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Balancing Work and Motherhood: A Scoping Review on the Experiences and Challenges of Breastfeeding Working Mothers in Pakistan

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ABSTRACT

Breastfeeding is an essential public health practice that supports optimal well-being among mothers and infants. **Objectives:** To map current evidence on working mothers' experiences, challenges, and facilitators related to breastfeeding in Pakistan, and to identify successful workplace interventions and policy gaps. **Methods:** This systematic literature search was conducted in PubMed, CINAHL, Scopus, Web of Science, and Google Scholar for studies published between 2019 and 2024. Following the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews), qualitative, quantitative, and mixed-method empirical studies were included, while reviews, commentaries, and non-peer-reviewed articles were excluded. Fifteen studies met the inclusion criteria after screening 1,727 records. **Results:** Four major themes were identified: (1) structural and institutional barriers such as short maternity leave, lack of lactation rooms, and rigid work schedules; (2) cultural and social constraints including stigma and awkwardness in the workplace; (3) organizational and supervisory support, including managerial backing, flexible work policies, and child-care facilities; and (4) policy and advocacy gaps caused by weak enforcement of labor laws and limited employer awareness. Only 20–25% of establishments provided lactation support, and most mothers discontinued exclusive breastfeeding within 8 to 12 weeks after returning to work. **Conclusions:** Institutional, cultural, and policy-level determinants affect breastfeeding continuation among working mothers in Pakistan. Policy enforcement, work accommodations, and organizational support practices are essential. A multi-sectoral effort with policy reform, education, and advocacy can foster breastfeeding-supportive work environments and enhance maternal and child health.

INTRODUCTION

Breastfeeding is widely recognized as one of the most cost-effective interventions to promote child and maternal health globally [1]. It offers the best nutrition and boosts immunity, which minimizes infant morbidity and mortality. Nevertheless, one of the greatest factors in the early breastfeeding cessation is the possibility of returning to work [2]. In many low- and middle-income countries, including Pakistan, structural, cultural, and workplace barriers hinder working mothers from maintaining breastfeeding [3]. International agencies like the WHO and UNICEF suggest exclusive breastfeeding for the first six months of the life of an infant, and additional breastfeeding with complementary feeding until two years of age or more [4]. Even with these well-defined guidelines, most women fail to maintain breastfeeding because of early workforce re-entry and insufficient support systems in the workplace. This is worsened by restrictive maternity leave policies, non-availability of breast pump facilities, and no provision

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for milk storage facilities in the workplace [5]. Employers often believe that accommodations made for breastfeeding mothers will cost them more in productivity and money and overlook the numerous benefits to maternal-infant health and organization productivity, including better employee retention rates, less absenteeism because of child illness, and improved maternal mental health, all of which contribute to higher overall productivity. The World Health Organization recommends exclusive breastfeeding for the first six months of life [6, 7]. In Pakistan, even with national policies encouraging maternal and child health, the enforcement of breastfeeding-friendly workplace practices is not consistent. Most workplaces have no designated areas, flexible working schedules, or managerial accommodation [8]. The discrepancy between policy and practice points to the importance of evidence-based interventions and better enforcement of current labor protections. International evidence indicates that effectively designed lactation programs, good maternity protection legislation, and organizational cultures that support these practices have been shown to increase breastfeeding duration and improve mothers' satisfaction [9]. But in South Asia, and indeed in Pakistan, gender norms, economic pressures, and the general lax enforcement of labor legislation remain major challenges [10]. This scoping review intends to integrate qualitative and quantitative literature to chart existing evidence on breastfeeding working mothers' experiences and challenges in Pakistan, in the context of global and regional situations. The review is particularly interested in knowing the barriers, facilitators, and policy-related determinants of breastfeeding continuation and which workplace interventions are effective in supporting working mothers. The purpose of the review was to synthesize the literature on the issue and reveal the problems working mothers have regarding the continuation of exclusive breastfeeding after work, the role of workplace policies, and the interventions that can be used to assist them. The review outcomes to be achieved included: Delve into the issues of working women who struggle to continue with exclusive breastfeeding after going back to work. Evaluate the effects of workplace attributes on breastfeeding continuity, including maternity leave, lactation services, and work flexibility. Determine workplace interventions and policy programs that can be effective in encouraging, protecting, and assisting working mothers to breastfeed.

Despite growing recognition of breastfeeding's health benefits, working mothers in Pakistan face substantial structural, cultural, and policy-related barriers that hinder exclusive breastfeeding continuation. Existing literature is limited, often urban-focused, and predominantly cross-sectional, providing insufficient insights into long-term experiences and the effectiveness of workplace interventions. There is a clear need to synthesize current evidence to identify gaps in policy implementation, organizational support, and cultural practices affecting breastfeeding among working mothers. This review aimed at synthesizing available literature on the experience, difficulties, and facilitators of this process for the continuation of exclusive breastfeeding done by working mothers in Pakistan.

METHODS

The literature review was conducted to locate the relevant studies that would answer the given research question on the experience, challenges, and enablers of breastfeeding among working mothers in Pakistan. The PRISMA-ScR was used to develop the search strategy so that it would be methodologically transparent and reproducible. The systematically searched electronic databases were PubMed, CINAHL, Scopus, Web of Science, and Google Scholar, where peer-reviewed literature published during 2019 to 2024 was searched. It was searched with the following Boolean operator (changed according to the syntax of each database): (breastfeeding) OR (exclusive breastfeeding), or (lactation), and (working mother* OR employed women) or (working mother* OR employed women) or (nursing mother* OR employed women) or (program* OR maternity leave). Some other Medical Subject Headings (MeSH terms) like Breastfeeding, Working Women, and Employment were added in PubMed and Scopus to further increase the search. Empirical studies that utilized qualitative, quantitative, or mixed-method designs and were in the English language were filtered. Non-peer-reviewed articles, such as editorials, commentaries, reviews, and so on, were eliminated. The first search gave 1,727 records, and after the elimination of duplicates, 1,130 articles were left. Title and abstract screening narrowed down to 572 studies related to the topic, where 55 full-text articles were evaluated as eligible. Only 20–25% of establishments provided lactation support, as reported in included studies by Gebrekidan et al. and Jiravisitkul et al. [11, 12]. After a careful selection using inclusion criteria, 15 studies were incorporated into the ultimate synthesis. A PRISMA flow diagram illustrates the stepwise process of article identification, screening, eligibility assessment, and inclusion (Figure 1).

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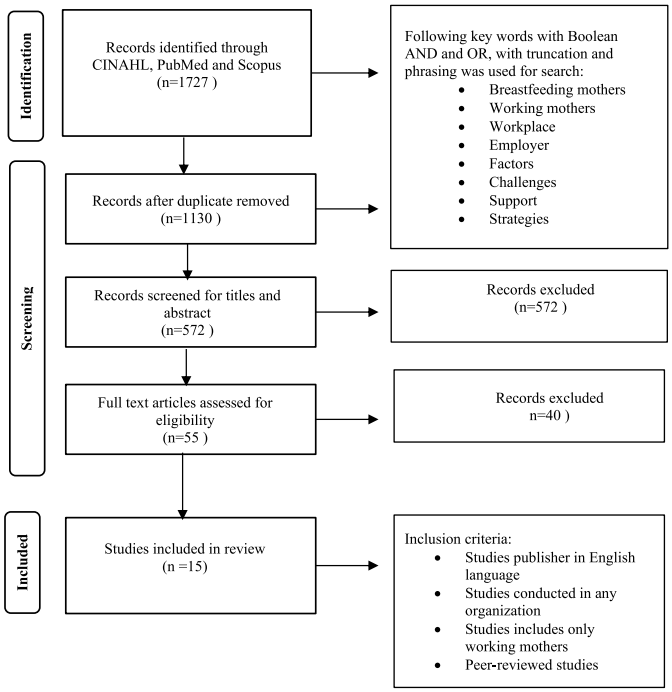

Figure 1: PRISMA Flow Diagram

Data Extraction Process

An extraction form was designed, which was standardized to maintain consistency and accuracy among included studies. The form has included author, year, study design, population, setting, sample size, methodology, and main findings about the experiences and challenges of breastfeeding among working mothers. In the case of qualitative and mixed-method research, thematic aspects were also coded with an existing coding framework. Two reviewers were used to extract the data, and any disagreements were discussed to achieve reliability.

Quality Appraisal

Even though a formal quality appraisal is not required in scoping review, a crude methodological rigor evaluation was done to enhance the plausibility of the synthesis. Qualitative studies were done using the Critical Appraisal Skills Programme (CASP) checklist, whereas quantitative and mixed-method designs were assessed by the Mixed Methods Appraisal Tool (MMAT). Only studies fulfilling minimum methodological transparency, ethical, and data reporting criteria were incorporated into the final synthesis.

Quantitative Summary

Even though the majority of the incorporated articles were qualitative, quantitative outcomes have been summarized in a systematic manner to determine the numerical trends and patterns. Quantitative results like exclusive breastfeeding rates, breastfeeding support in the workplace, and post-working periods. Indicatively, research by Jiravisitkul et al. and Gebrekidan et al. [11, 12] has indicated that merely 20-25% of workplaces had lactation facilities and about 65-80% of mothers did not continue to breastfeed exclusively during the 8-12 weeks they returned to work. These numerical variables give us a brief picture of the tangible effects of workplace variables on breastfeeding continuation.

RESULTS

A total of one thousand seven hundred and twenty-seven records were initially identified through database searches (PubMed, CINAHL, Scopus, Web of Science, and Google Scholar). After the elimination of 597 duplicates, 1,130 distinct records were left to screen. After title and abstract screening, 572 studies were considered as being relevant and were subjected to full-text evaluation. Among them, 15 studies passed the inclusion criteria and were incorporated in the final synthesis. The reasons the other studies were excluded were that they lacked focus on working mothers (n=18), were not based in a non-Pakistani setting(n=11), were not empirical(n=6), and the study lacked methodological rigor or duplication (n=5). Among the 15 included studies, 8 were identified as qualitative designs (in-depth interviews, focus groups, phenomenology), 4 were quantitative cross-sectional surveys, and 3 adopted both mixed-method designs. The research was published between 2019 and 2024; most of the research was conducted in the cities of Karachi, Lahore, and Islamabad, where the majority of women are employed in healthcare, education, and private office settings. The sample sizes were between 20 and 400 respondents. The vast majority of the research focused on those mothers who returned to work within 36 months after giving birth, and not all of them excluded employers or supervisors to obtain organizational views. Popular methods included structured questionnaires on breastfeeding duration, workplace support, and maternal satisfaction, as well as qualitative research on the lived experiences and sociocultural restrictions(Table 1).

Table 1: Summary of Studies

Sr. No.	References	Study Designs	Setting / Participants	Key findings
1	[3]	Mixed-method	Garment Workers, Bangladesh	Low early initiation and EBF continuation
2	[4]	Qualitative Study	Nurses, Pakistan	Explored breastfeeding experiences after returning to clinical duty
3	[11]	Quantitative Study	Hospital Workplace	Support is strongly linked with longer breastfeeding duration

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4	[12]	Systematic Review	LMIC-Employed Mothers	Only 20–25% workplaces provided support
5	[13]	Qualitative Study	Employed Mothers	Explored enablers/barriers for continuation
6	[14]	Systematic Review	Global	Interventions improved breastfeeding rates
7	[15]	Dissertation	Nairobi	Workplace support influences EBF
8	[16]	Mixed Method	Maldives	Weak maternity leave enforcement
9	[17]	Review	Global	Workplace factors affect milk expression
10	[18]	Mixed Study	Pakistan	Breastfeeding is not supported in most workplaces
11	[19]	Qualitative Study	Qatar	Cultural barriers identified
12	[20]	Qualitative Study	Usa	Managerial attitudes affect breastfeeding
13	[21]	Quantitative Study	Healthcare Workers	Workplace support increased satisfaction
14	[22]	Qualitative Study	Pakistan	Maternity leave policy implementation issues
15	[23]	Cross-sectional Study	Malaysia	Knowledge gaps regarding lactation areas

Theme 1: Structural and Institutional Barriers

In most of the research, the primary structural obstacles were noted to be short maternity leave, absence of lactation rooms, and rigid work hours [11]. It was found that the lactation support was given in only 20-25 % of the workplaces and that employees in the private sector had more difficulties than those working in a governmental facility. These limitations tended to make mothers quit exclusive breastfeeding in 8-12 weeks after they went to work.

Theme 2: Cultural and Social Constraints

Some of the barriers to continuation of breastfeeding were reported to include cultural conservatism and social expectations. Most mothers were ashamed or deemed breastfeeding in the workplace to be unprofessional [12]. Stigma and guilt, along with the pressure to adapt to family and peer expectations, were all factors that led to stress in working mothers. Female colleagues and supervisors were also supportive and reduced such issues, and encouraged breastfeeding.

Theme 3: Organizational and Supervisory Support

Breastfeeding practices were highly affected by organizational culture. Consistently, enablers were positive managerial attitudes, flexible working hours, and the availability of exclusive lactation areas. Research also showed that on-site childcare and paid lactation breaks could get mothers to extend their breastfeeding to a maximum of six months after childbirth [13].

Theme 4: Gaps in Policy and Advocacy

The Labor Code of Pakistan has provided 12 weeks of maternity leave, a mandatory provision, although it is not fully enforced, particularly in the private sector. Legally, there is no provision for breastfeeding breaks or lactation rooms [13]. The lack of advocacy and poor awareness of the employers also contribute to the inability to implement policy [24]. India and Bangladesh have provided comparative evidence to demonstrate that policy compliance may be enhanced by government-backed incentives and employer education efforts. The literature worldwide also indicates that workplace accommodation, paid leave, and childcare centers improve maternal satisfaction and length of time breastfeeding [25, 26].

DISCUSSION

The scoping review offers an integrative insight into the complex experiences of breastfeeding working mothers in Pakistan. The review serves as a synthesis of the research findings published in the last five years (2019-2024), which can help understand the effect of institutional structure, sociocultural norms, organizational support, and policy implementation on the capacity of mothers returning to work to maintain breastfeeding. In the literature reviewed, the lack of proper maternity leave, lactation space, and strict work hours always stood out as the primary obstacles to the continuation of exclusive breastfeeding. It is consistent with the results of other low- and middle-income nations (LMICs), where workplace infrastructure and policy enforcement remain low [14, 27]. In Pakistan, the lack of long maternity leaves after the legally required 12 weeks usually drives mothers to go back to work too soon, which invalidates the WHO advice of six months of exclusive breastfeeding. These findings are also reflected in India and Bangladesh, where policy-practice gaps also exist despite the existence of maternity protection systems in the country [28]. The consequences are enormous: the rates of breastfeeding cessation are insurmountably high when a mother returns to the rigid workplaces in the lack of lactation support, amounting to around 8-12 weeks after birth. Such structural inadequacy not only impacts maternal confidence but also reduces the child's health outcomes, which are immunity and growth [29-31]. Workplace stigma and cultural conservatism were also identified as obstacles to breastfeeding. Most mothers viewed breastfeeding in the workplace as unprofessional or inappropriate, creating psychological discomfort and guilt. These obstacles reflect reports from other patriarchal cultures, where professional norms and modesty are pitted against mothers' needs [20]. Supervisor and peer encouragement were found to facilitate these obstacles, highlighting the value of manager and peer support networks to normalize breastfeeding activities. Organizational culture became an imperative factor when it comes to determining breastfeeding continuation. Generous management, work arrangements, and the availability of personal areas were associated with extended breastfeeding periods [21]. The international studies also support this finding by

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confirming that organizational support, not individual motivation, is a predictor of successful results in breastfeeding [32]. Such programs as on-site childcare, lactation breaks, and supervisor training were also discovered to create inclusive settings that promote the well-being of mothers and infants. There is a significant restriction in terms of inconsistent policy enforcement on maternity protectors. Even though the Labor Code of Pakistan provides 12 weeks of maternity leave, it is not well implemented, particularly in the private organizations [22, 33]. There is also the lack of mandatory breaks to breastfeed and specially designated lactation zones, which makes the problem even more severe. A lack of coordination between health, labor, and social welfare sectors slows down translation of policies [34, 35]. Existing comparative data of South Asia indicate that government-based programs of incentives and certification of employers, to become breastfeeding-friendly, can achieve a high level of compliance and satisfaction. Pakistan can also follow the same models by having public-private partnerships and enhanced advocacy. Engaging knowledge gaps were also found during the review. The majority of research was cross-sectional and concentrated in urban settings, which did not offer a lot of information about the rural setting. The future studies ought to use longer-term oriented designs and mixed-method designs to test the impacts of workplace interventions in the long-term, as well as include the opinion of employers and policymakers. On the policy front, policy-makers are invited to incorporate the aspects of breastfeeding support in the labor legislation- the availability of lactation rooms, flexibility of time schedules, and paid breastfeeding breaks. Also, the sociocultural stigma should be removed by including national education and awareness efforts to empower working women via mentorship and peer-support channels. Although this review has its strong points in pulling together existing national and international evidence, there are a few limitations that need to be noted. First, there can be potential publication bias because only the English-language, peer-reviewed studies were incorporated, and this could have omitted the local or grey literature. Second, the evaluation of studies written in languages other than English was not conducted, which might restrict the level of evidence. Third, even though the independent validation was conducted in the process of data extraction and synthesis, the qualitative themes interpretation process could not but presuppose the use of subjective judgment, which could lead to reviewer bias. Lastly, the urban-biased nature of studies limits the externalization of the study to rural residents. These limitations are important to identify to contextualize findings and priorities in future research.

This review is limited by its focus on English-language, peer-reviewed studies, predominantly conducted in urban areas, which may not reflect rural experiences. Future research should adopt longitudinal and mixed-method designs, include rural populations, and assess the long-term impact of workplace interventions. Policymakers and organizations could benefit from studies evaluating the effectiveness of breastfeeding-friendly policies and culturally sensitive programs to support working mothers nationwide.

CONCLUSIONS

This scoping review emphasizes that continuation of breastfeeding among working mothers in Pakistan is affected by interrelated institutional, cultural, and policy-related determinants. In spite of the common awareness of the benefits of breastfeeding, insufficient workplace facilities, poor enforcement of policies, and sociocultural impediments exist. Increasing the enforcement of labor laws, promoting health-enhancing work environments, and encouraging employer support are essential to perpetuate breastfeeding practices. An integrated, multi-sectoral strategy involving policy reform, education, and organizational commitment is needed to promote maternal and child health outcomes.

Authors' Contribution

Conceptualization: AGA, SC
Methodology: AGA, SC
Formal analysis: AGA, SC
Writing and Drafting: AGA, SC, AAA, YT
Review and Editing: AGA, SC, AAA, YT

All authors approved the final manuscript and take responsibility for the integrity of the work.

Conflicts of Interest

All the authors declare no conflict of interest.

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