Managing breastfeeding and work: a Foucauldian secondary analysis

Deborah Payne & David A. Nicholls

Accepted for publication 31 July 2009


Abstract

Aim. This paper is a report of a secondary analysis of the experiences of employed breastfeeding mothers.

Background. Health promotion policies exhort mothers to feed their infants breastmilk exclusively for the first 6 months and partially until the age of 2 years. More mothers are returning to paid employment less than a year after having a baby. Combining breastfeeding and paid work is an issue for nursing and midwifery as predominantly female professions caring for women and their children.

Method. Foucauldian discourse analysis was used for a secondary analysis of interviews performed in 2005 with 20 women who continued to breastfeed on their return to work. The discursive positions and disciplinary practices were identified and analysed.

Findings. Combining breastfeeding and paid work required negotiating the positions of good mother and good worker. Being a good mother conferred health benefits on infants. Being a good worker required the mothers to constrain their breastfeeding practices. The practices performed by the mothers involved stockpiling breastmilk, maintaining milk supply, preparing the baby ready for absence, making sacrifices and remaining silent and invisible as a breastfeeding worker.

Conclusion. Breastfeeding workers have the potential to threaten the focus of the workplace. They discipline themselves to minimize their disruptive potential. Such strategies serve to maintain the marginalization of breastfeeding in the workplace and to keep women’s efforts to continue breastfeeding invisible. The work of breastfeeding workers needs to be better recognized and supported.

Keywords: breastfeeding, discourse analysis, Foucault, midwives, nurses, secondary analysis, work

Introduction

The social, cultural and physical significance of breastfeeding has been recognized for many years (Galtry & Annandale 2003). It has important short and long-term health benefits for the baby (Murphy 1999, Ip et al. 2007, Horta et al. 2007). In recent years governments have promoted a ‘breast is best’ policy and, strengthened by World Health Organization (WHO 1990) recommendations, encouraged exclusive breastfeeding of infants for the first 6 months and on-going breastfeeding for up to 2 years. At the same time, more women with young children are returning to the workplace (Blum 1993).
Background

The tension created by combining breastfeeding and paid work has been recognized since 1919, when the Maternity Protection Convention argued for a woman to be allowed 30 minutes paid leave twice a day during her working hours to breastfeed her child (Humenick & Gwayi-Chore 2001). Governments have been unwilling to diffuse this tension through legislating paid breastfeeding breaks. Therefore mothers who ‘choose’ to breastfeed at work must do so in their unpaid break times (Galtry 1999/2000).

In New Zealand, for example, recent census data indicates that there has been a 160% increase in the number of women with babies under 1 year of age returning to work (Galtry & Annandale 2003). Currently, more than one-third of women return to work before their child’s first birthday. Returning to paid employment has been identified as a statistically significant factor that shortens the duration of breastfeeding (Dennis 2002, Fein & Roe1998, Glover 2007, Hills-Bonczynk et al. 1993, Lennan 1997, McIntyre et al. 2002, McKinley & Hyde 2004, Vogel & Mitchell 1998b, Wallace & Chason 2007).

Breastfeeding is entangled in both biological and cultural discourses (Blum 1993). How a mother feeds her infant is influenced by the cultural values of motherhood, and so breastfeeding may be seen by some as women being a ‘good mother’ (Flacking et al. 2007). Breastfeeding symbolizes empowerment, womanliness and attachment (Bortorff 1990, Lee 2007) and demonstrates qualities of selflessness, and responsibility; important markers of ‘the good mother’ (Murphy 1999). It also represents a moral practice (Wall 2001): it is a commitment to the child’s wellbeing and a social contract with the community to nurture the child’s health.

The ‘entrepreneurial master narrative’ suggests that the ‘good worker’ is compliant and productive, that work will take priority in the worker’s life and personal or domestic issues not intrude into the workplace (Buzanell & Ellingson 2005). Therefore, workers who breastfeed have the potential to deviate from these norms and disrupt the ‘good worker’ construct simply by attending to the nutritional needs of their infants in their workplace and work time. Thus, combining breastfeeding and paid work may represent the site at which the tensions between the ‘good mother’ and ‘good worker’ subjectivities are exercised.

For the analysis reported in this paper we used Foucault’s concepts of technologies of power and self, and subjectivity to nurses’ and midwives’ theoretical and analytical repertoire can increase critical insights into how certain subjectivities are formed and their related behaviours established (MacLullich 2003, Smart 2000).

Our analysis of the subjectivities that emerge around breastfeeding and paid work begins with the premise that individuals are neither passive nor subject to constant repression or coercion in the conduct of their daily lives (Weedon 1997). Instead, Foucault’s view is that power is widely distributed throughout society and operates through a multitude of locations and relations (Foucault 1991).

Technologies of power are those tactics, strategies and operations that seek to shape individuals’ conduct and ‘submit them to certain ends or domination’ (Foucault 1988, p. 18). In comparison, technologies of self are practices involving projects of improvement, self-surveillance, and discipline directed at making the self amenable to regulated forms of freedom (Smart 1998). These technologies facilitate define the projects to which people subject themselves, resulting in the creation of unique subjectivities. The technologies of power and self do not operate in isolation, but come together and interact (Lemke 2004).

Ethical conduct can be defined in terms of the correct choices amongst a wide range of available options, with aspirations of the individual being overridden by the economic imperatives of efficiency, productivity and output (Rose 1997). The technologies of self by which individuals govern their conduct in relation to the neo-liberal notion of work and enterprise rely upon the merging of ‘individual desires with the embodied and institutionalized aspirations of organisations’ (MacLullich 2003, p. 795). Importantly, ‘the individual is both the object of improvement and the subject which does the improving’ (MacLullich 2003, p. 795).

Foucault’s concepts led us to pursue how the activities undertaken by the participants, who combined both breastfeeding and work, constituted acts of the self upon the self: activities which function served to maximize the possibility of health, happiness, effectiveness and efficiency by defining the woman’s subjectivity in terms of being a good mother and a good worker. We were interested in how technologies of power and self came into play in the tactics and operations engaged in by the women as they negotiated the competing tensions of their combined roles – turning themselves into subjects in which the self as good mother and good worker becomes the aim of the women’s practices (MacLullich 2003).
The study

Aim
The aim of this secondary analysis was to describe the experiences of employed breastfeeding mothers.

Design
A secondary analysis of interview data was used.

Participants
A purposive sample of 34 women was recruited to the primary study (Payne & James 2008) by a variety of means including advertisements at eight New Zealand Equal Employment Opportunities Trust member workplaces, local newspapers, and through word of mouth. The two inclusion criteria for the study were having given birth within the last 2 years, and being able to converse in English. To find out what factors influenced women’s decision-making regarding returning to work and breastfeeding, we aimed to recruit mothers who had: returned to work and had continued to breastfeed \((n = 20)\), returned to work but given up breastfeeding \((n = 3)\); or had not returned to work \((n = 11)\). The women were drawn from a variety of occupations including nursing and midwifery. Nine had returned within 3 months of giving birth, one within 9 months and two after 1 year. Fourteen women returned to work full-time. The focus of this paper is the 20 who returned to work and continued to breastfeed.

Data collection
The 20 women were interviewed either individually \((n = 15)\) or as part of one focus group \((n = 5)\). While those who took part in individual interviews were able to describe their experiences in more depth than those who took part in the focus group, the same factors, and strategies regarding managing paid work and breastfeeding were discussed by all. The mothers were interviewed over a 6-month period in 2005. Texts for analysis were generated using an interview topic guide. The women were asked to relate their decision-making regarding breastfeeding and paid work, and discuss the factors that influenced their decision-making, e.g. partner, family, maternity practitioner and workplace support. Each interview was audiotaped and fully transcribed.

Ethical considerations
The study was approved by the appropriate ethics committee.

Data analysis
Drawing on the work of Parker (2002) and Foucault (1972), texts were analysed for the various discursive objects, subject positions, strategies and tactics, deployed by the women as they negotiated their subjectivities. Attention was paid to the way in which the women spoke about the material practices of breastfeeding in the workplace, and the ways they negotiated the tensions that breastfeeding created for themselves and their co-workers. We constantly asked, ‘How were the women in this study deploying technologies of power and self to manage the competing tensions of breastfeeding and work?’

Rigour
To ensure that the four interviewers were consistent in their interviewing technique, all attended training and a pilot interview session, and all used an open-ended question interview guide to ensure that key areas were addressed. The four met regularly to reflect, record and discuss the interview process. Preliminary ideas were presented to the participants, who agreed with our analysis. Credibility checks of the secondary analysis were gained through presentations to and discussion with groups of nurses, midwives and La Leche League members (Willig 2008).

Findings
Our findings suggest that women deployed two moral subjectivities – ‘the good mother’ and ‘the good worker’ – both of which had related breastfeeding practices. However, the workplace called for the position of ‘the good worker’ to be foregrounded, and thus limited the opportunities for the women to practise being a ‘good mother’. The desire to be a ‘good mother’ gave them the motivation to continue breastfeeding.

A qualitative thematic analysis of the data showed that workplace factors such as time, space and support were significant for mothers’ ability to continue breastfeeding on their return to work. This primary analysis, whilst providing important findings, did not allow for a critical analysis of the moral imperatives that influenced the women’s decision’s and the strategies they employed in their determination to continue breastfeeding. This led to the decision to carry out a secondary analysis using a Foucauldian lens, which we present here.

The good mother
The medical discourse identifies ‘successful breastfeeding’ in terms of infant growth and absence of infections and diseases
(Harrison et al. 1985). Understanding breastfeeding and the properties of breastmilk in this way was voiced by most of the mothers:

I saw the importance of breastfeeding time and time again. I remember we went away and stayed with my cousins for the Christmas holiday period. When we came back, my cousin’s two year old got really sick. They had to take him to hospital, cos they were really worried about him. He got a really high temperature. I remember my daughter only just got a reasonably high temperature, but not a very high temperature – and I’m sure that it was because I was breastfeeding her.

For several of the mothers, breastfeeding was seen as a way of enhancing their babies’ ability to resist the contagions with which they came into contact. Others had family histories of allergic diseases such as eczema and asthma which they believed breastfeeding might have helped to avoid.

In constructing breastfeeding as a practice that supported their baby’s wellbeing, mothers positioned themselves as ‘health promoters’. There was also a sense of delight and satisfaction in knowing that their breastmilk contributed to the development of their baby:

I was speaking to a girlfriend of mine who was breastfeeding as well. She would look at her baby and go, ‘I made those rolls’. …That’s exactly what I thought. There was a lot of pride associated with the fact that I solely was making her alive for the first six months of her life. That’s why I continued on after six months even though she was on solids. I knew that was coming from me.

In this way, breastfeeding may be seen as a project that required continual work and attention (Lupton & Tulloch 2002), that working on oneself benefited the wellbeing of another. Breastfeeding became a particular ‘practice of the self’ – a means by which a ‘breastfeeding mother’ was expressed and developed according to prevailing moral and ethical values (Lupton & Tulloch 2002).

The women – particularly those who returned to full-time paid employment – identified several practices which they set in place to be able to continue breastfeeding. One such practice was ‘stockpiling’.

**Stockpiling breastmilk**

In becoming breastfeeding workers, women who were not able to access their baby through the working day, needed to think ahead and prepare for providing breastmilk in their absence. One recommended practice is building up a reserve supply of breastmilk, or ‘stockpiling’ (see e.g. Neifert 2000). Therefore mothers began building up a stockpile of breast-milk several weeks prior to their return to work. This required them to learn techniques of expressing, producing, handling and storing breastmilk:

I went on to a couple of Internet forums and asked questions about how to do this. They gave me practical ways: expressing in the morning while I was feeding her, [and] in the evening before I went to bed; building up. So that by the time I went to work I probably had 3000 mls.

I think maybe eight weeks or so before I came back to work, I started expressing once a day in the morning and getting a hundred-odd mls. So I had a little stockpile in the freezer. That was really the key to my success, because at times when I did come to work it really did fluctuate what I could express.

Stockpiling breastmilk required anticipating the amount of milk they would need to provide on their return to work, thus engaging in forward planning and establishing goals for breastmilk production. Stockpiling also meant learning how to express breastmilk. This required learning a new set of skills so that extra breastmilk could be produced. Underpinning the women’s actions was a desire to provide adequate nutrition for their baby, and the anticipation that they would face difficulties with work, uncertainties over their future breastmilk supply, and the need to hand over the feeding of their baby to another person. For these women, then, being a breastfeeding worker created a somewhat troubled subjectivity even before they began work.

In one case, the complexities of a woman’s working arrangements meant that she needed to make elaborate preparations for prolonged absences from her baby:

When she was five months old, I had to go to Singapore for three days, and then when she was seven months old, I had to go to Canada for four days. I was determined to remain exclusive[ly] breastfeeding; which was just stubbornness on my part as much as anything. So going to Singapore at five months put a lot of pressure on the milk in the freezer. That used pretty much everything.

What this excerpt highlighted, for us, was that expressing breast milk was not simply a mechanical calculation. For this woman and several others, it was a commitment that they adhered to with sometimes stubborn resolution. This ‘stubbornness’ demanded that, at times, women undertook laboured calculations and bodily disciplines so that they could be the sole provider of their infants’ nutrition.

**Maintaining the supply**

Expressing breastmilk, whether manually or with a breast pump, is widely encouraged for employed breastfeeding...
mothers (Blum 1993, Neifert 2000). Mothers returning to paid work within the first 6 months (especially if following the WHO recommendation that babies be fed only breastmilk for the first 6 months) are encouraged to express two to three times during the working day to ensure that their babies have access to sufficient breast milk in their absence.

However, the workplace restricted and shaped the operation of breastmilk expression and demanded an entirely new set of rituals and regimented practices:

I expressed twice a day at work and put it in the freezer. I had a little chilly bin I carried to and from work. I sterilised [the containers] in the mornings and kept them chilled with plastic cling wrap over them, and things, during the day.

I started off using a manual pump, which was fine in the beginning. But then I thought, ‘This is taking too long. I’d better get a double pump’. Then I was able to do it in half the time. Basically I expressed for every feed. So I did it at morning tea, lunch, and afternoon tea. That just meant I didn’t have a morning tea and an afternoon tea. And it meant that I probably ate my lunch as fast as I possibly could. I expressed three times a day until she was around eleven months. So I was quite dedicated.

Expressing requires a breastfeeding worker to become skilled in the efficient production and hygienic storage and supply of breastmilk. The women found ways of achieving these goals within the constraints imposed on them by their work. They employed alternative means of storage and whenever possible snatched moments of unpaid work time to express breastmilk.

The good worker

Being a ‘good worker’ was the second dominant subjectivity articulated by the women. The importance of routines, efficiency, and minimal disruption to the work environment were values that they constantly reinforced and attempted to consistently practice:

I was able to express at work whenever and wherever I needed to. When deadlines came along and pressure was put on, the breast expressing took a second stage. The deadline came before I could relieve myself and in some cases I had to do that. [Int: Caused you discomfort?] Yes, it did cause me discomfort, but it was because the pressure was on. I had to get this, I had to get that. Had to make this phone call, and so on, so that the breast expressing had to wait, and that in effect did affect my supply.

Some women had a degree of flexibility and leniency in the length of time they took to carry out breastfeeding practices. However, they earned the tolerance shown to them by demonstrating that normally work concerns came first. They were keenly aware when breastfeeding activities ‘leaked’ into work time, and constantly worked to keep such breaches to a minimum:

Probably when I first started expressing I may have taken half an hour at morning tea break just to get rid of that milk, whereas other people may not be as fortunate enough to be able to have that flexibility. Obviously my employers are quite supportive. I mean, nobody ever said, ‘You’re spending too much time doing this’. They were so supportive that way. There was no pressure that, for example, it mustn’t be seen that I take longer breaks than anyone else. They are probably quite lenient because they know I’m a good worker. I’ve been with the company for a while and I’ve worked overtime. I’ve worked longer when I’ve needed to. So hopefully they think of me that way.

Being a good worker was not completely shaped by disciplining oneself, however. Many of the women felt disciplined by others – under surveillance by their employers and their colleagues:

With my workplace it wasn’t a written policy, it was a verbal policy that I was allowed to bring my daughter to work and to feed her. But they said that it was not to impair work in any way. If it did impair my work in any way whatsoever then she would not be allowed to come...If one person whinged about it, then she would not be allowed to come to work.

In this example a technology of power – an inspecting gaze – operated so that the women were concerned that they were continually being watched and judged (Foucault 1979). Through this the practice of negotiating the two moral subject positions, good mother and good worker was made problematic.

In women’s desire to be good workers, they watched and limited the time they took to express breastmilk: a disciplinary act. For some, these disciplined practices invaded all aspects of work and social engagement. The need to maintain a disciplined gaze over one’s body and conceal one’s natural bodily functions demanded a sophisticated array of new strategies and tactics. For instance, one woman talked of the complexities of business travel and business meetings:

It was tough going for those last couple of weeks after that trip, and it also meant expressing in airplane toilets, in conferences, in board meetings. I am the only female in the organisation, so trying not to make it look like it was a big deal – because I certainly didn’t want anyone to think that I was doing anything other than giving this [my work] my full dedication – was a little hard, but not impossible. I just structured [expressing] around toilet breaks and things like that. I
was lucky in that I travelled business class, so that I could express. There are no women in business class, so you had the toilet to yourself. Those kinds of things helped. I don’t know if I could have done it in economy. Just needing that privacy, you know? On a 12-hour flight, you need to express a couple of times.

The desire and determination to maintain breastfeeding while showing herself to be a good employee required her to exploit and manipulate spaces and times that presented themselves. She reclaimed these spaces and times to allow her to retain her ‘good mother’ subjectivity. But while her identity as a good mother was subordinated, it was not jettisoned. Though constrained, it ‘leaked’ out and inserted itself into the opportunities/possible moments that presented themselves.

Preparing the baby ready for absence

Not only did the mothers discipline themselves, they also ‘disciplined’ their infants. Only one of the participants was permitted to take her infant to work with her. For the majority, returning to paid employment necessitated planning and physical preparation for feeding the baby breastmilk in their absence:

She was about eight months and it took her one month before she really adopted the bottle and would take the bottle over the breast, so it wasn’t quick. It did take a while. I was a bit ruthless at first. I think I started at the night time feed and I just gave her a bottle. It was hard. She cried and cried and cried, but for that first week I just had to keep saying, ‘This is where the milk is, you know, I’m sorry, you can’t have the breast, you’ve got to have the bottle’ and she cried and cried and cried. It was hard.

Maternity practitioners advise mothers to ‘introduce’ their baby to bottle feeding prior to their return (e.g. Neifert 2000). In this way the baby is also disciplined; it is trained to take breastmilk from the bottle as well as the breast. Ideally the infant is taught how to be adaptable – to take breast milk from another source and other people. To ensure a smooth transition, the infant must develop the ability to take breast milk from a bottle before the mother returns to work.

Remaining hidden

To foreground work, women maintained the practice of keeping activities associated with breastfeeding hidden and silent:

I found the car was the most private place. Going into an office you had to lock the door and if somebody knocked on it and you’re sitting there with your breast pump grinding away. So I would go and sit in the car with a blanket or a towel over my shoulder. I would just sit and try and think about my baby.

I stored my milk in a cooler bag. I decided I didn’t want to put it in the fridge at work because I don’t want the employer or employees or other people thinking, ‘Oh that’. You know? And that’s why I wash my [breastfeeding] stuff out in the toilet [bathroom].

Similarly, others reported maintaining visual and physical boundaries between breastfeeding and work. They kept their stored breastmilk and expressing equipment out of sight and away from shared work spaces. Implicit in these strategies is that breastmilk must remain hidden and not ‘leak out’ into the public domain of work.

Discussion

While attempts were made to recruit women from a broad range of occupations, the study participants belonged predominantly to professional occupations; therefore their experiences and the strategies they adopted may not apply to women who work in different occupations or settings. Also, efforts to recruit more than one woman who returned to paid employment and who chose not to breastfed on her return were not successful.

Our findings reveal the subjectivities and technologies of power and of self deployed by women who continued breastfeeding on their return to paid employment. We have shown how mothers as breastfeeding workers negotiated the tensions created by the subjectivities of good worker and good mother, through disciplining of self, by self and others, and of the infant.

The mothers’ devised workplace practices to ensure that their breastfeeding activities did not invade their work colleagues’ sensibilities. While the WHO recommendations may be seen to normalize breastfeeding, breastfeeding in the workplace is still viewed as deviant or ‘other’ (Avishai-Bentovim 2002, Dykes 2005, Gatrell 2007). This delimitation of space and time, and the demand to discipline oneself and observe the limits imposed by the workplace, perpetuate the marginalization of breastfeeding in the workplace.

One distinctive aspect of discipline as a technology of power is that it creates a particular ‘capacity’ among a group of individuals (Ransom 1997). In combining breastfeeding and paid work, women acquire skills to make breastmilk production and storage more efficient. Returning to paid employment required most of the mothers to become adept at using breast pumps and their infants to learn to accept breastmilk from both their mother’s breast and from an artificial nipple. Maintaining the subjectivity of good mother
What is already known about this topic

- Breastfeeding provides significant health benefits for both infant and mother, and increasingly mothers are encouraged to exclusively breastfeed their infants for up to 6 months.
- More mothers are returning to work within a year of having a baby.
- Workplaces are not always supportive of breastfeeding workers.

What this paper adds

- Mothers who combine breastfeeding and work strive to be both a good worker and a good mother.
- These breastfeeding workers exert considerable efforts and put in place strategies to meet the demands of being both a good mother and a good worker.
- In their attempts to be a good worker, breastfeeding workers may marginalize breastfeeding in the workplace.

Implications for practice and/or policy

- Nurses can lead by example by supporting their breastfeeding colleagues by demonstrating understanding and arguing for appropriate spaces where breastfeeding workers may feed their babies or express breastmilk.
- Nurses and midwives have the potential to bring about change by educating and supporting women in relation to breastfeeding.
- Professional nursing unions and organizations can play a significant role by lobbying governments to provide paid work breaks for breastfeeding workers.

through breastfeeding required application and discipline, especially when women returned to work within 6 months of having a baby.

Health promotion activities such as breastfeeding are tied up with the production of particular moral subjectivities (Fullagar 2002). For instance, wanting to maintain the good mother identity so closely linked to breastfeeding (Flacking et al. 2007, Murphy 1999) presented participants their incentive to continue breastfeeding. Breastmilk was seen as an essential factor in promoting their infant’s short- and long-term wellbeing. The women had enfolded (Dean 1996) contemporary health and welfare messages of the importance of breastmilk into their subjectivities, which not only reinforced the physiological benefits of breastfeeding, but also emphasized their vital role as mothers in protecting and nurturing their children. Breastfeeding is presented as a public interest, benefiting society by reducing the incidence of disease both in the mother, and most importantly, her infant. It is also presented as economically beneficial to the mother’s workplace, reducing sick leave and enhancing employer–employee relations.

In a climate that values and prioritises business efficiency and productivity, a breastfeeding worker must demonstrate her commitment to work by managing breastfeeding practices as efficiently as possible. These commitments appear to be increasing, in as much as a woman has to earn the recognition of her employer through acts of disciplined efficiency and commitment to her work. It is the woman’s responsibility to make time within her working day; it is her responsibility to find places to express and breastfeed that do not intrude on the normal conduct of business practice or affront anyone’s sensibilities; and it is her responsibility not to ask for favours or special consideration. If she wants to retain her status as a good worker, she is required to conceal and subordinate her responsibilities to her baby’s health and wellbeing.

The contradictions and boundaries inherent in breastfeeding and paid employment for mothers have the potential to create real tensions for those who want to do both. Does one remain loyal to the demands of one’s infant or to the demands of one’s workplace? We have shown that attempting to address these potentially contradicting loyalties requires real effort and discipline on the part of mothers. The desire to be a good mother as well as a good worker is the motivation for some women to find ways of combining breastfeeding and work, despite the barriers.

Our study has shown the play between technologies of power and technologies of self. The technologies of power were mostly operating in the workplace where the women are under surveillance by themselves and others in their use of work time and space. Foucault writes of discipline as ‘an inspecting gaze, a gaze which each individual under its own weight will bend by interiorising to the point that he is his (sic) own overseer, each individual thus exercising this surveillance over and against himself’ (Foucault 1977, p. 155). The technologies of self of our study participants were motivated from within: by the desire to be good mothers with the goal of ensuring the wellbeing of their infant by breastfeeding.

Foucault’s concepts are useful to nursing knowledge as they allow nurses to critically examine the tensions resulting from contradictory discourses, and the links between knowledge and power and between discourses and their practices. The concept of technologies of self allows nurses to critically consider the implications of the call for individuals to take responsibility for their own health when it occurs in a
context that may not provide adequate social, economic or political support.

Understanding the contradictory demands of being a good mother and a good worker allows nurses and midwives to support breastfeeding workers, be they colleagues, clients or community. For example, they can ensure that their workplaces have an appropriate space for colleagues to maintain breastfeeding, or encourage their professional bodies to advocate for policy changes that support breastfeeding in the workplace.

Conclusion

The WHO and New Zealand health policy push for increasing breastfeeding exclusivity and rates has the potential to complicate mothers’ return to paid employment. Breastfeeding and paid employment offer two different and morally-infused identities: the ‘good mother’ and the ‘good worker’. Our findings draw attention to the extraordinary efforts and responsibilities of such breastfeeding workers. We recommend that the work and responsibility to continue breastfeeding on return to paid employment be shared by others, particularly employers, colleagues, unions and government policymakers. We believe that nursing and midwifery as predominantly female professions, and nurse and midwives as health professionals who provide care for mothers and their infants, are in a critical position to support breastfeeding workers.

Author contributions

DP was responsible for the study conception and design; performed the data collection; obtained funding; and provided administrative, technical or material support. DP and DN performed the data analysis; responsible for the drafting of the manuscript; and made critical revisions to the paper for important intellectual content.

Acknowledgement

Deborah Payne wishes to thank the women who participated in the study, Sue Berman, Louise James from Women’s Health Action, and Barbara Sturmfel from the La Leche League for their support; and the AUT Faculty of Health & Environmental Sciences Contestable Research Fund.

Funding

This research received no specific grant from any funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of interest

No conflict of interest has been declared by the authors.

References


The *Journal of Advanced Nursing* (JAN) is an international, peer-reviewed, scientific journal. JAN contributes to the advancement of evidence-based nursing, midwifery and health care by disseminating high quality research and scholarship of contemporary relevance and with potential to advance knowledge for practice, education, management or policy. JAN publishes research reviews, original research reports and methodological and theoretical papers.

For further information, please visit the journal web-site: http://www.journalofadvancednursing.com

**Reasons to publish your work in JAN**

**High-impact forum:** the world’s most cited nursing journal within Thomson Reuters Journal Citation Report Social Science (Nursing) with an Impact factor of 1.654 (2008) – ranked 5/58.

**Positive publishing experience:** rapid double-blind peer review with detailed feedback.

**Most read journal globally:** accessible in over 6,000 libraries worldwide with over 3 million articles downloaded online per year.

**Fast and easy online submission:** online submission at http://mc.manuscriptcentral.com/jan with publication within 9 months from acceptance.

**Early View:** quick online publication for accepted, final and fully citable articles.