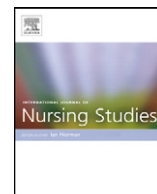




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## Maternal return to work and breastfeeding: A population-based cohort study

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## ABSTRACT

**Background:** In recent decades there has been a marked rise in the participation of women with infants in the labour market, while there has been a decline in the prevalence rate of breastfeeding.

**Objective:** To explore the relationship between maternal return to work and breastfeeding.

**Design:** An on-going prospective longitudinal study.

**Setting and participants:** Multistage stratified systematic sampling was designed to recruit 24,200 pairs, postpartum women and newborns, from the Taiwan national birth register in 2005. Participating women underwent two home interviews at 6 and 18 months after giving birth, following structured questionnaires. A total of 21,248 and 20,172 women were interviewed, and the completed interview rate was thus 87.8% and 83.4% at 6 and 18 months, respectively. All study participants provided informed consent as approved by the Ethics Review Board of the National Taiwan College of Public Health.

**Results:** The overall prevalence of initial breastfeeding was 83.7%. Postpartum women returning to work less than or equal to 1 month had the lowest initiation of breastfeeding rate (77.5%), but had a higher prevalence of breastfeeding duration less than or equal to 1 month (34.9%) than the overall population (26.8%). Overall 67.9%, 39.4%, 25.4%, and 12.7% mothers who started breastfeeding still breastfed their infants at the age of 1, 3, 6 and 12 months, respectively. Women with maternal leave of less than or equal to 6 months ceased breastfeeding earlier than those with maternal leave beyond 6 months and those who did not return to work up to 18 months after birth. After adjustment for potential confounders, odds ratios of initial breastfeeding seemed no different, except those for postpartum women who returned to work less than or equal to 1 month and those who did not return to work. Mothers returning to work within 1 year after giving birth were significantly earlier in weaning than those without return to work.

**Conclusion:** In our study, an early maternal return to work, especial within 6 months after giving birth, was a barrier to the initiation and continuation of breastfeeding. Thus, a comprehensive strategy is required to encourage the practice of breastfeeding in working women from pregnancy to the return to work, and nurses should work to promote breastfeeding in the different occasion.

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### What is already known about the topic?

- The number of women with young children in the workforce has increased recently.
- A potential conflict exists between employment and breastfeeding.

### What this paper adds?

- A large population-based cohort study designed to explore the relationship between maternal return to work and breastfeeding.
- To measure the effects of different timings of maternal return to work on the initiation and continuation of breastfeeding.

## 1. Introduction

Labour force participation by married women in Taiwan was 32% in 1979, but by 2006 it had risen to 53% (Directorate-General of Budget, 2007). Moreover, the number of women with young children in the workforce also increased, with 59% of women with children under three employed in 2007, up from 40% in 1992 (Directorate-General of Budget, 2008). By international standards, new mothers return to work quickly after giving birth in Taiwan. One study shows that the average maternity leave is 56 days (Chen et al., 2006), which reflects the fact that local companies provide 8 weeks maternity (Council of Labor Affairs, 2008).

In Taiwan, the National Health Insurance (NHI) system, implemented in 1995, provides integrated maternal and child health services. All pregnant women are eligible for ten free prenatal care visits combined with comprehensive health examinations, with two visits for pregnancies of less than 17 weeks, two for pregnancies of 17–29 weeks, and six for pregnancies of over 29 weeks (Bureau of National Health Insurance, 2009). Under this policy, the visiting rate for prenatal care during the first trimester increased from 86% in 1989 to 95% in 1996 (Chen et al., 1997), and most pregnant women now give birth in hospitals. Women with normal spontaneous delivery and with caesarean section usually stay 3 and 6 days in hospitals, respectively, for which the NHI covers the expense. For young children, there are six free well-baby examination visits in National Health Insurance Child Preventive Program, which provides four visits for children under one year old, one for one-to three-year olds, and one for three-to four-year olds.

The health benefits of breastfeeding have been widely recognized, such as a reduced use of health services (Leung et al., 2005), and fewer cases of postnatal death (Chen and Rogan, 2004), acute respiratory infection and diarrhoeal deaths (Arifeen et al., 2001; Miharshahi et al., 2008), child asthma and atopy (Oddy et al., 2004), childhood obesity (Grummer-Strawn and Mei, 2004), and atherosclerosis (Singhal et al., 2004). Exclusive breastfeeding is thus recommended up to 6 months of age by the World Health Organization (World Health Organization, 2008).

However, studies show that a potential conflict exists between maternal return to work after childbirth and breastfeeding (Chuang et al., 2007; Kimbro, 2006; Noble,

2001), with obvious implications for the health of the child. The purpose of this study is thus to explore the relationship between maternal return to work and breastfeeding, in order to provide a more comprehensive picture for health staff when devising strategies or policies to promote breastfeeding, and to provide better information for nurses caring for perinatal women.

## 2. Methods

### 2.1. Study population and sampling strategy

This study was part of the Taiwan Birth Cohort Study (TBCS), which is the first national birth cohort and prospective longitudinal study in Taiwan. TBCS started in 2003 with a 15-month pilot study (Chuang et al., 2007, 2009). In the current study, a multistage stratified systematic sampling was designed to obtain representative samples from the Taiwan national birth registration data in 2005. This data was gathered from the Bureau of Health Promotion at the Department of Health in Taiwan, and includes data on birth weight, gestation duration, and characteristics of live born infants and their mothers, but no information with regard to spontaneous abortions or stillborn infants. A total of 369 towns in Taiwan were divided into 12 strata according to the administrative division (four strata), and the total fertility rate (three strata) were ranked, and 90 towns out of the total were sampled. Using the principle of proportion probability to size, newborns, including singleton or multiple births, from the birth registration data and their mothers were sampled randomly from these 90 towns, for a total of 24,200 pairs.

### 2.2. Data collection

The Taiwan Birth Cohort Study is supported by grants from the Bureau of Health Promotion, Department of Health, Taiwan. One of the duties of the Population and Health Research Center in the Bureau of Health Promotion is the planning and implementation of community-based population and health survey research. Hence, they have trained a number of interviewers in different areas of Taiwan. Consequently, the interviewers in the current study were trained by the Population and Health Research Center, and some of them participated in the pilot study. To ensure consistent quality, every interviewer accepted the standardized TBCS training programs before conducting the interviews, and the completed questionnaires were sampled randomly to double check them.

Before the home interview, the researchers first delivered a card to notify the women about the interview and invite them to participate in the survey. The interviewers then visited the women that agreed to participate, and asked them to sign an informed consent form after explaining the details of the study. Each visit lasted about 40 min. The first and second home interviews were conducted at 6 and 18 months after the women gave births, using a structured questionnaire, and were carried out in July 2006 and July 2007, respectively.

There were a total of 4028 (2952 and 1076) women of loss to follow-up in the two interviews because of refusal

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