Abstract

Background

Pakistan has a higher infant mortality rate than countries with comparable economies, with around half of all under-5 deaths occurring in the first month of life. Breastfeeding is known to improve infant morbidity and mortality, but rates of formula feeding in Pakistan are increasing. Maternal employment is recognised globally as a major barrier to the continuation of breastfeeding.

Aim

To describe the attitudes and experiences of breast feeding mothers returning to full-time work as nurses in a tertiary hospital in Pakistan.

Methods

A qualitative study was conducted using semi-structured interviews with seven purposively sampled participants who were breastfeeding at the time of return to work. Interviews were audio recorded, transcribed and analysed thematically.

Results

Three major themes were identified: belief in a child's right to breastfeed, conflict with institutional power and the importance of family support in maintaining breastfeeding. Antenatally mothers described breastfeeding as the preferred infant feeding option and the child's right. When returning to work mothers encountered rigid hospital policies and practices, such as a short and non-negotiable period of maternity leave, inflexible shift patterns, and lack of childcare provision. Parents' strategies to continue breastfeeding included some mothers bringing babies to hospital wards while they worked, and babies' fathers bringing the baby to the hospital for feeds.

Conclusion

This study highlighted the barriers to breastfeeding experienced by mothers working as hospital nurses in Pakistan. Babies can be put at risk due to the strategies parents adopt to reconcile continued breastfeeding with maternal employment.

Key Words:

Breastfeeding, maternal employment, nurses, Pakistan, hospital policy.

The problem

Pakistan has high infant mortality rates in comparison with other lower middle income countries. Breastfeeding is an important factor protecting child and maternal health but in Pakistan the duration of breastfeeding is decreasing.

What is already known?

Maternal employment can adversely influence the duration of breastfeeding. Breastfeeding friendly policies are promoted globally but many working women face challenges in providing optimal nutrition for their infants.

What this Paper adds?

Despite having positive attitudes to exclusive breastfeeding in the first six months of live, nurses in Pakistan can face extreme problems in continuing to breastfeed when they return to work. Barriers are at an institutional and policy level, and babies can be put at risk due to the strategies parents adopt to reconcile continued breastfeeding with maternal employment.

Introduction

The World Health Organization recommends that all infants are exclusively breastfed for the first six months of life, with breastfeeding continuing to two years and beyond alongside appropriate solid foods[1]. Exclusively breastfed babies receive no other solids or liquid apart from breastmilk[2].When exclusive breastfeeding is maintained there are health benefits for babies and their mothers including reduced risks of many digestive and respiratory diseases for babies[3, 4, 5], and a lower risk of diabetes and some cancers for mothers[6,7]. Despite these benefits in many countries around the world breastfeeding behaviours diverge from the recommended ideal, reducing the short and long term health benefits for babies and their mothers and increasing the burden of ill health.

In poorer countries breastfeeding plays a particularly vital role in protecting children's health. Pakistan is a lower middle income country with a high infant mortality rate (87 per 1000 live births) [8.] Among South Asian countries Pakistan has the second highest rate of infant and child mortality after Afghanistan, and neonates are most at risk with around half of all under-5 deaths occurring in the first month of life[8]. Poor nutritional conditions among women and children have been identified as a pressing health and wellbeing issue in Pakistan[9]. Increased initiation and duration of breastfeeding reduces infant morbidity and mortality[5], and thus has the potential to impact favourably on infant mortality rates. In Pakistan just 18% of babies are breastfed within the first hour of birth[9], and in the first three days of their life 65% of Pakistani infants are given something other than breast milk, even if born in a health care facility[10]. Since 2013 there has been an increase in early initiation of breastfeeding, but exclusive breastfeeding rates have not increased[10], and the median duration of exclusive breastfeeding is less than one month[9]. This decrease has been attributed to an increased prevalence of bottle feeding[10].

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Breast feeding promotion is therefore an important public health issue in Pakistan, and initiatives exist to improve child and maternal health by boosting the numbers of mother's breastfeeding their babies. These include the UNICEF Baby Friendly Initiative (BFI) which seeks to support breastfeeding and recognises the importance of breastfeeding friendly policies and facilities in the workplace which make continued breastfeeding a possibility[1, 11]. Maternal employment is cited as a major potential barrier in

exclusive breast feeding, and a contributor to reduced duration of breastfeeding [12]. The timing of a mothers' return to work has an impact upon breastfeeding duration[13]. Feng and Han[14] found that duration of breastfeeding was linked to the length of maternity leave, with mothers who returned to work earlier for economic reasons more likely to give their babies formula milk at 6 months. Length of maternity leave is highly variable between countries. United Kingdom (UK) provides 36 weeks of paid maternity leave (with further 12 weeks of unpaid leave),whereas in Nordic countries the average maternity leave is 85 weeks (with half fully paid)[15]. Compared to these nations Pakistan's maternity leave policy is less favourable for working breastfeeding mothers. According to the Maternity Benefit Ordinance of Pakistan women who work full time are eligible for 12 weeks of maternity leave, but it is recognised that this national policy is not implemented in many workplaces[16, 17]. The proportion of employed women in Pakistan is steadily growing[9]. In Pakistan 32% of women work after marriage, a large number of whom are widowed, separated or divorced (and hence likely to have dependent children).

Breastfeeding support in the workplace is associated with an earlier return to work and increased employee satisfaction with breastfeeding[18, 19, 20]. Brown et al (2001)[21] found that employers knew about the benefits of breastfeeding for mothers and children, but did not place a high priority on providing breastfeeding support. A cross sectional study of nearly 300 workplaces in Pakistan explored employers' perspectives on breastfeeding support[22]. In this study physical facilities, such as a refrigerator to store breast milk, a place to express milk and workplace childcare were available in less than 7%of the workplaces, with only 4% of workplaces providing, breast milk pumps, none of which had a labelled storage place for breast milk[22].These facilities were rarely mentioned in company policies, and in practice provision. Breastfeeding mothers were treated on an adhoc basis; routine breaks also counted as breast feeding breaks and women's rooms (including bathroom facilities) were also viewed as designated breastfeeding areas[22].

A hospital setting is considered an appropriate place to promote healthy lifestyle in order to avoid ill health among patients, workers and society in general[23]. In 2010 the Center for Disease Control and Prevention (CDC) gave recommendations on improving the health of hospital employees[23, 24, 25,26]which

included breastfeeding. Recommendations were for hospitals to encourage breastfeeding among patients and employees, to provide a time and place for working mothers to express breast milk and to provide breastfeeding support in the surrounding neighbourhood[23, 24]. As hospitals are considered a medium for promoting breastfeeding, the personal breastfeeding experiences of hospital employees are of paramount importance [27,28].A study by Zafar and Bustamante-Gavino (2008) concluded that nurses experienced difficulties in continuing breastfeeding due to their working circumstances, lack of feeding rooms and storage facilities, and feelings of guilt and personal discomfort[29].Although hospitals throughout the world are reliant on nurses as the majority workforce[32], in many developing countries nursing is not a high status profession[30,31]. In Pakistan this has been found to be due to low pay and also the stigma of interaction with the opposite sex[31,32]. This adds to the importance of studying the breastfeeding experiences of nurses in Pakistan.

Research into the relationship between employment and breastfeeding, includes exploration of differing breast feeding rates[33], the characteristics of working mothers who do not breast feed[34] and the effect of institutional strategies and practices on breast feeding[35.] However, there has been relatively little qualitative exploration of the experiences of educated working mothers, despite recommendations that this issue merits further study[36.] This study explores the breast feeding experiences of full time employed nurses in Pakistan, who have returned to work whilst breastfeeding.

Methodology

The study was approved by a UK university ethics committee and permission to recruit participants was obtained from the relevant hospital authorities in Pakistan. The first author is a medical doctor who had previously worked at the study hospital but was unknown to the participants. The researcher stated that she was a doctor who was carrying out the research as part of a Master's degree student in a UK University.

A qualitative descriptive approach was taken to explore the lived experiences of nurses who returned to work whilst breastfeeding. In depth semi structured qualitative interviews were conducted by the first author. Purposive sampling was used to select the participants from a tertiary hospital in Pakistan. The

hospital had a 43000 patient-load per month and employed almost 2000 registered nurses. All nurses had received a four year training course from a nursing school. Inclusion criteria were that participants were registered nurses who had a child aged 0-1 years, had taken maternity leave and returned to work full time (40 hours per week) and were breastfeeding at the time of return to work. Seven potential participants who fulfilled the inclusion criteria were identified by the hospital matron. These potential participants were contacted by the primary author and given information about the study. Written consent was given by all participants. Interviews were conducted over a six week period in 2013.

The interview topic guide was focused on two broad questions: 'What was your experience of breastfeeding your child while employed full time in a hospital?', and 'What were the challenges of breastfeeding in the workplace?' Interviews took place in a quiet room near the ward where the nurses worked, were audio taped and lasted for an average of 50 minutes. For each interview permission was obtained from participants to record the interview. Guarantees were given that recording would only be accessible to the two researchers. An open option was given to all the participants to withdraw at any time during data collection. Interviews were conducted in Urdu in preference to English, as this is the first language of participants and the first author, and participants preferred not to be interviewed in foreign language. Interviews were translated into English by the first author and shared with interviewees who verified them. In order to maintain confidentiality participants were assured that their names would not appear in any publications.

The data was analyzed by following the iterative approach used by Pollio, Henlay and Thompson (1997)[37]. The analysis was completed in four main stages. Initially the texts of the transcripts were read and reread to identify the meaning units, which were then sorted by highlighting the issues raised by the participants. Meaning units were then given a code, and similar codes were gathered into subgroups and organized under the emerging themes. Themes were agreed by both authors, and direct quotes from the transcripts assigned to these themes. All the data was analyzed manually without the use of computer assisted data analysis software.

Findings

Participants Demographic Profile:

Participants were employed full time in a tertiary hospital setting, their ages ranged from 25 to 35 years and all had a bachelor's degree. Four nurses were first time mothers, the remainder were second time mothers. Participants gave an account of their breastfeeding journey from ante-natal planning to return to work after 42 days of maternity leave. The following cross cutting themes were identified from the analytical process: a child's right to breastfeed, institutional power and family support to maintain breastfeeding.

A child's right to breastfeed

All participants spoke of the benefits of breastfeeding, for both mother and baby. Breast milk was seen as containing factors which protected the baby's health, unlike formula which was less satisfying to the baby and added a risk of infection (see table 1). Thus mothers were predominantly positive about breastfeeding. One mother (Nurse G) initiated breastfeeding but now queried its benefits over formula milk. Three out of seven participants did not know the exact time of weaning and were unaware of the concept of exclusive breastfeeding for the first six months.

Table 1: Participants beliefs on the benefits of breastfeeding

Nutritional benefits

> *"Breastfeed is a complete meal for a baby as it has all those nutrients naturally, which are essential for a baby." (Nurse C)*

Several participants spoke explicitly of the child's right to receive its mother's breast milk, even suggesting that breastfeeding is part of a mother's moral obligation to her child. Rather than a passive recipient of the mothers' choice of infant food, the infant was seen as an active player in the mother-child relationship.

> *"Breastfeed is a natural gift from God." (Nurse A)*

> *"Breastfeed is the right of a child and believe me every mother is answerable to her child and God." (Nurse B)*

"Breastfeed is a child's right, and isn't it cruel to take away his right without his permission?" (Nurse C)

On returning to work mothers who struggled to continue breastfeeding their babies thought of this in terms of the child's rights. For some this was a stimulus to great efforts to continue breastfeeding in the face of obstacles, but when mothers did not manage to sustain breastfeeding, this could be interpreted as having failed the child.

"When I joined back I didn't want to stop breastfeeding … and then I fought for the right of my son." (Nurse D)

"I started to bottle feed along with breastfeed. But gradually my son drifted away from breastfeeding even when my milk was still coming… I think I didn't fight for my child's right properly." (Nurse G)

Where intractable hospital policies militated against breastfeeding, combined with the unsympathetic attitudes of managers, for one mother this was an issue of a child's right to breastfeed. Wishing to continue to breastfeed did not appear to elicit any sympathetic support from managers who were primarily concerned with maximising the capacity of the workforce:

"When a nurse thinks about her own children, their right to breastfeed and about their future, these people punish her."(Nurse A)

While a mother may wish to do the best for her children, this may be impossible when faced with uncaring and even hostile attitudes to breastfeeding in the work environment. A nurse was expected to subordinate the needs of her children to her employment if necessary. Participants described the personal attitudes to breastfeeding of senior staff leading to advice being given to introduce formula.

"When my daughter was born and I joined back after maternity leave matron said that nurses' children don't take breastfeed, they take formula feed… I told her that my daughter didn't like formula feed and that she was completely on my feed. She said, 'Keep her hungry for some time and she will start taking it'." (Nurse B)

Here the senior nurse clearly states that breastfeeding is not something that a nurse's child can expect to receive, with formula milk being the most appropriate method of feeding in order not to interfere with her work. Nurse C reported that the matron advised her to leave the baby in her hometown with relatives so she could return to the hospital to work unencumbered. Senior nurse management appeared dismissive of a child's right to breastfeed.

Institutional power

Despite maternity leave in Pakistan being officially 12 weeks, all mothers described receiving only 42 days of maternity leave, which made returning to work while breastfeeding very difficult. In addition six mothers were required to complete two weeks of night duty immediately on return from maternity leave and before returning to a mixture of shifts. Childcare had been provided within the hospital for the last two years, but covered just day shift hours. For some the only solution was to introduce formula feeds.

> *"When I had two weeks of night duty, after 42 days of maternity leave, I gave bottle to my husband." (Nurse C)*

> *"There is no evening and night care facility so I don't want to spoil his habits by changing his place all the time. That is why he stays at home during my job time and takes bottle feed." (Nurse E)*

The majority of mothers attempted to extend their maternity leave by requesting annual leave. However this was refused in all cases (see table 2). Again the needs of the nurses' children were subordinated to their duty as hospital employees, and it was clear that their requests had low priority. Mothers were distressed by being denied the opportunity to continue breastfeeding and some babies were described as being very unsettled by the switch to formula feeding.

Table 2: Responses to requests to extend maternity leave with annual leave

"After my maternity leave of 42 days I thought of availing my authorized 30 days annual leave so that I could breastfeed my child for another month. But I didn't get the leave… Matron refused by saying that your night calls were due. First do your night duty for 15 day… At that time it was very difficult to do night duties as my daughter was unhappy with bottle feed. I remember it as a terrible time." (Nurse B)

"I know very well about the leave policy of this institution. Administration is always reluctant to allow our authorized leaves even when it is for our children's need." (Nurse C)

"I wanted to spend time with my child. I thought that was the time he needed me the most. I was scared that if I was away he might get ill or due to my stressful job I might leave breastfeeding him… But I didn't get further leave. I was asked to do the 15 days night calls immediately after my maternity leave."(Nurse E)

"I didn't get my authorized annual leave after my maternity leave. Although I wanted to take it for my baby but it was said that due to shortage of staff it was not possible… This hospital had problems much bigger than ours." (Nurse F)

Mothers challenged institutional barriers to breastfeeding in several ways. The most common way was to attempt to bring the baby to the hospital with them. One mother approached a senior doctor to request that she might be allowed to live in the workplace hostel with her baby. Although irregular, this request was granted:

> *"I wrote letters to the Medical Superintendent of the hospital, went to his office, waited for him quite late after my duty hours just to talk to him, and called him many a times to consider my case. I told them that job was my need and breastfeeding was my child's need and I couldn't quit either…After all this I got permission to live with my child in the hostel." (Nurse D)*

Another mother made use of the childcare facility for doctors' children, until she was informed that this was not permissible for a nurse's child:

I started using doctor's day care facility at an affiliated medical college. Although it was far from my workplace but at least I could continue to breastfeed… After a few days an issue was raised that a nurse's child cannot use doctors' day-care facility. This discrimination hurt me a lot. I struggled for one month to keep my daughter in doctor's day care. During this struggle phase my daughter used to come with me and stay in the ward where I was working." (Nurse A)

Three mothers brought their children onto the ward with them while they worked. In previous studies[49] mothers stated that they did not do this due to potential risks for the babies, but in the absence of childcare for those working night shifts, some mothers in this study saw themselves as having no choice but to bring their babies to work with them.

"During my night calls that last for 10 days I bring my baby with me. I know that it is neither allowed nor good for my baby to stay in the hospital without being ill but being a mother I can't keep her away from her right….. Once I was caught during a senior doctor's visit to the ward. They didn't like it and said that why a nurse's baby is in the ward during her duty hours? It is not allowed…It is easy to say 'It is not allowed', but no one ever made any arrangement for us." (Nurse B)

"I used to bring my child with me in the ward during my duty hours. When matron came to know about it she said that I should have thought about breastfeeding and its problems prior to my marriage. You are a nurse here so forget about breast feeding as it's an idle woman's work." (Nurse E)

Data suggests that bringing a baby to work was a routine occurrence which was not permitted but to which nurse management tolerated to some degree as a means for nurses to work. It was astonishing that hospital staff, colleagues and even some doctors were aware of this practice which jeopardized both patient care and the wellbeing of nurses' children. One nurse described being allocated to a busy ward when her baby was with her and the manager suggesting that she leave her baby with a nurse on a

quieter ward... Two nurses described their babies suffering accidents whilst accompanying them to work.

> *"Once during my night call a patient's condition got serious. My son was in the nurse's changing room adjacent to the ward. I got busy with that patient… I didn't notice that my child had been crying and had fallen from the bed. When I went to him after 40-45 minutes he had stopped crying and was under the bed. He was very scared and had a bruise on his forehead...It is so strange that we are here to save patient's lives but our own children's lives are on stake and nobody cares." (Nurse D)*

> *"Once I had an evening call in the psychiatry ward…my son fell from his cot. I heard his cry but I didn't have time to go to him. He kept on crying for half an hour. Often a nurse has to give more importance to her patient even more than her own child." (Nurse A)*

Some mothers expressed their milk using a pump, but no private room was provided, no designated fridge, and no means of taking the expressed breast milk to the baby. One mother described using a pump to relieve her full breasts at night but having to discard her milk because of the lack of storage facilities: "*It is not easy to waste my milk, it hurts me a lot but I am helpless". (Nurse E).*

Partner and family support to facilitate continued breastfeeding

Not only mothers were involved in the infant feeding once a mother returned to work. The family could also have a view on how the baby was fed. The relatives of Nurse G whose husband's relatives did not wish the baby to come to hospital with her, and took over feeding the baby. Switching from breast to bottle feeds could result in severe stress for families, while the baby adjusted to a different from of feeding:

> *When I reached home after my first call; I came to know that neither my husband nor the baby could sleep the whole night… She had been sleeping with me since birth and had been taking my feed completely so it was impossible that she would suddenly start taking formula feed."(Nurse C)*

Where the mother decided to continue breastfeeding despite the institutional barriers, babies' fathers could be involved very actively in strategies to permit the baby to breastfeed, as in the two cases below.

> *"My night duties are not only mine they are for my whole family…During night calls first I check the workload and often it is too much so I ask my husband to bring my baby for breastfeed only and then take him back home. My home is ten minutes' drive away from the hospital. My husband has a woollen pouch, made by him, that he uses to support the baby while he rides the motorbike. This pouch has a belt that keeps the baby tied to his waist… Every night he has to bring the baby to the hospital in this way twice or thrice just for my breastfeed." (Nurse A)*

> *"During my night duty from 7 pm till 10 pm my daughter stays with me in the ward. After that my husband takes her back home. Then at 3 am or 4 am my husband brings her back for breastfeeding…I breastfeed her in the car. At times my husband sleeps in the car with my daughter the whole night because it is tiring to bring her again and again to hospital as baby needs feed every now and then." (Nurse B)*

In both cases risks were posed to the baby by travelling to the hospital to breastfed, and in both cases the father also suffered to do this. This emphasizes the importance placed on breastfeeding by both mothers and fathers, and the lengths to which parents would go to in order to ensure the child received breast milk.

DISCUSSION

This study has given an insight into the experiences of Pakistani breastfeeding women who are working as nurses. It has shown the barriers to continuing breastfeeding that mothers and their families encounter when on return to maternal employment following maternity leave. Mothers described encountering inflexible hospital policies which appeared almost designed to force mothers to abandon breastfeeding. The length of maternity leave offered to all participants was 42 days, which is below the Pakistani national standard[16, 17]; mothers were then required by nurse management to work a week of night duty

before returning to day shifts. This study has shown that mothers who wish to continue breastfeeding use a range of strategies, ranging from requesting to live in at the hospital with the baby, requesting to use the doctors' day-care facility, having babies brought to the hospital during shifts and, as a last resort, bringing babies onto the ward. This final resort led to conflict for mothers in accommodating their workplace expectations alongside meeting their child's nutritional requirements. The strategies used by working mothers to feed their babies whilst working as nurses appeared known to managers and other professionals. In addition to the risk of neglect of patients, risks to babies were significant as they were unattended while mothers carried out their nursing duties.

Several partners were involved in strategies to continue breastfeeding, in two cases bringing babies to the hospital for feeding while the mother worked. The description of a baby being brought to the hospital on a motor bike illustrates the lengths to which mothers and fathers will go to continue breastfeeding. Tohotoa et al (2009)[38] have previously shown that fathers play an important role in making breastfeeding an achievable task, while Pisacane et al (2005) found that mothers who received support in breastfeeding from the child's father were more likely to breastfeed exclusively than mothers who received no support from fathers[39].A study from Karachi, Pakistan found that fathers supported their wives during breastfeeding period in practical ways such as changing baby's diapers, swaddling, burping and holding them[40].Our current research highlights the importance of a partner's support in the face of extreme barriers to breastfeeding for working mothers.

Gattrell (2007) found that mothers who attempted to combine breastfeeding with paid work experienced difficulties because the maternal activity of breastfeeding was 'taboo' within the workplace, and some concealed their continued breastfeeding[36]. The findings of this study go beyond this, suggesting that these employees were forced to compromise their breastfeeding in order to prioritise their paid employment as nurses. Although some nurses have been found to have negative attitudes to breastfeeding[41], these Pakistani nurse-mothers were driven by the desire to feed their babies in the optimal way, in order to give their child its due rights. In Zafar and Bustamante-Gavino's study[32] which was conducted in Pakistan participants described breastfeeding as rewarding, but they did not experience the extreme conflicts with institutional power described in this study.

This study showed non-existent provision for childcare for nurses who returned to work in comparison with doctors, which highlights the lack of opportunities for women in low status employment to maintain exclusive breastfeeding. A nurse who attempted to access the doctors' childcare facilities was rebuffed and told she could not access this for her children. This provides evidence of the low status of nurses within Pakistani society, despite the value of their work to society and the contribution they make to the financial stability and wellbeing of their own family unit[18].As reported in previous literature[42] in this hospital there were no facilities for breast pumping, storage of breast milk and adequate pumping breaks. A recent report highlighted the global crisis in childcare, while labour force participation rates exceed 60% globally[43]. Lack of appropriate childcare provision impacts upon a mother's ability to continue breastfeeding, with consequences for child and maternal health, particularly in lower income countries.

Almost all the participants considered that hospital's maternity leave policy was the main barrier to continuing to breastfeed exclusively, as it was just 42 days from the day of delivery. Time of return to work has been widely discussed in existing literature[44.] Longer maternity leave has a direct effect on the duration and continuation of breastfeeding[45], as the chances of weaning are the highest during the first three months after return to work[46]. Globally breastfeeding supporters have encouraged policies favouring longer maternity leave, flexible working hours, nursing breaks at workplaces and breastfeeding friendly work environment. These measures promote exclusive breastfeeding but are not currently implemented in Pakistan. Although nurses are recognised as a providers of health promotion, in the case of breastfeeding it appears that their needs are subordinated to their professional role.

According to the Maternity Benefit Ordinance of Pakistan, [17] women who work full time are eligible for 12 weeks of maternity leave but this was not provided in the hospital in which participants worked. A study conducted in Karachi, Pakistan[22] explored workplace breastfeeding support from the employer's perspective, and found support for continuation of breastfeeding by working women at workplaces was inadequate, leading to women discontinuing breastfeeding earlier than planned. Previous studies in Pakistan[47] stress that with increasing female labour participation, greater attention

is required to initiate workplace lactation support programmes for working mothers. It is anticipated that without the implementations of these interventions in workplace settings in Pakistan, breastfeeding prevalence rates will further decrease with a subsequent impact upon the health of young Pakistani children. Such interventions need to start at the level of ensuring that hospital employees are provided with the length of maternity leave stated in national policy.

The importance of nurses as educators who conduct health promotion as part of their role is recognised. Previous literature shows that a professional's personal and professional experience with breastfeeding considerably affects their professional attitude and conduct[48], which attests to the importance of hospital employees being supported to continue breastfeeding. All the nurses in this study chose to breastfeed because of their belief in the superiority of breastfeeding (although one later doubted this). Those who persisted in breastfeeding for longest had the highest levels of knowledge about infant feeding, including time of weaning. However, rather than being motivated by the benefits of exclusive breastfeeding, mothers appeared driven to continue breastfeeding by their belief that it was the child's right to receive breast milk as the 'best' infant feeding. This accord with a human rights perspective on breastfeeding which has been debated within the literature[49].

The limitations of this study include the small size of the sample. Although in qualitative research a small sample size allows full exploration of participants' experiences and in depth analysis[50], including the voices of more mothers who were working as nurses would have contextualised the extreme ends to which some of the sample were prepared to go in order to breastfeed their babies. Secondly, all were nurses working in the same hospital in Pakistan so it is not possible to assess whether similar practices are prevalent in other hospitals. Moreover, this study took place in a semi-urban area, whereas one third of women work in rural areas of Pakistan; this means it is not possible to generalise from this study of working nurses to the experience of other working women in Pakistan.

Conclusion

This study has served to highlight the experiences of nurses who return to work whilst breastfeeding in one hospital in Pakistan, and raises important questions about how women continue breastfeeding in

the face of institutional power. It has revealed the risks for patient care, and the short and long term health of nurse employees and their families. The social, political and environmental barriers to breastfeeding experienced by working mothers merit further study in a variety of workplaces, socioeconomic groups, cultures and nations.

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