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Di Luar Masa Kehamilan: Menerapkan Hierarki Pengendalian Kesehatan dan Keselamatan Kerja (K3) untuk Melindungi Karyawan yang Menyusui di Tempat Kerja

Beyond Pregnancy: Reinterpreting the Occupational Health and Safety Hierarchy of Controls as a Workplace Breastfeeding Support Framework

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Abstract

Breastfeeding promotion efforts have traditionally focused on pregnancy, childbirth, and the immediate postpartum period through initiatives such as antenatal education, maternity services, and the Baby-Friendly Hospital Initiative (BFHI). However, many mothers encounter challenges in sustaining breastfeeding after returning to work, where organisational, environmental, and cultural barriers may contribute to early breastfeeding cessation. Despite growing recognition of workplace breastfeeding support, existing interventions are often implemented in isolation and lack a systematic framework for prioritisation and integration. This paper presents a nursing perspective on extending breastfeeding support beyond healthcare settings by proposing a conceptual workplace breastfeeding support framework informed by Total Worker Health (TWH) principles and operationalised through a reinterpretation of the Occupational Health and Safety (OHS) Hierarchy of Controls. Rather than conceptualising breastfeeding as an occupational hazard, the framework applies the hierarchy as an intervention prioritisation tool for addressing workplace barriers that hinder breastfeeding continuation among employed mothers. The proposed outcomes include breastfeeding continuation, maternal well-being, infant health, employee retention, and gender equity. By integrating maternal-child health and occupational health perspectives, the framework highlights the shared responsibilities of employers, occupational health practitioners, nurses, and policymakers in supporting breastfeeding employees. Extending breastfeeding

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support into workplace settings may contribute to healthier families, improved workforce sustainability, and more equitable employment practices.

Abstrak

Promosi pemberian ASI secara tradisional berfokus pada kehamilan, persalinan, dan periode pascapersalinan melalui inisiatif seperti pendidikan antenatal, layanan persalinan, dan Inisiatif Rumah Sakit Ramah Bayi (BFHI). Namun, banyak ibu menghadapi tantangan dalam mempertahankan pemberian ASI setelah kembali bekerja, di mana hambatan organisasi, lingkungan, dan budaya dapat berkontribusi pada penghentian pemberian ASI dini. Meskipun bukti terhadap dukungan pemberian ASI di tempat kerja semakin meningkat, intervensi yang ada sering kali diimplementasikan secara terpisah dan kurang memiliki kerangka kerja sistematis untuk prioritas dan integrasi. Makalah ini menyajikan perspektif keperawatan tentang perluasan dukungan pemberian ASI di luar lingkungan perawatan kesehatan dengan mengusulkan kerangka kerja konseptual dukungan pemberian ASI di tempat kerja yang didasarkan pada prinsip-prinsip Kesehatan Pekerja Total (TWH) dan dioperasionalkan melalui reinterpretasi Hierarki Pengendalian Kesehatan dan Keselamatan Kerja (OHS). Kerangka kerja ini menerapkan hierarki tersebut sebagai alat prioritas intervensi untuk mengatasi hambatan di tempat kerja yang menghambat keberlanjutan pemberian ASI di kalangan ibu yang bekerja. Hasil yang diusulkan meliputi keberlanjutan pemberian ASI, kesejahteraan ibu, kesehatan bayi, retensi karyawan, dan kesetaraan gender. Dengan mengintegrasikan perspektif kesehatan ibu dan anak serta kesehatan kerja, kerangka kerja ini menyoroti tanggung jawab bersama dari pemberi kerja, praktisi kesehatan kerja, perawat, dan pembuat kebijakan dalam mendukung karyawan yang menyusui. Memperluas dukungan menyusui ke lingkungan kerja dapat berkontribusi pada keluarga yang lebih sehat, peningkatan keberlanjutan tenaga kerja, dan praktik ketenagakerjaan yang lebih adil.

PENDAHULUAN

Over the past decades, substantial efforts have been directed towards promoting breastfeeding during pregnancy and the immediate postpartum period through antenatal education, Baby-Friendly Hospital Initiative (BFHI) programmes, maternity services, and community-based interventions. These initiatives have successfully increased breastfeeding initiation; however, less attention has been paid to breastfeeding continuation after mothers return to work (Moret-Tatay et al., 2025).

For many women, returning to work represents a critical transition point in the breastfeeding journey, where competing responsibilities, workplace demands, and environmental constraints may undermine breastfeeding intentions and practices (Franzoi et al., 2025).

Workplace-related challenges including time constraints, inadequate lactation facilities (Minarini et al., 2025; Shresta et al., 2025), inflexible work schedules, limited managerial support, and workplace culture often contribute to early breastfeeding cessation (Moret-Tatay et al., 2025; Wijayanti et al., 2026). These challenges may be particularly pronounced in

occupations characterised by long working hours, shift work, remote deployment, hazardous exposures, or physically demanding environments.

As women's participation in the workforce continues to increase globally, there is an urgent need to expand breastfeeding support beyond healthcare settings and into the workplace. While healthcare professionals help mothers initiate breastfeeding, employers, policymakers, and workplace stakeholders create the conditions that enable mothers to continue breastfeeding after returning to work. Therefore, a disconnect often exists between successful breastfeeding initiation and long-term breastfeeding continuation.

From a nursing perspective, extending breastfeeding support into workplace settings is consistent with the profession's commitment to health promotion, disease prevention, advocacy, and holistic care. Nurses have long played a central role in supporting breastfeeding initiation and maternal confidence during pregnancy and the postpartum period. However, nursing contributions can also extend beyond traditional healthcare settings by advocating for breastfeeding-friendly workplace policies, collaborating with occupational health services, and promoting environments that enable mothers to continue breastfeeding after returning to work.

Although workplace accommodations such as lactation rooms, pumping breaks, and flexible work arrangements have been recognised as important supports for breastfeeding employees, they are often implemented as standalone initiatives rather than as part of a comprehensive workplace breastfeeding strategy (Vilar-Compte et al., 2021). As a result, organisations may address individual barriers while overlooking broader organisational, environmental, and cultural factors that influence breastfeeding continuation. Therefore, a systematic framework is needed to guide the design, prioritisation, and integration of workplace breastfeeding interventions.

A broader theoretical perspective is needed to understand why workplace breastfeeding support should be considered an organisational responsibility rather than solely an individual maternal concern. The Total Worker Health (TWH) approach provides such a perspective by recognising that worker health, safety, and well-being are influenced by the interaction between workplace conditions, organisational policies, and individual health behaviours.

Unlike traditional occupational health models that primarily focus on preventing workplace injuries and hazards, TWH emphasises the integration of health protection and health promotion strategies to enhance overall worker well-being. Within this framework, breastfeeding continuation after return to work can be viewed as a worker well-being issue that is shaped by organisational support, workplace culture, managerial practices, and the physical work environment. Breastfeeding-supportive workplaces not only contribute to maternal and infant health but also support broader organisational goals such as employee satisfaction, workforce retention, gender equity, and sustainable workforce participation. Therefore, the TWH perspective provides a theoretical foundation for extending breastfeeding support beyond healthcare settings and recognising employers as important partners in promoting maternal and child health.

To operationalise workplace breastfeeding support, the OHS Hierarchy of Controls can be reinterpreted as an intervention prioritisation framework for addressing workplace barriers to breastfeeding continuation. The OHS Hierarchy of Controls offers a structured approach that can be adapted to prioritise and organise workplace breastfeeding support measures according to their potential effectiveness. Reinterpreting this established occupational framework through

a nursing lens provides an opportunity to bridge maternal-child health and occupational health, thereby extending breastfeeding protection beyond healthcare settings and into the environments where many mothers spend a substantial portion of their daily lives.

This paper presents a nursing perspective on reinterpreting the OHS Hierarchy of Controls as a workplace breastfeeding support framework. Extending breastfeeding protection beyond maternity care and healthcare settings, the proposed framework highlights how employers, occupational health practitioners, and nurses can work collaboratively to create breastfeeding-supportive workplaces that enable women to continue breastfeeding after returning to work.

This paper proposes a conceptual workplace breastfeeding support framework informed by TWH principles and operationalised through a reinterpretation of the OHS Hierarchy of Controls. The framework aims to provide a systematic approach for identifying, prioritising, and integrating workplace interventions that support breastfeeding continuation among employed mothers.

FRAMEWORK DEVELOPMENT

The framework was developed through conceptual synthesis of two established theoretical approaches: the TWH framework and the OHS Hierarchy of Controls. Relevant literature on workplace breastfeeding support, occupational health, breastfeeding continuation, and maternal well-being was reviewed to identify common workplace barriers experienced by breastfeeding employees. TWH was selected because it recognises the interaction between workplace conditions and worker well-being, whereas the Hierarchy of Controls provides a structured approach for prioritising workplace interventions. Concepts derived from both frameworks were integrated through conceptual mapping to develop a workplace breastfeeding support framework that addresses organisational, environmental, administrative, and individual-level barriers to breastfeeding continuation.

PROPOSED WORKPLACE BREASTFEEDING SUPPORT FRAMEWORK

Creating breastfeeding-friendly workplaces extends beyond compliance with labour regulations or employee welfare initiatives. Supporting breastfeeding employees represents an investment in maternal and child health, workforce sustainability, and broader societal well-being. As increasing numbers of women participate in the workforce, employers have an important role in creating environments that enable mothers to continue breastfeeding after returning to work.

Breastfeeding-friendly workplace support enables mothers to continue breastfeeding after returning to work, thereby contributing to improved health outcomes for both mothers and infants. Continued breastfeeding is associated with reduced maternal risks of breast cancer, ovarian cancer, type 2 diabetes, and cardiovascular disease, while also promoting maternal well-being and work-life balance. For infants, prolonged breastfeeding provides optimal nutrition, enhanced immune protection, reduced risk of common childhood illnesses, and supports healthy growth and cognitive development. By creating supportive workplace environments, organisations can play an important role in promoting the health and well-being of mothers, infants, and families.

Investing in breastfeeding-friendly workplace practices can also generate organisational benefits. Employees who feel supported during the transition back to work may demonstrate higher job satisfaction, stronger organisational commitment, and improved morale. Supportive workplace policies may reduce staff turnover and improve employee retention, particularly

among skilled female workers. In addition, breastfeeding support has been associated with lower absenteeism, as breastfed infants generally experience fewer illnesses, reducing the need for parental leave related to child sickness. Consequently, breastfeeding-friendly workplaces should be viewed not merely as employee benefits but as strategic investments in workforce productivity and sustainability.

Workplace breastfeeding support is closely linked to broader efforts to promote gender equity and family-friendly employment practices. Women should not be forced to choose between breastfeeding and career progression. When organisations provide environments that accommodate breastfeeding, they help address structural barriers that disproportionately affect women during the postpartum period. Such efforts contribute to creating more inclusive workplaces and support global commitments related to gender equality, maternal health, child health, and decent work. Breastfeeding-friendly workplace initiatives therefore represent an important component of social responsibility and sustainable development.

Traditionally, breastfeeding has often been viewed as a personal responsibility of mothers. However, successful breastfeeding continuation after return to work requires support from multiple stakeholders, including employers, healthcare professionals, occupational health practitioners, policymakers, and family members. By recognising breastfeeding as a shared responsibility rather than an individual challenge, workplaces can become active partners in promoting maternal and child health. The proposed workplace breastfeeding framework offers a systematic approach for translating this shared responsibility into practical organisational actions that support breastfeeding continuation and positive health outcomes.

The TWH approach provides the conceptual justification for workplace breastfeeding support, organisations require a practical framework to guide the design and prioritisation of interventions. The OHS Hierarchy of Controls offers a structured and systems-oriented approach that can be adapted for this purpose. Although originally developed to control occupational hazards, the OHS Hierarchy of Controls can be reinterpreted as an intervention prioritisation framework for addressing workplace barriers that impede breastfeeding continuation. The proposed framework does not conceptualise breastfeeding as an occupational hazard; rather, it focuses on identifying and reducing organisational, environmental, and behavioural barriers that influence mothers' ability to continue breastfeeding after returning to work. In this context, the hierarchy provides a systems-based approach for guiding the development of comprehensive breastfeeding-supportive workplace practices.

The OHS Hierarchy of Controls consists of five interconnected levels: elimination, substitution, engineering controls, administrative controls, and individual-level support measures. The proposed framework adapts the traditional OHS Hierarchy of Controls into a breastfeeding-supportive model for working mothers. Rather than addressing physical hazards alone, the framework focuses on identifying and reducing workplace barriers that hinder breastfeeding continuation. The desired outcomes include sustained breastfeeding, improved maternal and infant health, enhanced employee satisfaction, workforce retention, and organisational commitment to family-friendly employment practices. enhance workforce retention, and promote gender-equitable employment practices.

Figure 1 conceptualises workplace breastfeeding support as a continuum that extends beyond healthcare settings and maternity leave. The framework offers practical guidance for employers, occupational health practitioners, nurses, and policymakers seeking to create

breastfeeding-friendly workplaces by applying a structured hierarchy of interventions to support breastfeeding continuation.

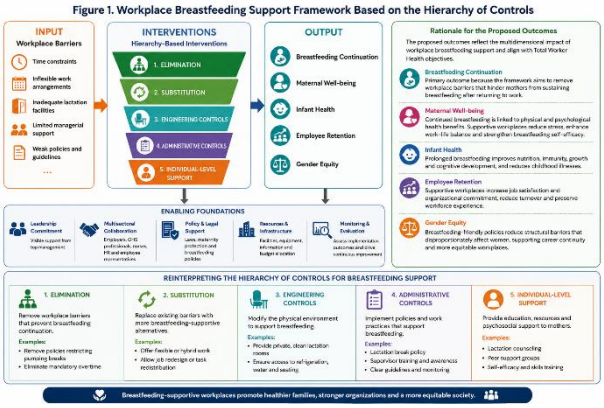


Figure 1. Workplace breastfeeding support framework.

The proposed outcomes were selected to reflect the multidimensional impact of workplace breastfeeding support on mothers, infants, organisations, and society. Consistent with Total Worker Health principles, the framework recognises that workplace interventions may influence not only individual health behaviours but also broader well-being and organisational outcomes. Therefore, the framework extends beyond breastfeeding continuation alone and incorporates outcomes that are relevant to maternal health, infant health, workforce sustainability, and gender-equitable employment practices.

Breastfeeding continuation was identified as the primary outcome because the central purpose of workplace breastfeeding support is to enable mothers to sustain breastfeeding following their return to work. Numerous studies have demonstrated that workplace barriers such as inadequate lactation facilities, inflexible schedules, and insufficient organisational support contribute to premature breastfeeding cessation. By addressing these barriers through a hierarchy-based approach, the framework aims to create conditions that facilitate continued breastfeeding and help mothers achieve their breastfeeding goals.

Maternal well-being was included because breastfeeding continuation is closely associated with both physical and psychological health. Continued breastfeeding has been linked to reduced risks of breast cancer, ovarian cancer, type 2 diabetes, and cardiovascular disease, while supportive workplace environments may reduce stress, enhance work-life balance, and strengthen maternal confidence. Furthermore, workplace support may enhance breastfeeding self-efficacy, which has consistently been recognised as an important predictor of breastfeeding duration and maternal satisfaction with the breastfeeding experience.

Infant health was selected as an outcome because prolonged breastfeeding contributes to optimal nutrition, immune protection, healthy growth, and cognitive development. Breastfed infants generally experience lower rates of common childhood illnesses, which may also reduce parental absenteeism from work. Consequently, workplace interventions that support breastfeeding continuation may generate benefits that extend beyond the employee to the health and well-being of the child.

Workplace lactation support has been examined in relation to breastfeeding outcomes, employee experiences, job satisfaction, and business-relevant outcomes, although further research is needed to strengthen evidence on employer-related benefits (Taylor et al., 2020).

Employee retention was incorporated because workplace breastfeeding support may influence organisational commitment, job satisfaction, and workforce participation. Employees who perceive their organisations as supportive during the transition back to work may be more likely to remain with their employer and experience greater job satisfaction. From an organisational perspective, supporting breastfeeding employees may reduce staff turnover, preserve workforce experience, and contribute to long-term workforce sustainability.

Gender equity was included because breastfeeding-friendly workplace policies address structural barriers that disproportionately affect women during the postpartum period. Women are often expected to balance breastfeeding responsibilities with employment demands, creating challenges that may influence career progression and workforce participation. By providing supportive workplace environments, organisations can help create more inclusive and equitable employment practices that enable women to continue breastfeeding without compromising their professional roles. Consequently, workplace breastfeeding support contributes not only to health outcomes but also to broader social and organisational goals related to gender equality and family-friendly employment.

DISCUSSION

Within the traditional hierarchy of controls, elimination represents the most effective intervention because it removes hazards at their source. In the context of breastfeeding support, elimination involves removing organisational, environmental, and cultural barriers that prevent mothers from continuing breastfeeding after returning to work. For example; include eliminating workplace policies that restrict milk expression during working hours, removing discriminatory attitudes towards breastfeeding employees, and addressing organisational cultures that stigmatise breastfeeding or portray lactation breaks as reduced productivity. Qualitative evidence shows that women often experience physical, emotional, and gender-related challenges when combining breastfeeding with paid employment, while support from employers, colleagues, and family members can facilitate breastfeeding continuation (Chang et al., 2021).

Elimination also involves removing unnecessary obstacles such as excessive workloads, unrealistic performance expectations, or workplace practices that discourage mothers from expressing breast milk. Eliminating barriers requires advocacy for breastfeeding as a legitimate occupational health and well-being issue rather than a personal matter. Consistent with nursing advocacy and health promotion principles, nurses can play a critical role in identifying workplace barriers, empowering mothers, and advocating for organisational changes that support breastfeeding continuation.

When barriers cannot be completely eliminated, substitution offers an opportunity to replace less supportive workplace practices with alternatives that better accommodate breastfeeding employees. For example; replacing rigid work schedules with flexible work arrangements, substituting extended uninterrupted shifts with schedules that allow lactation breaks, and assigning temporary alternative duties when workplace demands interfere with breastfeeding. In some settings, hybrid working arrangements, remote work options, or flexible start and finish times may provide practical alternatives that enable mothers to maintain breastfeeding while fulfilling professional responsibilities. Substitution recognises that workplace productivity and breastfeeding support are not mutually exclusive. Instead, thoughtful adjustments can create mutually beneficial outcomes for both employees and employers.

Engineering controls involve modifications to the physical environment that facilitate desired behaviours and reduce barriers. For breastfeeding employees, workplace design plays a crucial role in determining whether breastfeeding continuation is feasible after returning to work. It includes dedicated lactation rooms, private milk expression spaces, breast milk storage facilities, mobile lactation pods, comfortable seating, handwashing facilities, and accessible electrical outlets for breast pumps. Evidence from a manufacturing workplace in Taiwan suggests that access to lactation rooms and breast-pumping breaks significantly supports continued breastfeeding among both shift and non-shift workers (Tsai., 2022).

In large organisations or remote workplaces, purpose-built lactation facilities may substantially improve breastfeeding experiences and reduce stress associated with milk expression during working hours. Jiravisitkul et al. (2022) highlighted that by creating environments that accommodate lactation needs, employers demonstrate institutional commitment to supporting maternal and child health while fostering a more inclusive workplace culture.

Administrative controls represent one of the most practical and immediately achievable strategies for workplace breastfeeding support. These controls include policies, procedures, educational initiatives, and management practices that facilitate breastfeeding continuation. Evidence from Australia and Ghana suggests that organisational strategies such as formal breastfeeding policies, protected lactation breaks, supervisor support, return-to-work planning, workplace lactation facilities, and employee education play an important role in enabling mothers to continue breastfeeding after returning to work (Aduo-Adjei, 2026; Burns et al., 2023). Organisations can further strengthen support through breastfeeding champions, peer support initiatives, and integration of lactation considerations into workplace health promotion programmes.

However, the success of administrative controls depends largely on leadership commitment and organisational culture (Lisbona et al., 2020). Evidence shows that even large institutions may have inconsistent lactation policies and resources, with breastfeeding employees often expected to identify available support and advocate for their own needs (Ashby et al., 2024). Moreover, policies alone are insufficient if employees feel unable to exercise their rights due to fear of negative consequences or workplace stigma. Institutional measures such as part-time work, delayed return to work, lactation rooms, breast-pumping breaks, professional advice, and workplace breastfeeding support programmes have been positively associated with breastfeeding maintenance among working women (Nardi et al., 2020).

At the individual level, breastfeeding employees may utilise various resources and tools that facilitate breastfeeding continuation. These include portable breast pumps, insulated milk storage containers, hydration strategies, digital breastfeeding applications, tele-lactation services, and breastfeeding self-management techniques. Individual-level support should be integrated with professional guidance, counselling, and ongoing encouragement to strengthen maternal confidence and breastfeeding self-efficacy. It is because successful breastfeeding continuation requires supportive workplace systems rather than reliance solely on maternal adaptation. Qualitative evidence indicates that breastfeeding continuation among working women is shaped by both internal factors, such as knowledge and determination, and external factors, including workplace policies, lactation facilities, counselling, and support from employers, colleagues, family members, and healthcare professionals (Azizah et al., 2024)

Further research is needed to explore how interventions at different levels of the hierarchy influence breastfeeding duration, breastfeeding self-efficacy, employee retention, and

organisational outcomes across diverse workplace settings and occupational sectors. Furthermore, qualitative studies exploring mothers' experiences of workplace breastfeeding support may provide valuable insights for refining and validating the framework.

CONCLUSION

The global breastfeeding agenda has traditionally focused on helping mothers initiate breastfeeding through maternity care, BFHI implementation, and early postpartum support. While these efforts remain essential, breastfeeding protection should not end when mothers leave the hospital or complete maternity leave. For many women, the workplace becomes the primary environment influencing whether breastfeeding can be successfully continued. By systematically addressing workplace barriers through elimination, substitution, engineering controls, administrative controls, and individual-level support measures, organisations can create environments that enable mothers to continue breastfeeding safely and successfully after returning to work. Extending breastfeeding protection beyond healthcare settings represents an important next step in advancing maternal and child health, workforce sustainability, and gender equity. Breastfeeding-friendly workplaces should be viewed not as optional accommodations but as essential components of a comprehensive breastfeeding support system.

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