

Experiences on nursing support in lactaries of industrial companies

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ABSTRACT: The participation of women in the workplace has been identified as a significant factor contributing to the decline in breastfeeding rates, despite the existence of policies requiring companies to provide adequate infrastructure, equipment, and protocols to support this practice. The objective of this study was to analyze the support guidelines provided by nursing staff in the lactation rooms of industrial companies in the city of San Luis Potosí, Mexico. A qualitative study was conducted using a grounded theory design, in which nine women who had previously utilized company lactation rooms were interviewed. The analysis was conducted in accordance with the grounded theory methodology proposed by Strauss and Corbin. The results indicate that professional support is perceived as crucial for the reconciliation of breastfeeding and work, particularly in relation to the empowerment of workers in matters of milk storage, conservation, and transportation strategies. The study identified several areas for improvement, primarily related to the fact that nursing continues to rely heavily on the dominant medical model for its perspective and intervention. It is thus concluded that, in order to promote new legal and regulatory frameworks for the reconciliation of breastfeeding and work, nursing must develop support protocols that problematize this practice as a biopsychosocial phenomenon and take it back more as a right of women and their children.

KEYWORDS: Lactation, Breast Feeding, Breast Milk Expression, Work, Health Policy.

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INTRODUCTION

The practice of breastfeeding has declined significantly worldwide, with rates reaching only 74% in the first year of life and 46% in the second. These figures, although below the global average, are above those reported for Mexico, where the rate is only 39% (González-Castell et al., 2020).

The low prevalence of breastfeeding in Mexico has been identified by the World Health Organization (WHO) as a significant challenge in public health. In response, the WHO has set a goal of increasing the rate of exclusive breastfeeding by less than 50% by 2025 (WHO, 2017). However, this is an ambitious target, given that by 2022, the exclusive breastfeeding rate will only reach 33% and less than 50% of newborns are placed to the mother's breast within the first hour of life (González-Castell et al., 2020).

Although the social and biological factors that discourage the practice of breastfeeding are numerous and complex, this research will focus on documenting the experiences of working women who have used lactation rooms within industrial companies. This is because, in Mexico, there are 51.9 million women aged 15 years or older, of which 72% are mothers. Furthermore, seven out of every ten women who access formal employment are mothers (Mexican Institute for Competitiveness [IMCO], 2022a).

A decision was made to study this specific group, given that scientific evidence has documented a consistent and significant relationship between work status and early weaning. In Mexico, only 10.8% of the 43% of formal working women report having exclusively breastfed for six months (United Nations Children's Fund [UNICEF], 2021).

It is similarly important to acknowledge the historical debt owed by the state to women and their reproductive rights. Many women continue to be compelled to relinquish their paid employment to fulfill reproductive and parenting responsibilities, or to choose between working and parenting, which can result in suboptimal breastfeeding, early cessation of breastfeeding, or early introduction of artificial milk. (National Women's Institute [INM], 2017).

In the context described above, the challenge of being a working and breastfeeding woman persists throughout Latin America, not only in terms of public health, but also in the area of economic

growth and substantive equality. This is due to the existence of weak policies that have been built to date to reconcile work and breastfeeding (UNICEF, s.f.).

A study conducted in Brazil documented the prevalence of dissatisfaction among working mothers who utilize breastfeeding rooms. This dissatisfaction was primarily attributed to the improvisation that frames the installation of spaces for milk extraction, as well as to the establishment of schedules and days that are incompatible with the physiological processes involved in milk production and cultural preferences regarding this practice (Silva et al., 2023).

In contrast, another study conducted in the United States of America documented that the experience of women workers is enhanced by the implementation of management practices that facilitate flexible scheduling and adjust working days. Additionally, the implementation of interventions that promote colleague accompaniment has been shown to be beneficial (Wright, 2019).

The advancement of breastfeeding and work reconciliation is not merely a matter of public health; it is also a matter of human rights, social justice, and women's empowerment. The Mexican Institute for Competitiveness (IMCO, 2022b) has acknowledged that the absence of policies that facilitate reconciliation between motherhood and work contributes significantly and directly to discrimination based on gender, the violation of reproductive rights, and in general, represents an obstacle to the professional growth of women, even conditioning their definitive exit from the labor market.

In light of the aforementioned considerations and in accordance with international mandates, the Mexican State has encouraged organizations and companies to pursue strategies that guarantee the rights of couples with respect to breastfeeding. To this end, it has constructed narratives that allude to the fact that doing so increases its value and contributes to the existence of a better work environment. Furthermore, it enhances its attractiveness for national and foreign investment, by making evident its commitment to sustainable development (International Labor Organization [ILO], 2014).

Conciliation strategies necessitate not only infrastructure and personnel, but also accompanying protocols. The absence of exclusive spaces for milk extraction and storage, as well as the inability to access comprehensive and scientific information about this process, contributes to women's discomfort and lack of confidence in using lactation rooms. This, in turn, contributes to the reasons why they abandon this practice at an early stage (Adhanom and Lake, 2017).

A multicenter study conducted in Mexico found that the availability of lactation rooms within companies contributes to the prolongation of breastfeeding. It is therefore necessary to highlight that this implies not only the provision of a physical space, but also the guarantee of professional advice on issues related to the extraction, conservation, and transportation of human milk (Gil-Estevan and Solano-Ruiz, 2017).

Another factor that has been documented as contributing to a more positive experience in the use of lactation rooms is that the staff has knowledge of the legislation available regarding maternity protection. They also plan interventions to promote breastfeeding in the workplace, provide management support to modify schedules, days, and processes, and reinforce the practice of breastfeeding among co-workers (Gil-Estevan and Solano-Ruiz, 2017).

In accordance with the aforementioned description, the objective of this study was to analyze the support guidelines that nursing personnel implement in lactation rooms within industrial companies in the city of San Luis Potosí, Mexico.

THEORETICAL FRAMEWORK AND/OR BACKGROUND

The practice of breastfeeding is embedded within the broader framework of sexual and reproductive rights, which in turn are enshrined within the human rights set out in the Political Constitution of the United Mexican States, Article 4 (1917) and the General Health Law (LGS, 2018). Consequently, no woman can be prevented from exercising the right to breastfeed; rather, the State is obliged to guarantee that she is able to do so, in order to enhance her well-being and that of her children. Furthermore, it is important to note that breastfeeding can prevent both short-

term and long-term diseases in infants and mothers (National Population Council [CONAPO], 2018).

In accordance with the aforementioned framework, the Mexican State has issued the Draft Official Mexican Standard 050-SSA2 (2018) for the promotion, protection, and support of breastfeeding. This standard specifies the obligation of public sector companies and private entities to create and operate lactation rooms that comply with the following criteria: they must be dignified, private, hygienic, and accessible spaces to which women can access to breastfeed, express, and adequately preserve their milk during work hours.

This standard also establishes the obligation to link this instrument with the Federal Labor Law (LFT, 2022) as an essential component for ensuring compliance with a range of obligations, including the obligation to inform and train personnel of companies and organizations from the public, social, and private sectors. Furthermore, the standard mandates that both public and private sector entities disseminate information on the significance of breastfeeding, respect and promote the utilization of two extraordinary breaks of half an hour per day, or alternatively, the reduction of one hour of the workday to breastfeed or express milk. Additionally, the standard encourages the establishment of lactation rooms in accordance with the applicable provisions.

In Mexico, the Ministry of Health (SS), in collaboration with the Mexican Institute of Social Security (IMSS), the Ministry of Labor and Social Security (STPS), and UNICEF, developed the "Guide for the Installation and Operation of Lactation Rooms," a comprehensive resource that guides the promotion of a breastfeeding culture within the workplace and provides specific recommendations on the use and conditions of lactation rooms (SS, IMSS, UNICEF, STPS., 2021). The guidelines highlight the importance of flexibility in terms of breastfeeding breaks, as well as the necessity for breastfeeding rooms to be used exclusively for this purpose. This ensures that the characteristics of hygiene, privacy, comfort, tranquility, and accessibility are maintained. In a similar vein, the document encourages companies to implement policies that support women who are breastfeeding. These policies should establish and coordinate with a volunteer network or professional health personnel who provide guidance on breastfeeding.

In turn, the Committee on Economic, Social and Cultural Rights has identified the following conditions as essential for the dignity of breastfeeding: accessibility, suitability, availability, quality, and acceptability of breastfeeding rooms within companies to women who will use them. To comply with the aforementioned guidelines, it is essential that there be health personnel who are vigilant about the use of the rooms and available at all times to instruct women in matters of extraction, conservation, and transfer of breast milk (Consejo de la Judicatura Federal [CJF], 2021).

A number of studies have demonstrated that the installation of lactation rooms in accordance with the aforementioned guidelines has a positive impact on breastfeeding rates and the prolongation of its practice. Furthermore, these facilities serve to illustrate the commitment of companies to act in a socially responsible manner, by providing conditions that favour psychosocial and health aspects. This leads to greater productivity in the workplace, as evidenced by studies conducted by Ibarra-Ortega et al. (2020) and Hernández-Cordero et al. (2022).

A study conducted in Guadalajara, Mexico, revealed a significant correlation between the availability of a lactation room in the workplace and an increased frequency and duration of breastfeeding. The study also found that a greater number of working mothers were able to breastfeed their children and daughters for more than six months (Ibarra-Ortega et al., 2020).

Policies aimed at reconciling breastfeeding and work should include counseling from a health professional or a volunteer who coordinates breastfeeding and advises on techniques for extracting, storing, and transporting breast milk. This individual must anticipate actions for when the woman returns to work once her maternity leave has ended, ensuring that she is provided with information about the methods of extracting and preserving breast milk, as well as about her rights regarding breastfeeding (Contreras, 2018).

The Guide for the Installation and Operation of Lactation Rooms, in section 3.2, "Responsible for the Lactation Room," delineates the designated tasks of the individual responsible for the lactation room. These include disseminating information about the existence of the lactation room to the community, promoting and ensuring the proper use of the lactation room, coordinating and

verifying adequate maintenance and good functioning of the room, and making proposals for improvement.

METHODOLOGY

A qualitative study was conducted using a grounded theory approach, with the objective of developing a theory about the multifaceted nature of professional nursing support within lactation rooms within the workplace. The use of grounded theory enabled the researcher to examine the complexities of human behaviour and interactions with others in specific contexts. This approach allowed the researcher to identify the social and cultural processes that shape these interactions, and to develop a theory based on the experiences, feelings, and actions/interactions of the various actors involved (Vivar et al., 2010).

A sample of working women who had previously used a lactator within a private company assigned to the industrial zones of the state of San Luis Potosí was invited to participate in the study. Initially, convenience sampling was employed, which entails selecting participants according to the researcher's convenience, allowing for arbitrary determination of the number of participants in the study. As the initial participants expressed their willingness to participate and met the selection criteria, the interview process commenced. Convenience sampling was maintained throughout the entire study, but the snowball strategy was also implemented. This involves the first participants providing clues about other participants who, by meeting the selection criteria, could be included in the study. This strategy was employed in the study by Ardila and Rueda (2013).

The number of participants was determined based on the criterion of theoretical saturation, which is defined as the point at which new interviews no longer provide new information to the study and the analysis categories are well consolidated (Ortega-Bastidas, 2020).

Given that the informants were employed women in formal positions and mothers, the researchers adapted their schedules to accommodate their time and space routines. Consequently, the majority of the interviews were conducted in the informants' homes. These interviews were individual and based on a semi-structured script. All interviews were audio recorded and lasted approximately 60 minutes. The confidentiality of the information shared was guaranteed at all times. Therefore, in this publication, the real names of the informants have been replaced by only the assigned participation number. Similarly, no information is provided that could potentially reveal the identity of the participants. The analysis of the data was conducted manually in accordance with the principles of grounded theory, employing the coding and categorization method, which enabled the identification of patterns and connections between the data.

RESULTS

The mean age of the participants was 32.3 years, with a standard deviation of 6.5 years. Seven participants were between 20 and 35 years old, and one was over 40 years old. The minimum age was 23 years, and the maximum was 42 years. Six participants reported living in a marital union, while three identified as single mothers. In terms of educational attainment, four participants had obtained a Bachelor's degree, three had completed high school, and two had completed high school. All employees were engaged in industrial zone operations, with specific roles including foreign trade and purchasing (2 employees), quality control (2 employees), and operating (5 employees).

Two fundamental categories emerged to elucidate the nature of nursing support in lactation rooms: “Effective support” and “Absence of support.” In this section, we delve deeper into these categories and offer narratives that emerged from the conversations with the participants.

Effective support

With regard to the support strategies that have been reported as satisfactory and, therefore, effective, it has been found that the participants have received information on aspects that were

not previously familiar to them, particularly on the storage and transportation strategies of breast milk.

P4: “They provided us with information regarding the method of emptying the milk into the bottles and the recommended refrigeration time. They advised us to bring glass bottles, preferably glass, which could be used for storage purposes.”

P5: “They informed us that we were required to bring our glass bottles and that we had to fill them to a certain volume before refrigerating them.”

The strategies employed to disseminate this information are not necessarily verbal; they are complemented by the delivery of brochures that are explained or placed in easily accessible locations.

P7: “They have like brochures with information, there it says that if you extract it, how long does it last, how to refrigerate it and all that”

P9: “Before leaving disability and after I returned to the infirmary, they gave me a little sheet that told me everything about expressing milk, how many hours it had to be stored.”

P9: “There [in the lactation room] there is a picture of a mother expressing milk with the breast pump, in the picture is the information about the milk, how it is stored and how long it lasts.”

The receipt of information and its written documentation have been positively linked to the maintenance of practice (López and Tejada, 2022). However, as they narrate the nursing intervention, it cannot be considered a counseling activity. It is important to note that this goes beyond merely sharing information verbally or in writing. Sánchez (1997) theoretical contribution posits that holding person-to-person meetings is essential for generating possibilities of resignification and constructive changes.

Some of the narratives indicate that there are areas of opportunity regarding the support that nursing provides to working and nursing mothers. The women themselves perceive that the

intervention provides superficial, incomplete, and repetitive information, which is insufficient to sustain and prolong their intention to breastfeed.

From the narratives of these women, it appears that breastfeeding is prescribed. They are informed that they must breastfeed and that they will have a space to express their milk and a refrigerator to preserve it. However, they are not advised on how to do it operationally. As if it were an instinct and not a biopsychocultural practice that must be learned and mastered. This can be seen in the following narratives:

P1: “They told me something very basic, that if it was the best for him [baby], that the more I gave him, the more he would get, that if I was going to control my weight... the doctor was like this: “Are you breastfeeding?”, “how long have you been breastfeeding?”, “don't stop giving”

P3: “They said that it must be exclusive, on free demand, that it helps to lose weight, to reduce inflammation in the uterus as soon as the baby is born, that it also helps them a lot in their defenses, and well, nothing more, I think. that was everything”

P2: “The nurses were like “ah, you're done” “ah ok” and that was it, they didn't ask “if you're still, I don't know, milk coming out?” or “How do you express milk?” That is to say, in that part they were not so involved”

The limitations in nursing participation seem to be associated with the prevalence of a biomedicalized view sustained in the hegemonic medical model. This model problematizes the health-illness-attention-care processes exclusively in the biological, denying the psychological and social edges that frame these experiences. As Menéndez (2020) points out, it is a model that is not only designed to fulfill curative and preventive functions, but also to regulate, control, and legitimize.

In this context, nursing support in breastfeeding rooms is perceived to be more framed in a state mandate that, as a human right of the binomial, with this, the intervention focuses on the

prescription and not on the support of breastfeeding. What is important is the liquid that drains from mothers' breasts, not the experiential process that takes place when breastfeeding.

The only social aspect that emerged in the speech pertained to the information provided to them regarding the times they would have to utilize the lactation room. This information was often presented in a manner that anticipated minimal disruption to their productivity.

P2: "...about how long I have that permit or that enjoyment of time, and that by law it is 6 months..."

In the context described, the policies of apparent conciliation between breastfeeding and work appear to be an exercise of biopower in which breastfeeding is not only medicalized but also capitalized. The use of the nursing rooms responds more to the dynamics of production than to the physiological and cultural needs of each woman. In this context, it is appropriate to problematize the iatrogenic effects of biomedicalization in the processes involved in the production and release of milk. These processes do not recognize the simultaneous overload of reproductive and productive work on women's bodies.

Absence of accompaniment

Some of the shared narratives indicated the absence of personnel perceived as essential for the provision of support. This was particularly evident in instances where it was highlighted that there were no health personnel in charge of the lactation rooms.

P6: "In fact, there wasn't even nursing as such, if there was a specialist, for example a nurse, a doctor...someone you could ask and who would know, but there was no one who would say anything like that."

P5: "In this, information is key, because you don't know what the correct way to express is, if you are not attached to a specialist...or you don't know that the milk is not going to spoil or become contaminated, all that kind of things"

Previous research has identified a lack of professional guidance on the breastfeeding process as a significant barrier to the continuation of this practice. This is why the Draft Official Mexican

Standard 050-SSA2 (2018) for the promotion, protection, and support of breastfeeding requires that breastfeeding rooms have health personnel to guide working mothers on how to use the equipment and resources. Mothers must be instructed on the proper use of equipment and resources. Scientific evidence indicates that the professional training of women on the above is a priority, as is raising awareness among all staff members to respect the processes and demands that derive from the experience of breastfeeding (Olufunlayo et al., 2019).

With regard to the concerns identified by women as priorities, these are primarily related to issues associated with extraction, refrigeration, and transfer:

P1: “I investigated on my own that it had to be refrigerated, I was going to use special bags or glass containers, and the extractor... the extractions were very complicated for me”

P2: “I didn't know that at a certain temperature the shelf life of milk is”

P5: “I wasn't sure how to transport the milk here [to his house], because he gets embarrassed and maybe here you reheat it and the milk is no longer useful, so you say “the whole process that I did that day was useless.” you are welcome”

P5: “What they don't tell you is that it will hurt when you extract it.”

P8: “No one told me how to put on the breast pumps, I would hurt myself with them, so I think a good education on how to use them is important.”

Previous research indicates that a lack of knowledge regarding the extraction and maintenance of breastfeeding is one of the primary reasons for the abandonment of breastfeeding and the introduction of substitutes. This phenomenon occurs more frequently in women who work (Fernández et al., 2022).

The absence of a reliable source of information leads to dissatisfaction among users of the lactation room and the perception that the company has no genuine interest in promoting breastfeeding, but rather is merely complying with a state mandate.

P3: “The company did not help me at all, so watching videos, searching for separate information, was what helped me, to start doing the massages, how to do them, how to do them, how long.”

P7: “The only thing they tell you is that by law it is one hour, that you do not go over that time, and that it is for six months”

P8: “...They didn't give me any information, they just told me to take my things, but they didn't tell me which ones either...”

The policy is constructed apart from the needs of women's support, as a mere requirement. It can be argued that capitalism has not yet found the value of breastfeeding, given that bodies are not gendered and even less so when they are reproduced. Even if companies do not demonstrate real and comprehensive compliance with the policy, companies will continue to be spaces that expel women, thereby favoring their marginalization, exclusion, gender discrimination, and the feminization of poverty (Petry, 2020).

CONCLUSIONS

The objective of this study was to analyze the support guidelines that nursing operates in lactation rooms within industrial companies in the city of San Luis Potosí, Mexico. The results demonstrate the significance of nursing's presence in lactation rooms within companies and highlight the necessity for improvement in the counseling and support processes currently being carried out by nursing. In particular, there is a need to re-examine the epistemic position that supports their participation, which is largely based on a biomedicalizing model that fails to adequately address the psychological, social, and cultural aspects involved in breastfeeding. In addition to the establishment of regulatory and legal frameworks that facilitate the reconciliation of breastfeeding and work, it is imperative to develop protocols that delineate the role of nursing in the support process.

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