

Isis Leticia Brasil dos Santos<sup>a</sup>

 <https://orcid.org/0000-0001-8511-942X>

Vania Reis Girianelli<sup>b</sup>

 <https://orcid.org/0000-0002-8690-9893>

<sup>a</sup>Fundação Oswaldo Cruz, Coordenação de Saúde do Trabalhador, Núcleo de Saúde do Trabalhador. Rio de Janeiro, RJ, Brazil.

<sup>b</sup>Fundação Oswaldo Cruz, Escola Nacional de Saúde Pública, Departamento de Direitos Humanos e Diversidade Cultural. Rio de Janeiro, RJ, Brazil.

**Contact:**

Isis Leticia Brasil dos Santos

**E-mail:**

isis.santos@fiocruz.br

**Hot to Cite (Vancouver):**

Santos ILB, Girianelli VR. Institutional contribution to promoting breastfeeding among working women to achieve Sustainable Development Goals. Rev Bras Saude Ocup [Internet]. 2025;50:eddsst1. Available from: <https://doi.org/10.1590/2317-6369/03724en2025v50eddsst1>

## Institutional contribution to promoting breastfeeding among working women to achieve Sustainable Development Goals

### *Contribuição institucional na promoção do aleitamento materno de mulheres trabalhadoras para o alcance dos Objetivos de Desenvolvimento Sustentável*

## Abstract

**Introduction:** The benefits of breastfeeding are scientifically proven and recommended, as they promote the health of not only the child but also the mother. Actions to promote and protect breastfeeding in the workplace favor the improvement of these indicators, in addition to the potential to contribute to the achievement of Sustainable Development Goals (SDGs). **Objective:** Discuss the impact of promoting breastfeeding in the workplace on achieving Sustainable Development Goals. **Methods:** This is an essay that discusses the impact of promoting breastfeeding at work, on achieving the SDGs. **Results:** The increase in breastfeeding indicators contributes to SDGs 1, 2, 3, 5, 8, 10, 12 and 13. Therefore, institutional promotion of breastfeeding at work can cooperate with SDGs 3, 5 and 8. **Conclusion:** Promoting and protecting breastfeeding for workers has the potential to achieve eight of the 17 SDGs.

**Keywords:** Breastfeeding; Sustainable Development Goal; Working Women; Occupational Health.

## Resumo

**Introdução:** Os benefícios do aleitamento materno são cientificamente comprovados e recomendados, por promoverem a saúde não somente da criança, como da mãe. Ações de promoção e proteção ao aleitamento materno no ambiente de trabalho favorecem a melhora desses indicadores, além do potencial de contribuir para o alcance dos Objetivos de Desenvolvimento Sustentável (ODS). **Objetivo:** Discutir o impacto da promoção do aleitamento materno no ambiente de trabalho para o alcance dos ODS. **Métodos:** Trata-se de um ensaio que discute o impacto da promoção do aleitamento materno no trabalho no alcance dos ODS. **Resultados:** O aumento nos indicadores de aleitamento materno contribui para os ODS 1, 2, 3, 5, 8, 10, 12 e 13. Sendo que a promoção institucional do aleitamento no trabalho pode cooperar com os ODS 3, 5 e 8. **Conclusão:** A promoção e a proteção do aleitamento das trabalhadoras têm potencial para o alcance de oito dos 17 ODS.

**Palavras-chave:** Aleitamento Materno; Objetivo de Desenvolvimento Sustentável; Mulheres Trabalhadoras; Saúde do Trabalhador.



## Introduction

Breastfeeding, in addition to providing a significant interaction between the mother and the baby, protects the health of both and is an important nutritional factor. It is associated with a 13% reduction in overweight/obesity and can reduce the chances of type 2 diabetes in adulthood in breastfed children<sup>1</sup>. Breastfeeding within the first hour of life, exclusive breastfeeding for the first six months and breastfeeding supplemented with other healthy foods until two years of age or older are recommended by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the Brazilian Ministry of Health<sup>2</sup>.

The World Health Assembly has set a target for Global Nutrition of increasing the prevalence of exclusive breastfeeding (EBF) in the first six months of life by 50% by 2025<sup>3</sup>. To achieve this target, the World Bank has estimated that 5.7 million dollars in additional funding will be needed between 2016 and 2025 to intensify breastfeeding promotion interventions in low- and middle-income countries<sup>4</sup>.

In 2015, based on the continuation and expansion of the Millennium Development Goals (2000-2015), the 2030 Sustainable Development Agenda was created with the participation of 193 member states of the United Nations (UN). This plan addresses economic development, the eradication of poverty, extreme poverty and hunger, social inclusion, environmental sustainability, and good governance at all levels, including peace and security. To achieve this agenda, 17 Sustainable Development Goals (SDGs) and 169 targets were defined<sup>5</sup>.

If the global targets are to be met, there needs to be a major political mobilization by governments, institutions, and society in order to guarantee the right to breastfeeding, with the dissemination of information to families about its importance.

The insufficient breastfeeding rates are the result of a number of factors: social and cultural, due to society's strong belief in mixed feeding; commercial, due to aggressive advertising of infant formulas and breastmilk substitutes; inefficiency of health services, with outdated practices and professionals who do not support breastfeeding; society's poor knowledge of the importance and management of lactation; inadequate legislation on maternity and paternity leave; lack of structure and support in the workplace for women who return from maternity leave and wish to continue breastfeeding<sup>3</sup>.

Women's participation in the labor market is a barrier to improving breastfeeding indicators, due to the challenge of reconciling work and motherhood. In addition, many women have no legal protection or are on maternity leave for less than the six months recommended by the WHO for breastfeeding. However, the workplace can be an agent for promoting, protecting, and supporting breastfeeding, through a number of actions, such as: maternity leave (at least six months), on-site daycare, implementation of breastfeeding support rooms, support from managers and coworkers, as well as orientation campaigns<sup>6-8</sup>.

In Brazil, the National Policy for Comprehensive Child Health Care (PNAISC, *Política Nacional de Atenção Integral à Saúde da Criança*) has as Strategic Axis II, "Breastfeeding and Healthy Complementary Nutrition", an initiative aimed at supporting working women who breastfeed<sup>9</sup>.

Considering the importance of breastfeeding in all its magnitude, the following guiding question arises: how can institutional support for breastfeeding among working women contribute to achieving the SDGs?

In view of the above, this manuscript aims to discuss the impact of promoting breastfeeding in the workplace on achieving the SDGs.

## Methods

Considering the importance of breastfeeding by working women, a theoretical essay was carried out to deepen the discussion on how institutional support can contribute to achieving the SDGs. To this end, a correlation was

made between breastfeeding and the SDGs, as well as identifying legislation that supports breastfeeding workers. Subsequently, a reflection was presented on how institutional support for workers who wish to breastfeed can contribute to achieving the SDGs.

## Breastfeeding and the Sustainable Development Goals

Worldwide, between 2013 and 2018, 43% of newborns were breastfed within the first hour of life, 41% of children under six months were exclusively breastfed, 70% within the first year, and 45% continued breastfeeding until two years of age. The Global Breastfeeding Collective (The Collective), led by WHO and UNICEF, proposes increasing these prevalences with the following global targets for 2030: 70% for initiation in the first hour, 70% for exclusive breastfeeding up to six months, 80% up to one year, and 60% in the first two years of life<sup>10</sup>.

In Brazil, the Brazilian National Survey on Child Nutrition (ENANI) revealed that 96.2% of children under the age of two were breastfed at some point and 62.4% were breastfed within the first hour of life. The prevalence of EBF in children under six months was 45.8% and the prevalence of continued breastfeeding in the first year of life was 43.6%. The median duration of EBF was three months and breastfeeding (BF) was 15.9 months. The country is still below the recommendation of the World Health Assembly, and it is important to highlight the high prevalence of the use of artificial nipples in children under two, with 52.1% using bottles and 43.9% using pacifiers<sup>11</sup>.

The drop in the prevalence of EBF among six-month-olds (45.70%) compared to those under four months (59.7%) observed in 2019 may be due to the Brazilian maternity leave, which is 120 days for workers under the Consolidation of Labor Laws (CLT, *Consolidação das Leis do Trabalho*).

The prevalence of continued breastfeeding in the first year of life (among children aged 12 to 23 months) was more prevalent in the Northeast (51.8%) and less prevalent in the South region of Brazil (37.8%)<sup>11</sup>. It is important to note that Brazilian women are breastfeeding for longer, even after introducing other foods.

To promote political action in favor of breastfeeding, The Global Breastfeeding Collective, has defined priorities to be achieved by 2030. In 2017, the Global Breastfeeding Scorecard was established to document the progress of actions to promote, protect, and support breastfeeding, using the following indicators<sup>10</sup>:

- Increased investment in programs and policies that promote, protect, and support breastfeeding. Only 6% of countries receive five dollars per birth in international aid for breastfeeding programs. The majority receive less than one dollar;
- Full implementation of the International Code of Marketing of Breast-milk Substitutes, as only 18% of countries fully implement it;
- Maternity protection through legislation that supports leave and regulates support actions in the workplace;
- Implementation of the ten steps to successful breastfeeding in maternity hospitals, through the Baby-Friendly Hospital Initiative (BFHI);
- Breastfeeding counseling in health facilities, carried out by qualified professionals;
- Expansion of community programs that encourage, promote, protect, and support breastfeeding;
- Continuous monitoring and evaluation of the progress of breastfeeding policies, programs and practices.

Breastfeeding is considered a smart investment in people and the economy because it is a baby's first vaccine against death, disease, and poverty, and has a lasting impact on physical, cognitive, and social capacity. Its expansion

could prevent the annual deaths of 823,000 children under five and 20,000 women from breast cancer. Economic losses of approximately 302 billion dollars a year or 0.49% of the world's gross national income are correlated with not breastfeeding<sup>12-14</sup>.

The Cost of Not Breastfeeding tool was created to highlight the economic and human consequences of not breastfeeding, serving as a basis for politicians to make decisions. Three categories of indicators are considered, namely: female morbidity and mortality (type II diabetes, breast and ovarian cancer) and infant mortality (diarrhea and pneumonia); health system costs for the treatment of diarrhea, pneumonia, and diabetes, and for household formulas; and future economic costs due to mortality and cognitive losses, since studies indicate an increase of 2.62 in the intelligence quotient (IQ) of exclusively breastfed children when compared to non-breastfed children<sup>14</sup>.

Non-breastfeeding has been attributed worldwide to 166 million and 9 million preventable cases of diarrhea and pneumonia, respectively, in children under two years of age, in addition to 595,379 infant deaths from diarrhea (38%) and pneumonia (62%) per year. In Brazil, the estimates are approximately 4.7 million cases of diarrhea and 300,000 of pneumonia, as well as 3,400 infant deaths. Childhood obesity is estimated at 974,956 cases per year and is prevalent in regions with increased sales of infant formula, with 41,000 cases in Brazil. It is assumed that breastfeeding has the potential to prevent 27,069 future female deaths from breast cancer and 13,644 from ovarian cancer each year, as well as preventing 58,230 female deaths from type II diabetes. The tool also calculated the total cost to the global health system of 1.1 million dollars annually for the treatment of childhood diarrhea and pneumonia, as well as type II diabetes in women, which could be avoided by breastfeeding<sup>4</sup>.

Promoting breastfeeding involves political, economic, and social factors that can contribute to achieving SDG 1 (No Poverty), SDG 2 (Zero Hunger), and SDG 3 (Good Health and Well-being). Breastfeeding has the potential to combat malnutrition in children under five, impacting target 2.2 of SDG 2, as well as reducing deaths in this age group, which corresponds to target 3.2 of SDG 3. As good nutrition is essential for quality child development, target 4.2 of SDG 4 (Quality Education) is also achieved<sup>6</sup>.

Based on the average value of infant formula, it was calculated that 6.1% of a family's wages would be spent on feeding a child for the first two years. The economic losses in terms of future income not generated due to early infant mortality and maternal mortality, worldwide, would be 53.7 and 1.26 million dollars per year respectively. The total economic losses, which include health system costs, mortality, and cognitive losses, were estimated at 341.3 million dollars a year worldwide and 7 million dollars in Brazil<sup>4</sup>. With better breastfeeding indicators, the costs could be reversed in investments to promote breastfeeding and, consequently, there would be an improvement in the population's quality of life and economy, contributing to the eradication of poverty (SDG 1) and the reduction of inequalities (SDG 10)<sup>6</sup>.

Chowdhury and collaborators<sup>15</sup> carried out a meta-analysis which estimated a 26% reduction in the risk of developing breast cancer, 35% in the risk of ovarian cancer, and 32% in the risk of developing type 2 diabetes mellitus in women who breastfed for more than 12 months, when compared to those who did not. Breastfeeding or predominantly breastfeeding during the first six months after childbirth was related to prolonged amenorrhea and, consequently, to the spacing of births. Based on this data, it could contribute to a reduction in mortality from non-communicable diseases such as cancer and diabetes, corresponding to target 3.4 of SDG 3 (Good Health and Well-being)<sup>6</sup>.

Horta and collaborators<sup>1</sup> point to a slightly stronger association of lower probability of overweight/obesity in exclusively breastfed individuals compared to those who were never breastfed. Breast milk combats hunger and poverty (SDGs 1 and 2) by preventing contamination using bottles and malnutrition through the excessive dilution of milk formulas, as well as contributing to health and well-being (SDG 3) by providing important immunological and nutritional factors for the child's growth and development<sup>16</sup>.

Getting sick from diarrheal diseases is also a possibility when breastfeeding is replaced by the use of formulas. Between 2009 and 2018, 3,371,882 hospitalizations for acute diarrheal diseases (ADD) were recorded in Brazil.

They refer to diseases with a syndromic picture characterized by watery diarrhea, i.e. decreased stool consistency and increased frequency (at least three episodes in 24 hours), usually self-limiting, lasting up to 14 days, and may be accompanied by vomiting, nausea, abdominal pain, and fever<sup>17</sup>.

ADDs are related to inadequate environmental sanitation and are considered to be infectious and parasitic diseases, which have the environment as a potential determinant and can be prevented by adequate sanitation actions. Health determinants such as social, economic, cultural, ethnic/racial, psychological, and behavioral factors can influence the occurrence of health problems such as ADDs, and deaths are considered totally avoidable<sup>17</sup>.

The WHO reports that ADDs are the second leading cause of death in children under five, accounting for around 525,000 deaths among children every year<sup>17</sup>. ADDs can be prevented by reducing inequalities (SDG 10), with access to health services and quality of care, improved health conditions, increased family income, investment in mothers' schooling, environmental conditions, and basic sanitation.

Regarding the environmental issue, breast milk is one of the few foods that is produced and ready for consumption without generating pollution and replacing it with milk formulas harms the environment and contributes to climate change due to the waste of resources and the production and use of cans and other packaging. What's more, because it is produced in the right quantity for the baby's needs, they use fewer diapers and excrete less waste<sup>16</sup>. Therefore, promoting breastfeeding helps to ensure sustainable production and consumption patterns (SDG 12) and climate action (SDG 13)<sup>6,16</sup>.

## Breastfeeding by working woman

To take care of the baby after childbirth or adoption, workers need legal protection. In addition, to increase levels of equality between men and women in the labor market, social and labor protection is needed during maternity, a period in which women face great discrimination, being fired or not hired, subjected to pregnancy tests and wage differences. Maternity protection aims not only to protect the health of the mother and baby, but also to guarantee economic and employment security<sup>18</sup>. Hundreds of millions of working women around the world do not have legal protection in relation to the maternity process, or have it inadequately, and this may be related to precariousness or the absence of employment relationships<sup>19</sup>.

The Maternity Protection Convention - C103 was approved in 1952, at the 35th meeting of the International Labor Conference, which is a general convention of the International Labor Organization (ILO). It proposed that maternity leave should not be less than 12 paid weeks, with at least six weeks guaranteed after childbirth<sup>20</sup>. Brazil is one of the member countries that respects this period<sup>21</sup>.

With the aim of promoting equality for all women in the workforce, as well as protecting their health and that of their babies, this Convention was revised in 2000 - C183<sup>22</sup>, focusing on five key areas: maternity leave, monetary and medical benefits, health protection in the workplace, employment protection and non-discrimination, and lactation provisions<sup>18</sup>. Among the changes are: the minimum maternity leave is now 14 weeks and, when breastfeeding, daily breaks can be replaced by a daily reduction in working hours. Of the 185 member countries, only 43 had ratified this Convention by August 2023 and Brazil was not one of them, despite the fact that its legislation already follows these recommendations<sup>21</sup>.

In Latin America, countries such as Argentina, Bolivia, the Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, and Nicaragua have established leave periods of between 10 and 13 weeks, less than the 14 weeks established by the agreement. Another group of countries, including Brazil, Costa Rica, Chile, Cuba, El Salvador, Paraguay, and Venezuela, have established leave periods of more than 16 weeks. Convention 183 determines that 100% of salary must be paid during maternity leave, which is not the case in Bolivia (95%) and Paraguay (75%). Paternity leave varies between two and five days in the region, but this right is not recognized in Cuba. A type of parental leave that can be shared between mothers and fathers is adopted in Chile, Cuba, and Uruguay<sup>18</sup>.



One of the advances of Convention 183 is that it protects all employed women, regardless of their occupation or type of establishment, including those who carry out atypical forms of work, but what we see is that formal employment is often the only one with guaranteed coverage. This means that many women withdraw totally or partially from the job market to fulfill the functions of motherhood<sup>18</sup>.

In Brazil, maternity leave is established by the CLT, which initially lasted 84 days<sup>23</sup>. The Federal Constitution extended this period to 120 days, in addition to the guarantee of two breaks of half an hour each for breastfeeding on returning to work, until the baby is six months old<sup>24</sup>. For workers who wish to follow the WHO recommendation of breastfeeding for six months, these breaks can be used to milk and store milk during the working day, if it is not possible to breastfeed during this period.

The CLT provides for the right to daycare in companies with more than 30 employees, which can be converted by collective agreement into a daycare allowance<sup>23</sup>. However, this amount is often not enough to cover the cost of private daycare. A study carried out at the State University of Campinas (Unicamp) pointed out the importance of daycare in the workplace for maintaining breastfeeding after returning from maternity leave<sup>8</sup>.

The Federal Constitution guarantees temporary stability for pregnant workers, covering the period from confirmation of pregnancy to five months after childbirth<sup>24</sup>. This makes women vulnerable, as they can be fired with a small baby, making it difficult for them to re-enter the labor market. For there to be effective equality of rights between men and women, it would be important to improve this legislation, guaranteeing not only health protection for pregnant and breastfeeding women but also their income to support the family.

Federal civil servants are entitled to 180 days off to look after their baby<sup>25</sup>. This period is also granted to workers in places that have joined the Citizen Company Program, which promotes a better quality of life for workers through tax incentives for companies. With it, paternity leave, established in 1988, was also extended from five to 20 days<sup>26</sup>. In 2012, Rio de Janeiro's civil servants were guaranteed the right to time off until their baby was one year old, an important step forward in protecting maternity and BF<sup>27</sup>.

It is understood that legislation that protects the maternity and breastfeeding of working women contributes to achieving gender equality and empowering women (SDG 5).

In July 2023, during the launch of the national campaign to encourage breastfeeding, the Ministry of Health announced the initiative to set up breastfeeding support rooms in Basic Health Units (UBS, *Unidade Básica de Saúde*), with a pilot project being implemented in five states (Federal District, Pará, Paraíba, Paraná and São Paulo). There is a proposal to include these environments in new UBS projects with more than four health teams<sup>28</sup>. All of this is aimed at achieving the WHO target of 50% of children receiving breastfeeding in the first six months of life by 2025, with an expectation of reaching 70% by 2030<sup>3</sup>. This is an important strategy to serve breastfeeding women with and without formal employment who live or work near these units, since they will have access to a reserved and structured place to breastfeed, milk, and store their milk, as well as specialized guidance from health professionals, if necessary.

## Institutional support for breastfeeding and the Sustainable Development Goals

Given that many women return to work breastfeeding, this is a health issue that needs to be considered, since "identifying the health needs, demands, and problems of workers in the territory" is one of the objectives of the National Occupational Health Policy (PNSTT, *Política Nacional de Saúde do Trabalhador e da Trabalhadora*)<sup>29</sup>.

Failure to empty the breasts during working hours can cause health problems such as breast engorgement, duct obstruction, and mastitis. Breast engorgement is due to failures in breast self-regulation and its main causes are: excess milk production, too long intervals between feeds, and inadequate emptying of the breast due to

incorrect latch-on or inadequate suction, which can cause hyperemia and pain<sup>30</sup>. Lactiferous duct obstruction results from milk stasis in a certain area, producing a lump that is accompanied by local pain, hyperemia, and even fever. One of the causes is inadequate emptying of the breasts<sup>30</sup>. Mastitis, an inflammatory process of the breast which may or may not be accompanied by infection, in more serious cases can lead to breast abscess, usually due to breast engorgement, nipple trauma, and obstruction of ducts which have not been treated properly<sup>30</sup>.

Feedback inhibitor of lactation (FIL) is a protein produced when milk is not removed from the breasts. An increase in FIL sends a message to the hypothalamus to reduce prolactin production and, consequently, milk production. In the short term, the effect of FIL on lactation is reversible, reducing milk secretion, however, in the long term, it promotes a reduction in the mammary gland leading to an interruption in milk production. All of this can cause low production and even weaning, damaging the breastfeeding.

Workplaces must be prepared to identify and support the needs of these workers, since in addition to discomfort, there are risks to the health of breastfeeding women who are not properly supported at work. It is also important to consider the impact on the woman's mental health, due to the risk of illness and the frustration of not continuing breastfeeding as a result of returning to work.

A systematic review carried out in 2021 on measures to improve work environments and facilitate breastfeeding among working women pointed to the need for explicit interventions and policies. In addition to maternity leave, work environments should be favorable to breastfeeding with institutional support strategies, such as breastfeeding rooms and flexible hours for breast milking<sup>7</sup>.

The implementation of breastfeeding support rooms is not yet mandatory, although it is very important, as it provides a space where the worker has privacy to milk her breasts, either for relief or storage for her baby. The "Guide to setting up breastfeeding support rooms for working women" gives guidance on how to structure the place<sup>31</sup>. Institutions that have these environments are aligned with two SDGs, as they contribute to gender equality (SDG 5), as well as decent employment and economic growth (SDG 8), by promoting safe working environments (target 8.8). Women can benefit from reduced physical and emotional stress by being able to carry out their professional activities without the discomfort of turgid breasts for a long period of time and with the security of a place to store milk for their baby<sup>32</sup>.

Another important factor is the support of managers and coworkers, as studies show that the health of mothers and babies improves, which can lead to a reduction in absenteeism and encourage workers to stay and be productive<sup>7,33</sup>. However, for this to happen, it is essential that information is disseminated in the institution, through campaigns or informative texts about the importance of breastfeeding, in order to combat myths and misperceptions among the team, which can be a barrier to the continuity of breastfeeding for the working woman<sup>7</sup>. Actions favorable to breastfeeding in the workplace can facilitate the maintenance of ideal lactation practices for working women, since, in addition to favoring infant nutrition, they contribute to their professional development and quality of life<sup>7</sup>. Institutional support for breastfeeding also contributes to achieving SDG 3 (Good Health and Well-being).

Considering the PNSTT, when institutions identify the needs of breastfeeding workers, promoting a supportive organizational culture among all workers and intervening in environments by providing appropriate facilities for breast milking, actions are taken to promote the health of working women. All of this contributes to valuing and recognizing their peculiarities.

## Conclusion

The promotion of breastfeeding is directly related to the achievement of some SDGs due to its potential to act directly in eradicating poverty (SDG 1) and hunger (SDG 2), guaranteeing the health and well-being of women and children (SDG 3), as well as reducing inequalities (SDG 10), contributing to responsible consumption and production (SDG 12), and against global climate change (SDG 13).

The institutions, through legislation, of managers and coworkers support and the implementation of breastfeeding support rooms, are aligned with the SDGs on the health and well-being of female workers (SDG 3), the promotion of gender equality (SDG 5), and decent work and economic growth for women (SDG 8).

Although Brazilian legislation guarantees a minimum period of maternity leave for formal workers, as recommended by the ILO, workplaces need to be structured to welcome them and support them in breastfeeding. The lack of institutional support for the needs of these mothers can be detrimental to the duration of breastfeeding and the health of these workers.

Considering the promotion of female workers' health and the potential to contribute to achieving eight of the 17 SDGs, it is important to broaden the debate on the subject to develop strategies to raise awareness and encourage institutional support for BF.

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**Authors' contributions:** Santos ILB, Girianelli VR contributed to the conception of the study; the collection, analysis, and interpretation of the data; and the drafting and critical review of the manuscript. The authors have approved the final published version and take full responsibility for the work carried out and the content published.

**Availability of data:** The authors declare that the entire dataset supporting the results of this study has been published in the article itself.

**Funding:** The authors declare that the study was not subsidized.

**Conflicts of interest:** The authors declare that there are no conflicts of interest.

**Presentation at a scientific event:** The authors report that the study has not been presented at a scientific event.

**Received:** March 07, 2024

**Revised:** August 30, 2024

**Approved:** September 11, 2024

**Editor-in-Chief**

Leila Posenato Garcia



**Available in:**

<https://www.redalyc.org/articulo.oa?id=100582247013>

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**Institutional contribution to promoting breastfeeding among working women to achieve Sustainable Development Goals**

*Revista Brasileira de Saúde Ocupacional*

vol. 50, eddsst1, 2025

Fundação Jorge Duprat Figueiredo de Segurança e Medicina do Trabalho - Fundacentro,

**ISSN:** 0303-7657

**ISSN-E:** 2317-6369

**DOI:** <https://doi.org/>

10.1590/2317-6369/03724pt2025v50eddsst1