-cost strategy that companies should invest in to promote breastfeeding in the workplace and to generate physical and emotional well-being and professional appreciation for working women who breastfeed.

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