

**The Lived Experience of Working Mothers Who
Intended to Continue Exclusive Breastfeeding Upon
the Return to Work in Saudi Arabia: An Interpretative
Phenomenology Analysis Study**

**A thesis submitted to Trinity College Dublin for the
degree of Doctor in Philosophy in Nursing**

By

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31st March 2025



DECLARATION

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Date Signed: March 31st, 2025

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ABSTRACT

Background: The World Health Organisation (WHO) recommends exclusive breastfeeding (EBF) for infants during their first six months of life. A mother's ability to maintain the EBF for the recommended duration is often impacted by obstacles such as returning early to employment. Previous research has identified a lack of lactation facilities and short maternity leave as factors that contribute to the early cessation of EBF.

A review of the literature underscored the need for additional research to examine the EBF experiences of working mothers following their return to work. Additionally, there is a lack of studies investigating factors influencing the EBF practices of working mothers in Saudi Arabia who returned to work before six months post-partum.

Aim: The study aimed to explore the lived experiences of Saudi working mothers who intended to continue EBF upon their return to work after paid maternity leave.

Methods: Interpretative phenomenological analysis (IPA) framework was used, to explore the experiences of 14 Saudi working mothers in the health and education sectors. Participants, who had between ten to twelve weeks of maternity leave, were interviewed between March and May 2022 using purposive and snowball sampling. All participants had intended to continue EBF for up to six months after returning to work. Semi-structured interviews were conducted, and IPA was utilised for data analysis. The study received ethical approval from TCD, UQU, MCH, and the General Administration of Education in Saudi Arabia.

Findings: Three key themes emerged: *i) Navigating EBF*; *ii) The Realities of EBF After Returning to Work*; and *iii) Resilience in Longer EBF Journeys*. The study identified policy gaps, inadequate breastfeeding facilities, and inflexible breastfeeding breaks as significant barriers to continuing EBF. However, most participants who prolonged their

EBF journey despite workplace barriers demonstrated strong commitment and resilience, significantly driven by their faith in Allah, the support of their social networks, and proactive strategic planning.

Conclusion: This study makes a several unique contributions to Saudi literature and adds to the existing body of international research. It enhances understanding of the EBF experiences of working mothers in the distinct context of Saudi Arabia, highlighting the need for a comprehensive strategy to support EBF working mothers in the country. This includes addressing workplace challenges, implementing supportive workplace policies, strengthening healthcare support, normalising EBF within families and society through raising awareness to facilitate a smoother transition for EBF working mothers returning to work after maternity leave.

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ABBREVIATIONS

AOR	Adjusted Odds Ratio
AF	Artificial Feeding
ADB	Asian Development Bank
BF	Breastfeeding
BFHI	Baby-Friendly Hospital Initiative
CI	Confidence Interval
COVID-19	Coronavirus Disease of 2019
CSS	Cross-Sectional Studies
GPs	General Practitioners
EBF	Exclusive Breastfeeding
FREC	Faculty of Health Sciences Research Ethics Committee
GASTAT	General Authority for Statistic
GETs	Group Experiential Themes
Hr	Hour
HRSD	Ministry of Human Resource and Social Development
IBF	Initiation Breastfeeding
ILO	International Labour Organisation
INFL	Influence
IPA	Interpretative Phenomenology Analysis
MF	Mixed Feeding
MCH	Maternity of Children Hospital
MOH	Ministry of Health in Saudi Arabia
ML	Maternity Leave
N/A	Not Available
No INFL	No Influence
ORS	Oral Dehydration Solution
PBUH	Peace Be Upon Him
PETs	Personal Experiential Themes
PI	Principal investigator
PIL	Participants Information Leaflet
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analysis
QUAL.	Qualitative
QUANT.	Quantitative
SA	Saudi Arabia
SDL	Saudi Digital Library
TBP	Theory of Planned Behaviour
TCD	Trinity College Dublin
UQU	Umm Al-Qura University
UK	United Kingdom
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
US	United States
Vs.	Versus
WBTi	World Breastfeeding Trends Initiative
WHO	World Health Organisation
WM	Working Mother/s
%	Percentages
n=	Number Equal

LIST OF DEFINITIONS

Allah: Allah in Arabic word for God, the singular, omnipotent, and supreme being worshipped in Islam.

Breastfeeding break: A designated period of time during work hours that allow a working mother to breastfeed her infant or express breastmilk to support continued breastfeeding after returning to work.

EBF: The infant receives only breastmilk including milk expressed, without any other liquids, (e.g., water, formula milk, juice, tea, and honey), or any solid food, except for oral vitamins, ORS and medicines (WHO, 2023).

Holy Qur'an: It is the central religious text of Islam, regarded as the word of Allah as revealed to Prophet Mohammad (PBUH) through the Angel Jibreel (Gabriel). It serves as the ultimate source of guidance for Muslims in matters of faith, law & legislation, and daily life.

Infants: They are young children during the earliest period of their life. In this study, the term refers to newborns and children during their first twelve months of life.

Islam religion: It is a monotheistic Abrahamic religion founded on the teachings of prophet Mohammad (PBUH), who received divine revelation through the Holy Qur'an. It stressed the oneness of Allah in worship, performing the five pillars of Islam, and following the Sunnah of the Prophet Mohammad (PBUH).

Lived experience: individual's unique way of experiencing life events or situation (Van Manen, 1990). In the context of this study, lived experience specifically refers to how working mothers navigate, interpret, and emotionally engage with the journey of EBF after returning to work. It encompasses their struggles, motivations, challenges, and support systems, as well as the ways in which workplace policies, and multiple contexts influence their EBF journey.

'Noor' system in Saudi Arabia: A centralised digital platform managed by the Saudi Ministry of Education is designed to facilitate administrative and academic services for students, and teachers (Ministry of Education, 2025).

Proactive approach: Anticipating and preparing for challenges in advance to ensure smoother transitions.

Prophet Mohammad (PBUH): He is the last and final prophet in Islam, believed to be chosen by Allah to deliver his message to humanity through the Holy Qur'an. He is regarded as a model of kindness, honesty, wisdom, and leadership.

Qadar: The Islamic belief in Allah decree, affirming that all events occur according to Allah's will and wisdom, yet allowing space for human effort, supplication (du'ā), and decision-making to influence outcomes.

Reactive approach: Responding to a situation late, often leading to less effective strategies outcomes.

Saudi vision 2030: A strategic plan launched by the Kingdom of Saudi Arabia to diversify its economy and reduce its reliance on oil (Petrol). It includes develop sectors such as health, education, infrastructure, and tourism, while boosting social and cultural transformation (Saudi vision, 2025).

Sunnah/ Hadiths: The Sunnah refers to the practices, sayings, and approvals of Prophet Mohammad (PBUH), serving as idol for Muslims to follow in their daily lives. Hadiths are the recorded narrations of the Prophet's Mohammad (PBUH) actions and words, or the words of Allah that revealed to his Prophet, forming a significant source of Islamic law and guidance, second only to the Qur'an.

Tawakkul: An Islamic concept referring to the act of placing complete trust in Allah while also taking the necessary steps to achieve a desired outcome, embodying a balance between effort and faith (Al Azhari, 2025).

Working mothers: For the purpose of this study, is defined as mothers who are worked in full-time employment outside the home. Full-time employment typically comprises six to twelve hours per day. The working mothers in this study worked for six to eight hours per day, excluding deducting the breastfeeding break (one hour), if applied.

CHAPTER 1: INTRODUCTION

1.1. Introduction

This chapter presents an overview of the thesis, introduces the background and the rationale for the research, then defines the problem statement and the study's significance. It also defines the study's objectives and scope, along with an overview of the structure of this thesis. Collectively, these provide the basis for conducting this study on the lived experiences of EBF among working mothers in Saudi Arabia after returning to work following paid maternity leave.

1.2. Background to this study

The study topic emerged from my own 'lived experience' of EBF as a working mother in Saudi Arabia. My journey began when my first daughter was born in 2015. I intended to EBF after her birth, having learned that breastmilk is rich in essential nutrients for maintaining both maternal and infant health and well-being (WHO, 2003, 2023). EBF is widely recommended as the optimal feeding method for infants during the first six months of life, with continued breastfeeding advised alongside appropriate complementary foods up to two years of age or beyond (WHO, 2018). However, like many working mothers, I faced significant challenges in continuing EBF after returning to work just two months after childbirth, particularly as my workplace lacked a nursery. These struggles sparked my interest in understanding the policies and guidelines related to breastfeeding and working mothers, leading me to explore the broader experiences of Saudi working mothers who attempt to maintain EBF after a short maternity leave.

Heidegger noted that embarking on a research journey often stems from personal experiences that resonate with us, inspiring deep commitment (Heidegger, 1962). My initial interest in 2015 reinforced my passion for understanding whether other working

mothers faced similar struggles in balancing EBF with employment in Saudi Arabia. Later, in 2018, as part of my master's thesis, I conducted a systematic review that revealed a scarcity of quantitative studies and an absence of in-depth qualitative research on this topic in Asia. These findings, combined with my personal experiences, solidified my motivation to pursue this study at the Ph.D. level. I was determined to gain deeper insights into the lived experiences of Saudi working mothers, convey their voices, and provide evidence to inform policymakers on how to support and facilitate working mothers with EBF.

As Saudi women's workforce participation rises, the next section presents the problem statement and study significance, emphasising the need for research in this area.

1.3. Problem statement and significance of the study

The participation of Saudi women in the workforce has been steadily increasing (see Chapter 2, Section 2.3), yet workplace policies supporting EBF among working mothers after they return to work are lacking. Despite being entitled to twelve weeks of paid maternity leave, Saudi mothers face a lack of essential provisions, such as designated lactation spaces and flexible breastfeeding breaks (Alhabas, 2016). This policy gap places a significant burden on working mothers, often compelling them to discontinue EBF earlier than recommended.

Since EBF requires providing only breastmilk for the first six months, it is particularly vulnerable to early cessation when mothers return to work after a short maternity leave. With Saudi maternity leave falling well short of the six-month EBF recommendation, it becomes crucial to explore how working mothers who wish to maximise the benefits of EBF navigate these challenges. This research gap also highlights why existing Saudi studies have yet to fully capture the lived experiences of working mothers committed to

EBF. Many studies predominantly focus on quantitative measures, such as breastfeeding rates and duration, rather than examining the personal challenges, workplace constraints, and cultural factors that influence a mother's ability to sustain EBF while employed.

Despite growing research interest in this area, a critical gap remains in understanding the specific determinants and facilitators influencing continued EBF among Saudi working mothers who return to work well before the recommended six-month period. Existing Saudi studies (Alhabas, 2016; Al-Katufi et al., 2020; Jabari et al., 2015) adopt a positivist perspective and do not clearly define EBF, limiting their relevance to this issue (see Chapter 3 for more details). While AlSedra and AlQurashi (2022) conducted a qualitative study on the breastfeeding among working mothers at healthcare facility in Saudi Arabia, their research does not specifically focus on EBF, leaving this gap unaddressed. More recently, Aljawoan et al. (2024) conducted a cross-sectional study that remains rooted in a positivist perspective, limiting its ability to capture the depth of lived experiences associated with EBF among working mothers.

Therefore, further in-depth exploration naturally emerges as essential to understanding how unique workplace and cultural factors impact EBF in the Saudi context. Hence, this study intends to address these gaps by focusing on the following aim, objectives, and scope.

1.4. Study objectives and scope

This study aims to explore the lived experiences of Saudi working mothers who intended to continue EBF after returning work following paid maternity leave. Furthermore, it seeks to:

- Understand the individual and the collective experiences of working mothers with EBF after returning to their work following paid maternity leave in Saudi Arabia.

- Gain insight into factors that influenced working mothers' decision-making regarding the continuation or discontinuation of EBF their infants upon returning to the work after paid maternity leave in Saudi Arabia.
- Investigate the working mothers' lived experiences about the obstacles and facilitators of EBF upon their return to work.

Therefore, the research question guiding this study is:

What are the lived experiences of working mothers who intended to continue EBF after returning to work in Saudi Arabia?

The study focuses on exploring the experiences of Saudi working mothers who returned to work following paid maternity leave and had intended to continue EBF. It limits its scope to working mothers who meet these criteria, while providing insights specific to Saudi Arabia's cultural and workplace contexts. The research employs an inductive, qualitative methodology, utilising interpretive phenomenological analysis (IPA) to emphasise depth rather than breadth in understanding these experiences.

1.5. Structure of thesis

This thesis is organised into nine chapters, as follows:

Chapter 1 Introduction: An introduction to the study context, significance and objectives of this study.

Chapter 2 Background: It offers an overview of the study context, including breastfeeding types & benefits, the Islamic perspective on breastfeeding, breastfeeding practices in Saudi Arabia, and policies related to breastfeeding and maternity leave. It provides essential rationale for the research context and setting.

Chapter 3 The Literature Review: A review of existing literature on EBF in the context of working mothers is presented in this chapter. Its objective is to identify gaps, provide rationale for conducting this study, informing the methodological approach chosen for conducting the study.

Chapter 4 Methodology: Offers an overview of the philosophical positions and IPA framework that underpin the study. It explains the rationale for selecting IPA over other qualitative research approaches and outlines the reasons for its adoption. The chapter is structured following Crotty's (1998) framework, which serves as a guiding framework for navigating these methodological choices.

Chapter 5 Research Methods: Outlines the research methods, including sampling and recruitment process, data collections procedures, the data analysis process, and the trustworthiness and ethical considerations of this study. It also highlights the challenges encountered during this stage and the strategies implemented to navigate them.

Chapter 6 Findings: Part One – Ideographic Experiences: Presents narratives of the individual experiences of the 14 participants who participated in the study, aligned with the first objective of this study and the IPA idiographic concept.

Chapter 7 Findings: Part Two – A Journey of Resilience: Navigating EBF in an Unsupportive Environment: Discusses shared themes and the collective journey of continuing EBF among the 14 participants, aligned with the second and third objectives of this study.

Chapter 8 Discussion: Interprets and discusses the findings in the context of existing literature and theoretical perspectives. It highlights the unique contribution of this study to the scientific field, demonstrating how it advances

understanding of EBF among working mothers who return to work in Saudi Arabian context.

Chapter 9 Conclusion and Recommendations: Provides a definitive conclusion and outlines limitations and strengths of this study. It also underlines the implications for policy and practice and offers suggestions for future research.

1.6. Summary

This chapter served as a starting point for presenting this thesis. The following Chapter Two provides a detailed background on the phenomenon of interest (EBF). It also explores the significance of breastfeeding in Islam, breastfeeding practices in Saudi Arabia, and policies related to breastfeeding and maternity leave both nationally and internationally.

CHAPTER 2: BACKGROUND

2.1 Introduction

This chapter provides an overview of breastfeeding, including its types and benefits. It also explores the Saudi Arabian context and women's participation in the workforce. It highlights the Islamic perspective on breastfeeding and examines breastfeeding practices in Saudi Arabia. Additionally, it provides overview of the impact of breastfeeding facilities and policies related to breastfeeding and maternity leave both nationally and internationally.

2.2 Phenomena of interest (EBF)

Noel-Weiss et al. (2012) emphasise that researchers need to provide accurate and consistent definitions for the term 'breastfeeding' in their studies. This is essential to ensure accurate interpretation of findings, assist policymakers in shaping future policies, and enable comparisons between breastfeeding research. According to the World Health Organisation, EBF is recommended for the first six months of an infant's life, followed by continued breastfeeding alongside appropriate complementary foods up to two years of age or beyond (WHO, 2018). The WHO (2003, 2008, 2023) classifies breastfeeding practices into three categories:

- **EBF:** The infant receives **only breastmilk** including milk expressed, **without any other liquids**, (e.g., water, formula milk, juice, tea, and honey), or any solid food, **except for** oral vitamins, rehydration solution (ORS) and medicines.
- **Predominant breastfeeding (PBF):** The infant receives **breastmilk** including milk expressed and **certain other liquids**, such as water/ water-based drinks, juice, ORS or oral vitamins, **but no** non-breast milk or foods-based fluid.

- **Mixed feeding (MF)/ Complementary feeding:** The infant receives **breastmilk including milk expressed alongside other liquids**, semi solids or solids food, including **cow's milk**.

The WHO (2018) further recommends that healthcare providers encourage mothers to initiate breastfeeding within the first hour after birth, exclusively breastfeeding without additional food or drink, breastfeeding on demand, and avoiding artificial bottles or pacifiers. Breastfeeding is recommended as optimum infant nutrition for its extensive benefits to mothers, infants, and workplaces.

2.2.1 Benefits of breastfeeding for mothers

Breastfeeding provides several long-term health benefits for mothers, including a reduced risk of breast and ovarian cancer. The Lancet Series on breastfeeding highlights that women who breastfeed for longer durations have a significantly lower risk of developing breast cancer, with a dose-response effect; meaning the longer the duration of breastfeeding, the greater the protective effect (Victora et al., 2016; Rollins et al., 2023). In addition, studies have shown that lactation is associated with a reduced risk of ovarian cancer, Type 2 diabetes, and reduces the risk of cardiovascular disease, contributing to long-term maternal health (Horta et al., 2015; Tschiderer et al., 2022; Victora et al., 2016; WHO, 2013).

Breastfeeding also supports maternal health recovery post-birth by facilitating uterine contractions and reducing the risk of postpartum haemorrhage (Galson, 2008). In addition, breastfeeding also acts as a natural contraceptive by delaying menstruation through the lactational amenorrhoea method (LAM) (Galson, 2008). Victora et al. (2016) noted that breastfeeding extends the interval between pregnancies, thereby contributing to birth spacing and maternal recovery. Furthermore, it enhances mental well-being, as

research indicates that breastfeeding plays a key role in reducing stress and minimising the risk of postpartum depression through the release of oxytocin and prolactin hormones (Chojenta et al., 2016; Krol & Grossmann, 2018). Additionally, it strengthens mother-infant bonding, fostering a secure attachment and enhancing maternal responsiveness (Galson, 2008; WHO, 2013).

2.2.2 Benefits of breastfeeding for infants

While breastfeeding provides significant health benefits for mothers, it is particularly beneficial for infant health and well-being. It is the recommended method of infant feeding, offering essential nutrition and multiple health benefits. Breastfeeding supports optimal growth, brain development, and immune function (WHO, 2013; Victora et al., 2016). A meta-analysis by Horta et al. (2010) found that the absence of EBF increases the risk of acute and chronic illnesses, including respiratory infections, bacterial meningitis, and necrotising enterocolitis. Furthermore, breastfeeding significantly prevents approximately one-third of respiratory infections and nearly half of diarrhoeal episodes (Victora et al., 2016). It is also associated with a 36% lower risk of sudden infant death syndrome (SIDS) compared to non-breastfed infants (Victora et al., 2016).

Breastfeeding has been associated with a reduced risk of certain childhood cancers. A systematic review and dose-response meta-analysis by Su et al. (2021) found that breastfed infants had a 23% lower risk of childhood leukaemia (0.77; 95% CI, 0.65-0.91), with the greatest protective effect at around 9.6 months of breastfeeding. Breastfeeding was also linked to a lower risk of neuroblastoma (0.59; 95% CI, 0.44-0.81), while no significant association was found with other childhood cancers (Su et al., 2021).

For long-term health, EBF reduces the risk of obesity in childhood, adolescence, and adulthood (Horta et al., 2015). Rossem et al. (2011) found that breastfed infants had a

lower risk of obesity compared to those who were not breastfed. Additionally, breastfeeding lowers the likelihood of diabetes, hypertension, and cholesterol imbalances throughout life (Horta et al., 2015). Globally, infants who are not breastfed face seven times higher risk of early death from infections compared to those who are at least partially breastfed (United Nations International Children's Emergency Fund [UNICEF], 2016).

Breastfeeding also has significant long-term benefits for children's cognitive, emotional, and behavioural development. Breastfeeding also positively influences cognitive and mental development. A systematic review by Horta et al. (2015) reported that most studies found a significant association between breastfeeding and higher IQ scores in children and adolescents, though maternal IQ was a confounding factor. Similarly, a study by Kramer et al. (2008) provides strong evidence that prolonged EBF enhances cognitive development. Additionally, Oddy et al. (2010) examined the long-term effects of breastfeeding on child and adolescent mental health, finding that breastfeeding for less than six months, compared to six months or more, was an independent predictor of emotional and behavioural problems. In contrast, the study by Oddy et al. (2011) examined the relationship between breastfeeding duration and academic achievement, finding that breastfeeding for six months or longer positively impacted children's academic performance at the age of ten. While both studies highlight the benefits of prolonged breastfeeding, the 2010 study emphasises mental health outcomes, whereas the 2011 study explores cognitive and academic performance.

2.2.3 Benefits of breastfeeding to workplace

Beyond individual maternal and infant benefits, breastfeeding has broader social and economic implications. Studies have also highlighted its advantages for employers. Supporting breastfeeding mothers in the workplace offers numerous benefits, including

earlier return to work, increased productivity, and reduced absenteeism and staff turnover (Bai et al., 2011; Soomro et al., 2016; Tsai, 2014). Furthermore, Bai et al. (2011) found that when employers and colleagues encouraged breastfeeding mothers, it enhanced job satisfaction among staff and projected a positive image of the workplace. Employers who provide suitable breastfeeding facilities within the workplace are also more likely to attract and retain employees (Stuebe et al., 2007).

While the benefits of breastfeeding are well-documented globally, its practices and challenges are deeply influenced by cultural, social, and economic contexts. The following sections provide an overview of the study context, examining the cultural, economic, and policy landscape of Saudi Arabia in relation to EBF.

2.3 Overview of the study context (Saudi Arabia)

Saudi Arabia is located in Southwestern Asia and is the largest country in the Middle East (General Authority for Statistics [GASTAT], 2021). Its economy is primarily based on oil production, making it a significant global energy player (GASTAT, 2021). As of 2023, the population of Saudi Arabia is estimated at 33,264,292 people, comprising multiple ethnic groups (The World Bank, 2024). Arabic is the official language across its 13 emirates, each further subdivided into governorates. Riyadh serves as the capital city, while Makkah and Al-Madinah hold great significance as Islam's holiest cities (The Ministry of Interior [MOI], 2017). Saudi Arabia is an Islamic country, and its legislation, policies, beliefs, and traditions are derived from Islamic laws.

With the influx of oil wealth in the 1970s and 1980s, Saudi Arabia experienced significant socioeconomic transformation (Rivlin, 2009; World Breastfeeding Trends Initiative [WBTi], 2015). While traditionally a breastfeeding culture prevailed, this economic shift positioned the country as a key market for breastmilk substitutes, leading to considerable change in the original pattern of breastfeeding in recent decades (WBTi, 2015).

Saudi Arabia's employment market consists of government and private sector organisations. Jobs in education, healthcare, and administration are primarily provided by the government sector, which is the largest employer. Conversely, the private sector includes industries such as finance, technology, retail, and hospitality. Many mothers in Saudi Arabia are employed in both private and public sectors, with a significant number occupying government positions due to the stability and benefits those jobs provide (Alfarran, 2016). However, the lack of comprehensive data regarding the exact number of mothers in each sector highlights the need for further research into this demographic. In Saudi Arabia, family serves as the central pillar of society, shaping social structures and daily life. Extended family members, particularly grandparents, play a significant role in child-rearing, often assisting working parents in caring for their children (Evason, 2022). Traditional gender roles remain influential, with men historically being the primary providers and women managing domestic responsibilities (Evason, 2022); however, with increasing female workforce participation, these roles are evolving, creating new dynamics in balancing employment and caregiving.

Women's participation in the workforce has increased significantly in recent years. In Asia and the Pacific regions, women's labour market involvement has progressively grown, as reported by the Asian Development Bank (ADB, 2015). In Saudi Arabia, the percentage of women in the labour force has risen markedly, from 16.7% in 2016 to 20% in 2018, 25.9% in 2020, and 32.3% in 2021 (GASTAT Q1, 2021). These trends reflect the goals of Saudi vision 2030, a national reform plan aimed at empowering women in leadership roles and entrepreneurship and increasing their contribution to the country's economic development (Polok & Akeel, 2024). Globally, labour market participation among women has also followed similar trends. According to the United States Bureau of Labour Statistics (2013), 57% of women with one child under the age of one participate

in various labour markets, with 40% working full-time. These statistics underscore the growing participation of women in the workforce and the changing dynamics of familial and economic responsibilities worldwide. Saudi Arabia mirrors these global trends through its reforms.

As an Islamic country, Saudi Arabia derives its laws, traditions, and social practices from Islamic teachings. Saudi Arabia's breastfeeding recommendations are primarily based on the Qur'an, followed by the WHO and UNICEF guidelines. The next section explores how breastfeeding is emphasised in the Holy Qur'an and how this emphasis shapes maternal behaviours.

2.4 Cultural context to breastfeeding in Islam

Khasawneh (2017) emphasises that breastfeeding holds significant religious importance in Arab culture. The Qur'an, regarded as the direct revelation from Allah to the Prophet Mohammad (Peace Be Upon Him [PBUH]), includes more than five verses recommending mothers to breastfeed their children for up to two years (Masoud, 2023). For example, the Holy Qur'an states: "The mothers shall give suck to their children for two whole years, (that is) for those (parents) who desire to complete the term of suckling" (Surat Al-Baqarah, Chapter One, p. 37, Verse 233). While scientific research has only recently underscored the benefits of breastfeeding, Islam recognised these advantages over 1,400 years ago (Masoud, 2023). According to the verse cited, mothers who wish to complete the nursing period are instructed to breastfeed their infants for a full two years. This teaching aligns with the WHO's recommendation of EBF for the first six months, followed by continued breastfeeding alongside appropriate complementary foods up to two years of age or beyond (WHO, 2018).

Scientific evidence and religious teachings both recognise the importance of breastmilk for an infant's growth. Islamic leaders, including Prophet Mohammad (PBUH), described

breastmilk as a 'blessing' from the mother (Firoozabadi & Sheikhi, 2015). His perspective complements the scientific understanding of breastfeeding as a means of the essential nutrients and immunoglobulins passed to the child through breastfeeding (Gregory & Walker, 2013). In the Holy Qur'an, the term 'breastfeeding' appears 14 times across seven Surahs and eight verses, including verse 233 of Al-Baqarah, verse 15 of Al-Ahqaf, verse 14 of Luqman, verse 23 of An-Nisa, verse six of At-Talaq, verse two of Al-Hajj, and verses twelve and seven of Al-Qasas (Mehrpišeh et al., 2020, p.1). According to Fatoohi (2012), the Qur'an recognise breastfeeding as a fundamental right of every infant. The Holy Qur'an states: "And if they both desire weaning through mutual consent from both of them and consultation (parents), there is no blame upon either of them. And if you wish to have your children nursed by a substitute, there is no blame upon you as long as you give payment according to what is acceptable" (Surat Al-Baqarah, chapter One, p.37, verse 233). This verse provides a framework for mothers unable or unwilling to breastfeed, urging fathers to compensate wet nurses appropriately and granting them a status akin to that of biological mothers (Koçtürk, 2003; Masoud, 2023). Furthermore, in cases of parental divorce, Islamic teachings mandate fathers to support mothers by providing adequate housing and financial assistance as long as breastfeeding is continued (Bensaid, 2021).

Findings from limited studies reveal that Islamic beliefs and values significantly motivated Muslim mothers to initiate and continue breastfeeding (Bensaid, 2021; Burdette & Pilkauskas, 2012; Kamoun & Spatz, 2018). Given Qur'anic recommendations, Muslim societies are expected to support, promote, and safeguard breastfeeding practices (Al-Hreashy et al., 2008).

In Saudi Arabia, laws, policies, and traditions are deeply rooted in Islamic teachings derived from the Holy Qur'an and Hadiths. While these teachings significantly influence

breastfeeding practices, particularly among working mothers, the decline in rates of EBF for full two years of infancy contrasts with Islamic guidance (Al Juaid et al., 2014; Bensaid, 2019; Kamoun & Spatz, 2018; Zaidi et al., 2014). Breastfeeding practices in Saudi Arabia reveal diverse patterns influenced by multiple personal, social and organisational factors.

2.5 Breastfeeding practices in Saudi context

While the overall rate of ever breastfeeding remains high (approximately 89.3%), the proportion of mothers initiating breastfeeding within the first hour, as recommended by the WHO, remains significantly lower and inconsistent across regions (Alhreashy et al., 2025). A nationally representative survey conducted in 2023 reported that 43.4% of Saudi infants were breastfed within the first hour after birth (Alhreashy et al., 2025), aligning closely with a 2019 survey that found a similar early initiation rate of 43.6% (Ahmed & Salih, 2019). Notable regional variation, from as low as 26% in the Northern region to as high as 63% in the Southern region were also observed (Ahmed & Salih, 2019). Regional studies further reflect this disparity, with reported early initiation rates of 23.1% in Qassim, and 46.0% in Riyadh (Alrasheedi, 2023; Altamimi et al., 2025).

In addition, due to the absence of recent national statistical data on breastfeeding, the WHO has not reported national EBF rates at six months for Saudi Arabia in the country's profile (Al Juaid et al., 2014; The Ministry of Health in Saudi Arabia [MOH], 2018; WHO, 2019). Consequently, EBF rates and other breastfeeding classification are retrieved from published literature spanning the past 33 years (see Appendix 1). EBF rates during this 33-year period remain consistently low, ranging from 0.8% to 52%. However, the exclusivity of breastfeeding could not be accurately determined across these studies due to inconsistencies in definitions and the lack of standardised classification of EBF per the WHO guidelines (see definitions in Appendix 1). Studies that adhered to the

WHO definition of EBF reported the following rates at six months of age: 2.9% (Al-Amoud, 2003, Al-Riyadh), 22% (Aldalili & El.Mahalli, 2021, Al-Hassa), 1.7% (Al-Hreashy et al., 2008, Al-Riyadh), 28% (Al-Yousefi, 2021, Al-Riyadh), 28% (Aljawoan et al., 2024, Al-Riyadh), 31.4% (Alzaheb, 2017, Tabuk), 24.4% (El-Gilany et al., 2011, Al-Hassa), 27.6% (Hegazi et al., 2019, Rabigh), 0.14% (NafeeEl-Sayed & Al-Dossary, 2016, Dammam), 21.8% (Mosher et al., 2016, Al-Riyadh), and 37% (Raheel & Tharker, 2018, Al-Riyadh and Dammam). An earlier national survey reported higher rates, with an EBF rate of 52% at six months of age (Al-Shehri et al., 1995). Despite this, limited studies have been published on the prevalence of breastfeeding across various regions in Saudi Arabia (refer to Appendix 1); however, most have been conducted in Riyadh (Central Region) and have not focused specifically on EBF. This limits the understanding of regional variations in EBF practices and the factors influencing them, which are crucial for developing targeted interventions to support breastfeeding mothers nationwide.

As of the latest reports, 29 out of approximately 415 hospitals in Saudi Arabia (around 7%) have achieved Baby-Friendly Hospital Initiative (BFHI) accreditation, the majority of which are public hospitals and two from the private sector (UNICEF & WHO, 2017; WBTi, 2015). In 2023, four additional government facilities were newly accredited (MOH, 2023). While these new accreditations represent progress, the overall coverage remains limited relative to the total number of hospitals in the country. This low adoption rate indicates that many healthcare settings in Saudi Arabia may still lack the infrastructure or policies necessary to fully support EBF, particularly during the critical postpartum period.

The most common feeding practice among Saudi mothers is mixed feeding, combining breastfeeding with artificial bottle feeding (Al Juaid et al., 2014). This finding aligns with recent regional studies that documented mixed feeding rates of 82.1%, 65.6%, 86%,

51.6%, 39.7%, and 53% (Al-Mutair et al., 2017; Alsada et al., 2025; Al-Yousefi, 2021; BinAbd et al., 2017; Hegazi et al., 2019; NafeeEl-Sayed & Al-Dossary, 2016; Mosher et al., 2016).

The primary reasons for the cessation of EBF and the initiation of artificial bottle feeding include perceptions of insufficient breastmilk (Al Juaid et al., 2014; Al-Mutair et al., 2017; Al-Yousefi, 2021; Aldalili & El.Mahalli, 2021; Alzaheb, 2017; Elgzar et al., 2023; Hegazi et al., 2019; Mosher et al., 2016) and the challenges of mothers returning to work without suitable breastfeeding facilities (Al-Ghamdi, 2017; Aljawoan et al., 2024; Al-Katufi et al., 2020; Al-Yousefi, 2021; Alhabas, 2016; AlSedra & AlQurashi, 2022; Alzaheb, 2016; Alzaheb, 2017; Elgzar et al., 2023; Murad et al., 2021; Raheel & Tharker, 2018). These findings from previous studies highlight the critical role of workplace policies and facilities in shaping working mothers' decisions to continue or discontinue breastfeeding. However, effective implementation depends on the presence of supportive policies. The next section explores this further.

2.6 Breastfeeding policies, facilities and legislation

Several factors influence mothers' decisions to continue or discontinue EBF, as universally recommended. Studies has identified a mother's work as the most reported factor affecting the continuation of EBF (Al Juaid et al., 2014; Aljawoan et al., 2024 ; Elgzar et al. 2023; Murad et al., 2021; Masoud, 2023; Soomro et al., 2016). Many studies also have reported that the discontinuation of EBF among working mothers is primarily due to the lack of clear policies or breastfeeding facilities in the workplace (AlSedra & AlQurashi, 2022; Amin et al., 2011; Basrowi et al., 2018; Jabari et al., 2015; Masoud, 2023; Muda et al., 2016; Soomro et al., 2016). While some countries enforce legislation supporting workplace breastfeeding, Saudi regulations remain limited, contributing to early cessation (see Section 2.6.2 for more details).

2.6.1 Maternity leave entitlements around the world

Globally, the average fully paid maternity leave duration ranges from 12 to 18 weeks (United Nations Statistics Division, 2013) (Tables 1, 2, & 3). In Saudi Arabia, until 2023, paid maternity leave was ten weeks, with working mothers having the right extend it, without payment, by an additional one month (The Ministry of Human Resource and Social Development [HRSD], 2019). Working mothers can begin their leave up to four weeks before the expected delivery date and are entitled to six weeks leave from work after childbirth to ensure full recovery (HRSD, 2019). More recently, maternity leave has been extended to twelve weeks (Saudi Gazette report, 2024). In the Saudi government education sector, an exclusive policy provides extended childcare leave, allowing working mothers to take up to three years of quarter salary paid or unpaid leave to care for their children (HRSD, 2019).

Table 1: Maternity leave duration in Asian countries (United Nations Statistics Division, 2013)

Country	Maternity leave duration (days)	Percentage of wages paid in covered period (%)	Country	Maternity leave duration (days)	Percentage of wages paid in covered period (%)
Afghanistan	90	100	Mongolia	120	70
Armenia	140	100	Myanmar	84	66
Azerbaijan	126	100	Nepal	52	100
Bahrain	45	100	Korea	90	100
Bangladesh	112	100	Oman	N/A	N/A
Bhutan	N/A	N/A	Pakistan	90	100
Brunei	63	100	Palestine	104	100
Cambodia	90	50	Philippines	42	100
China	90	100	Qatar	50	100
Cyprus	126	75	Russia	140	100
India	84	100	Saudi Arabia	70	100, 50
Indonesia	90	100	Sri Lanka	84	100,86
Iran	90	67	Singapore	112	100
Iraq	62	100	Syria	120/ 90/ 75	100
Jordan	70	100	Taiwan	N/A	N/A
Japan	98	30	Thailand	90	100
Kazakhstan	126	100	Tajikistan	140	100
Kuwait	70	100	Timor-Leste	N/A	N/A
Kyrgyzstan	126	100	Turkey	112	67
Laos	90	100	Turkmenistan	112	100
Lebanon	50	100	UAE	45	100, 50
Malaysia	60	100	Uzbekistan	126	100
Maldives	126	100	Vietnam	120- 180	100
			Yemen	60	100

Table 2: Maternity leave duration in African countries (United Nations Statistics Division, 2013)

Country	Maternity leave duration (days)	Percentage of wages paid in covered period (%)	Country	Maternity leave duration (days)	Percentage of wages paid in covered period (%)
Algeria	75	100	Madagascar	98	100
Angola	90	100	Malawi	56	100
Benin	98	100	Mali	98	100
Botswana	84	50	Mauritania	98	100
Burkina-Faso	98	100	Mauritius	84	100
Burundi	84	100	Morocco	98	100
Cabe Verde	60	90	Mozambique	60	100
Cameroon	98	100	Namibia	84	100
Central African Republic	98	50	Niger	98	50
Chad	98	50	Nigeria	84	50
Comoros	98	100	Rwanda	84	100, 20
Congo	105	100	Sao Tome and Principe	60	100
Djibouti	98	100	Senegal	98	100
Egypt	90	100	Seychelles	98	N/A
Equatorial Guinea	84	75	Sierra Leone	N/A	N/A
Eritrea	60	N/A	Somalia	98	50
Eswatini (Swaziland)	84	N/A	South Africa	120	60
Ethiopia	90	100	Sudan	56	100
Gabon	98	100	Tanzania	N/A	N/A
Gambia	84	100	Togo	98	100
Ghana	84	100	Tunisia	30 – 60	100, 67, 50
Guinea	98	100	Uganda	60	100
Guinea-Bissau	60	100	Zambia	84	100
Kenya	90	100	Zimbabwe	98	100
Lesotho	84	N/A	Libya	98	100, 50

Table 3: Maternity leave duration in European countries (United Nations Statistics Division, 2013)

Country	Maternity leave duration (days)	Percentage of wages paid in covered period (%)	Country	Maternity leave duration (days)	Percentage of wages paid in covered period (%)
Albania	365	80, 50	Latvia	112	100
Andorra	112	100	Liechtenstein	140	80
Armenia	140	100	Lithuania	126	100
Austria	112	100	Luxembourg	112	100
Azerbaijan	126	100	Malta	98	100
Belarus	126	100	Moldova	N/A	N/A
Belgium	105	80, 75	Monaco	112	100
Bosnia & Herzegovina	365	100, 50	Montenegro	N/A	N/A
Bulgaria	227	90	Netherlands	112	50
Croatia	365	100	North Macedonia	N/A	N/A
Cyprus	126	75	Norway	365	100, 80
Czechia	196	60	Poland	112	100

Denmark	126	N/A	Portugal	120- 150	100, 80
Estonia	140	100	Romania	126	85
Finland	105	70	Russia	140	100
France	112	100	San Marino	150	100
Georgia	N/A	N/A	Serbia	365	100
Germany	98	100	Slovakia	196	55
Greece	120	50	Slovenia	105	100
Hungary	168	70	Spain	112	100
Iceland	182	80	Sweden	480	80
Ireland	182	80	Switzerland	112	N/A
Italy	152	80	Turkey	112	67
Kazakhstan	126	100	Ukraine	126	100
Kosovo	N/A	N/A	UK	365	90

2.6.2 International and national breastfeeding-friendly workplace policies and accommodations

A breastfeeding-friendly workplace policy is defined as a formal workplace regulation that provides an appropriate environment, standardised lactation facilities, and flexible break times for breastfeeding or breastmilk expression. These policies aim to support working mothers in continuing EBF after returning to work (Family Health Service of the Department of Health, 2015). Research indicates that supportive workplace policies positively impact EBF rates by enabling working mothers to maintain breastfeeding after returning to work (Atabay et al., 2015; Kumar et al., 2015). Additionally, they improve maternal productivity, encourage earlier return to work, and reduce female employee turnover (Health Service Executive, 2016; Soomro et al., 2016; Tsai, 2013).

Although workplace lactation policies are implemented in various countries, their scope and effectiveness differ significantly (Atabay et al., 2015; Heymann et al., 2013). A global review by Heymann et al. (2013) covering 182 United Nations countries found that while 130 countries provided flexible lactation breaks for breastfeeding employees, 45 countries did not grant any paid breastfeeding breaks during paid working hours. Moreover, in seven countries, lactation breaks were unpaid, reflecting disparities in workplace breastfeeding support at that time (Heymann et al., 2013). However, some

countries have developed structured policies to support lactating employees. For example, Ireland allows mothers to take one 60-minute break or three 20-minute breaks daily (Health Service Executive, 2020). Employers are also required to provide suitable lactation rooms. In the United States, The Fair Labor Standards Act (FLSA) mandates that employers provide reasonable unpaid lactation breaks and a private, non-bathroom space for expressing milk (U.S. Department of Labor, 2010). Similarly, in Kenya, The Breastfeeding Mothers Bill (2017) requires workplaces to offer dedicated lactation rooms equipped with private spaces, refrigeration for milk storage, and flexible lactation breaks (The Breastfeeding Mothers Bill, 2017).

Scandinavian countries, particularly Sweden, and Norway, have emerged as notable examples countries with robust breastfeeding-friendly workplace policies, consistently ranking among the top globally for maternal and child health support (Cattaneo et al., 2005). These countries have aligned their workplace breastfeeding policies with International Labour Organisation (ILO) recommendations, ensuring comprehensive lactation support for working mothers (Geneva Infant Feeding Association [GIFA], 2015). In Norway, mothers are entitled to a one-hour paid breastfeeding break per day, with some sectors, particularly the public sector, permitting up to two hours for up to one year (WHO, 2023). Similarly, in Sweden, mothers are granted paid time off for breastfeeding (Duvander & Löfgren, 2021).

In Asia, India has established structured workplace breastfeeding policies through The Maternity Benefit Act (1961), which entitles mothers to two paid breastfeeding breaks per day until their child is 15 months old (Government of India, 1961). Additionally, large corporations are mandated to provide onsite crèches (childcare centers) to support working mothers (Ministry of Law and Justice, 2017). However, many other Asian countries continue to face challenges due to insufficient workplace breastfeeding facilities

and inconsistent policy enforcement. Studies across Malaysia, Indonesia, Pakistan, and Taiwan highlighted a lack of dedicated lactation spaces and proper milk storage facilities (Amin et al., 2011; Hirani & Karmaliani, 2013; Muda et al., 2016; Soomro et al., 2016; Tsai, 2014), as well as inflexible breastfeeding breaks (Amin et al., 2011; Soomro et al., 2016). Despite policy provisions in some Asian nations, enforcement remains weak. For example, in Malaysia, where it has been acknowledged that a lack of coordination among regulatory bodies hinders the effective application of breastfeeding workplace policies (Hassan & Musa, 2014). Similarly, in Taiwan, while 90% of workplaces reported having formal lactation policies, only 36% provided adequate breastfeeding facilities (Tsai, 2014).

In Saudi Arabia, the Saudi Labour Law, decreed by Royal Order in 2005, includes provisions supporting working mothers' breastfeeding needs. Specifically, Article 154 grants female employees the right to one or two paid rest periods, not exceeding a total of one hour daily, to breastfeed their infants during the two years following childbirth. These breaks are in addition to the standard rest periods provided to all workers. Furthermore, the Saudi Labour Law mandates that employers with at least 50 female workers provide childcare facilities with babysitters if there are ten or more children under six years old, while those with 100 or more female employees must establish or contract with a nursery (HRSD, 2023). Unlike countries with well-defined lactation support structures, Saudi regulations primarily focus on general maternity provisions rather than comprehensive breastfeeding accommodations.

Despite these regulations, the practical implementation of workplace breastfeeding support remains inconsistent. Jabari et al. (2015) reported that low EBF duration in Riyadh were linked to the absence of workplace-friendly breastfeeding policies. Similarly, Alhabas (2016) found that only 6.34% of employees were supported by

workplace breastfeeding policies, while 29% reported no such policies, and 64.55% were unaware of any policies at their workplaces. Additionally, 95% of participants stated that their workplaces did not provide private spaces for breastfeeding or breastmilk expression (Alhabas, 2016). As a result, many Saudi working mothers face significant challenges in continuing EBF after returning to work, highlighting the gap between policy provisions and enforcement.

2.7 Summary

This chapter provided the contextual background for this study, outlining Saudi Arabia's demographic, cultural, and policy-related context regarding breastfeeding practices and provisions. It highlighted that mixed feeding is common among Saudi mothers, with the majority not adhering to the WHO recommendation for EBF. A review of the limited studies conducted over the past 33 years revealed that most did not specifically focus on EBF, and those that did often lacked a consistent definition aligned with WHO standards. EBF appears to be vulnerable to early discontinuation due to returning to work after short paid maternity leave, workplace challenges, and disparities in breastfeeding policies and workplace facilities likely exacerbating this issue. This chapter established the foundation for exploring the factors affecting the continuation of EBF among working mothers. The next chapter presents a comprehensive search and review of existing literature, identifying factors influencing the continuation of EBF after working mothers return to work.

CHAPTER 3: THE LITERATURE REVIEW

3.1 Introduction

A comprehensive review of the literature on the factors affecting working mothers' decision to continue the exclusively breastfeeding until the WHO recommended up to two years of age is presented in this chapter. It provides a critical review, summarises, and discusses the various aspects that impact EBF continuation among working mothers globally and in Saudi Arabia. By critically discussing these factors, the chapter identifies research gaps and contextual challenges, particularly within Saudi Arabia, supporting and justifying the need for further exploration within the Saudi context.

3.2 Type, aim, and objectives of review

This review employed a comprehensive systematic search of the existing literature and a critical review of the findings on factors affecting the continuation of EBF among working mothers. Unlike a systematic review, which typically limited its scope to specific study types (such as randomised controlled trials or meta-analyses) and includes a rigorous quality appraisal process (Grant et al., 2009), this review did not restrict itself to a particular research methodology. Instead, it synthesised evidence from a wide range of studies and academic papers, to ensure a comprehensive understanding of the phenomenon in its contextual complexity. Similarly, it differs from a scoping review, which primarily maps literature, this review critically evaluated key themes, contradictions, and research gaps (Grant et al., 2009).

The literature search covered studies published between 2010 and 2021, and the search strategy is outlined in detail in Section 3.3. The aim of this review was to critically search, evaluate, and review the existing literature within the study field to produce the best

evidence-based review (Grant et al., 2009). Therefore, this approach was deemed suitable for the aim and objectives of this review, which were:

1. To identify available studies focusing on EBF among working mothers as a foundation for understanding the state of existing literature.
2. To analyse the full range of influencing factors, including barriers and facilitators.
3. To identify gaps, highlighting inconsistencies, and underexplored contexts in the literature.
4. To inform the study's methodological design and data collection process, guiding the selection of appropriate research methods, tools, and frameworks.
5. To establish a strong foundation and define the research problem, question, and aim.

To meet these objectives, a structured search and selection process was undertaken, ensuring a comprehensive and contextually grounded review of relevant research.

3.3 Search strategy

A comprehensive search was performed across six databases: PubMed, CINAHL, ProQuest, PsycInfo, the Cochrane Library, and the Saudi Digital Library (SDL). Grey literature, as well as the websites of the WHO and the International Labour Organisation, were searched to retrieve relevant articles, theses, conference papers, and reports related to this study area. The International Breastfeeding Journal (a peer-reviewed journal) was searched separately to ensure all relevant articles were included. This was necessary because one study (Amin et al., 2011) was identified that was not available in PubMed, CINAHL, or SDL databases. Additionally, reference lists from review articles, reports, and international organisation websites were manually searched to ensure all relevant papers were retrieved. All citations obtained from these searches were imported into EndNote. The search was conducted between 2010 and 2021, by a single reviewer, as this

type of review did not require dual screening. However, all steps were supervised by academic supervisors to ensure methodological rigour.

The review question was refined into four main concepts based on the PEOS framework: “factors,” “impact,” “exclusive breastfeeding,” and “working mothers.” Synonyms and abbreviations related to these search terms were used to generate broader results. The search terms, along with their synonyms and abbreviations, were combined using Boolean operators ‘AND’ and ‘OR.’ Techniques such as phrases (“ “), truncation (*), and wildcards (?) were employed to achieve accurate search outcomes (see Table 4). All methodological approaches, including qualitative, quantitative, and mixed-methods studies, were eligible for inclusion in the search strategy to ensure a comprehensive and balanced review of the evidence.

Table 4: Search strategy using keywords, synonyms, abbreviations, Boolean operators, phrase searching, truncation, and wildcards.

Search terms combined with	Concept 1 AND	Concept 2 AND	Concept 3 AND	Concept 4 AND
OR	1. Factors	7. Impact*	11. “Exclusive breastfeeding”	23. Work* woma/en
OR	2. Determinants	8. Affect*	12. “Breastfeeding”	24. Work* mother*
OR	3. circumstance	9. Influence*	13. Sole breastfeeding	25. Employ* woma/en
OR	4. Barriers	10. Combined 7-9 with	14. Only breastfeeding	26. Employ* mother*
OR	5. Characteristic	OR	15. Full breastfeeding	27. Nurse*
OR	6. Combined 1-6 with OR		16. Absolut breastfeeding	28. Doctor*
OR			17. Complete breastfeeding	29. Physician
OR			18. Single breastfeeding	30. Teacher*
OR			19. Exclusive lactate*	31. Medical Staff
OR			20. Exclusive breast milk	32. Childcare work*
OR			21. Exclusive nursing	33. Maternal employment
OR			22. Combined 11-21 with OR	34. Combined 23-33 with OR
				Final step Combine step 6+10+22+34 with AND

Symbols means: “ “ Phrase , * Turnication, ? Wildcards

The searches were limited to studies published in the past ten years, focusing on working mothers and restricted to English-language publications (see Appendix 2 for the Strategy Records and Results). Furthermore, the searches were not limited to the term ‘EBF’ in order to expand the scope of the search; this was necessary due to limited studies focusing only on factors impacting EBF in the first six months of infants’ age among working mothers. During the initial database search, it became also apparent that most studies did not clarify the definition of breastfeeding applied in their research and often included mothers with children older than six months. This posed a challenge in retrieving studies focused specifically on EBF up to six months of age. Consequently, all studies that focused on breastfeeding are included in this review. The term ‘exclusive’ has been applied to studies that did clarify this, while other studies that did not clarify the infants’ age or the classification of breastfeeding are described using the term ‘breastfeeding’, rather than ‘EBF’ in the literature review findings. Following the search, a systematic selection process was conducted to determine the most relevant articles for inclusion.

3.4 Searching outcomes and study selection

The search of the six databases, along with other sources, resulted in 1,921 academic papers (see Figure 1). Thirty-six duplicate papers were removed, and the remaining 1,885 papers were critically screened by title and abstract. A total of 1,819 articles were excluded as they were unrelated to the breastfeeding topic. The remaining 66 papers were fully assessed for eligibility based on inclusion and exclusion criteria derived from the PEOS framework (see Table 5). The rationale for using the inclusion and exclusion criteria was to provide a systematic approach for the final selection of papers included in this review.

The systematic search and review followed the specific requirements for initial search and selection methods as described by Grant et al. (2009). The primary objective was to

present and critically evaluate previous literature rather than focus solely on quality appraisal, which is a key feature of a systematic review. Given the nature of this review, quality assessment was optional (Grant et al., 2009), and studies of all quality levels were included to ensure a comprehensive understanding and synthesis of the existing knowledge on this study topic. The screening process was facilitated using EndNote, which was employed to organise, store, and retrieve relevant literature efficiently, while articles were reviewed manually.

Table 5: Inclusion and exclusion criteria based on PEO'S.

PEOS	Inclusion criteria	Exclusion criteria
Populations	All employed mothers who working in any type of job. Exclusively or breastfeeding infants during first six months of life. All mothers working in a full-time/ or part-time job at private or government sectors. All working mothers who had less or more than three months fully paid/ unpaid maternity leave.	Non-working mothers. Mothers working from home Infants unable to breastfeed.
Exposure	Breastmilk.	Artificial feeding.
Outcomes	EBF practice among working mothers. Factors that affect working mothers' ability to continue or discontinue EBF.	EBF practice among non-working mothers. Factors/ barriers that affecting non-working mothers' ability to continued/ or discontinued breastfeeding.
Study type	Studies conducted in 2010-2021. English language studies. All study types (Quantitative, Qualitative, Mixed methods studies). All academic papers types (Report, Thesis, Conference paper, book, booklet) All quality level of evidence.	Studies conducted before 2010. Non-English languages. Literature reviews Not fully accessible studies and paid articles after checking inter-library loan.

The full text of 66 papers were reviewed for eligibility, with the final selection of 34 academic papers meeting the inclusion criteria (see Appendix 3 for The Search

Outcomes). Meanwhile, 32 studies were excluded, with reasons provided (see Figure 1). For studies that were not fully accessible (restricted by institutional access or not freely available), the primary authors were contacted via email twice to request access. If no response was received or access was denied, these articles were excluded from the review. Before exclusion, their abstracts were critically reviewed to determine if they contained relevant outcomes. The final selection of studies formed the basis for data extraction and thematic analysis.

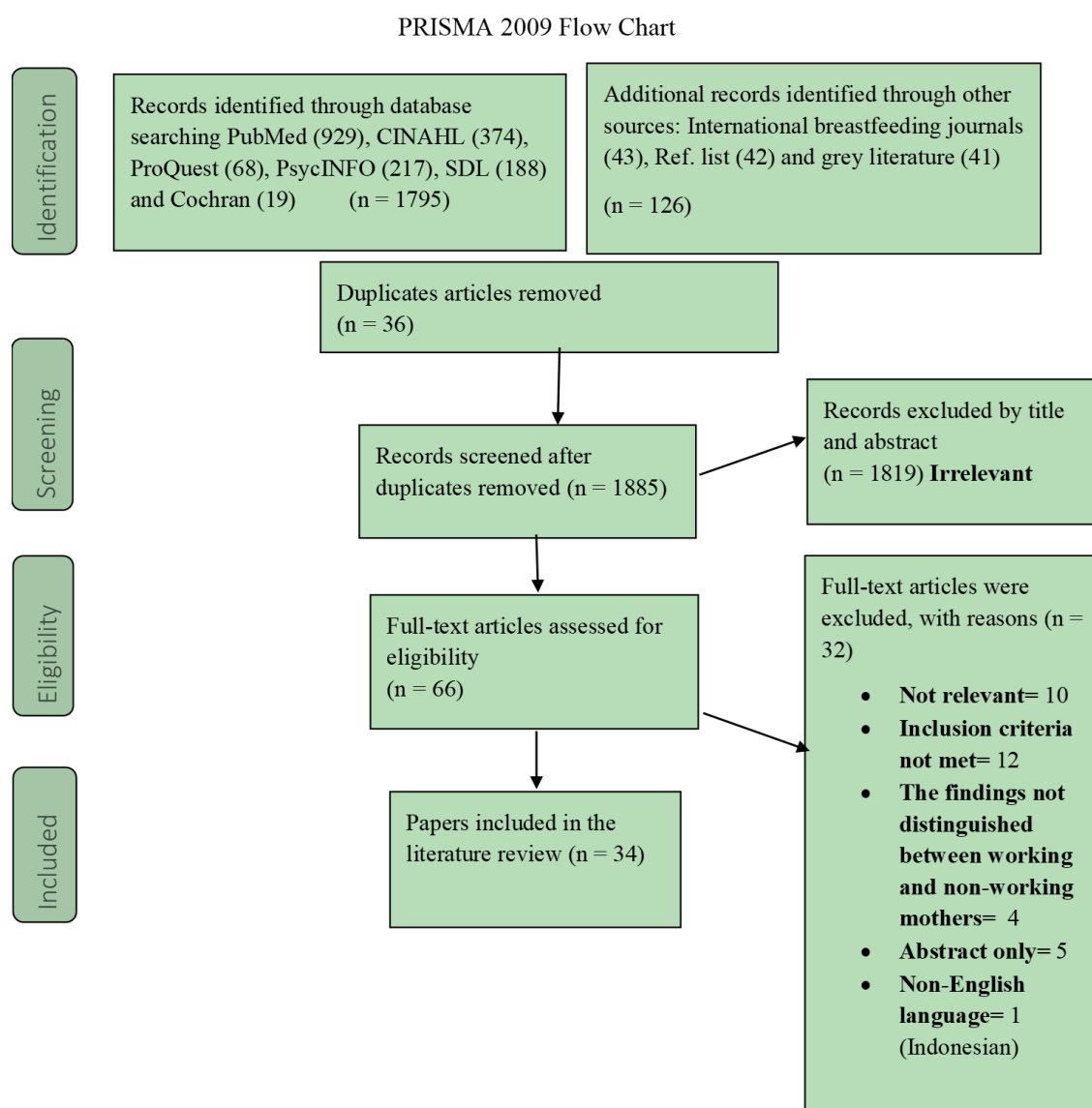


Figure 1: Flow chart of study selection: Factors influencing EBF continuation among working mothers (2010-2021).

3.5 Data extraction

The JBI data extraction guideline (2020) was followed. Key information was extracted (see Appendix 4) including: author and year, title, country, aim, study design and setting, data collection tools, population and sample size, ethical approval and consent, primary outcomes, and critical findings relevant to the review. For studies examining factors affecting EBF among both working and non-working mothers, this review focused specifically on findings related to working mothers. When studies provided comparative data, breastfeeding practices among non-working mothers were also considered to contextualise findings and minimise bias. However, this comparison was conducted only in studies where such data was available.

The extracted studies included one booklet and 33 research papers. Among them, 21 studies were quantitative, eight were qualitative, and four used a mixed-methods approach. These studies were conducted across 17 countries, with a detailed breakdown of specific study designs available in Appendix 3.

Sample sizes ranged from 9 to 10,633, with participants recruited primarily from health and obstetric clinics, primary and tertiary health centres, schools, universities, banks, formal sectors (private/government), breastfeeding support websites, private lactation consultants, childcare centres, and community settings. Policies and legislative documents or published reports relied on previous studies, WHO data, national surveys, and statistics.

Quantitative studies used semi-structured or structured questionnaires administered through face-to-face or telephone interviews, group discussions, self-administered surveys, or electronic surveys. Qualitative studies employed semi-structured or unstructured face-to-face, telephone interviews, and diary methods with field notes. One

study by Chekol et al. (2017) used a pretested structured questionnaire in English, which was translated into the local language (Amharic). However, the authors acknowledged that the translation validity of the study tool was not tested, raising concerns about the quality of the instrument and, consequently, the data. This oversight may have introduced bias and allowed for multiple interpretations of participants' responses.

Ethical approval was disclosed in 26 of the studies, while seven studies did not specify whether they obtained ethical approval, participant consent, or both. However, all these studies were included based on specific criteria outlined in previous Table 5 and were critically analysed to identify gaps in the knowledge and methodology of the included studies.

3.6 The key themes

The findings from the 34 extracted studies were grouped into thematic areas to reflect the primary outcomes aligned with the review's objectives. A narrative synthesis with tabulation was used to summarise, evaluate, and critique the data, ensuring the thematic areas captured the key outcomes and focus of the included studies.

- EBF definitions and practices.
- Factors influencing breastfeeding experiences among working mothers.

3.6.1 Theme 1: EBF definitions and practices

This thematic area explored how EBF was defined and understood across the included studies. It examined and summarised the standard definitions of EBF, the tools and methods used to measure its prevalence, as well as the reported rates of EBF continuation at six months of the infant's age. Twenty-two studies investigated breastfeeding prevalence among working mothers (Abou-Elwafa & El-Gilany, 2019; Aikawa et al., 2015; Al-Katufi et al., 2020; Amin et al., 2011; Bai et al., 2015; Chekol et al., 2017; Chen

et al., 2019; Chhetri et al., 2018; Chuang et al., 2010; Dachew & Bifftu, 2014; Dun-Dery et al., 2016; Ersen et al., 2020; Gebrekidan et al., 2021a; Harirotul & Asis, 2017; Jabari et al., 2015; Kebede et al., 2020; Mazengia & Demissie, 2020; Muda et al., 2016; Nkrumah, 2016; Sabin et al., 2017; Smith et al., 2017; Tiyas et al., 2016). Table 6 provides a summary of the EBF definitions used in the included studies, along with the EBF rate at six months, sample size, study design, and national EBF rate data reported in each study.

Variations in the children's age groupings, and the definitions or classifications of EBF were evident among 22 of the studies. Exclusivity in breastfeeding could not be determined accurately due to the absence of a standard definition or classification of EBF based on WHO criteria, as well as the inconsistent inclusion of different infant age groups. Additionally, one Saudi study (Al-Katufi et al., 2020) lacked a clear definition of EBF and failed to specify the age of participants' children at the time of the study. Only five studies clearly followed the WHO definition of EBF, reporting rates at six months of age as 1.7% (Harirotul & Asis, 2017, Malaysia), 21% (Kebede et al., 2020, Ethiopia), 35.5% (Aikawa et al., 2015, Thailand), 38.5% (Mazengia & Demissie, 2020, Ethiopia), and 41% (Sabin et al., 2017, Pakistan).

Table 6: The summary of EBF definitions and EBF rates at six months, compared to available national data, sample size, and study design.

Study & its design	Sample size of *WM	Children's age in mos. when the studies were conducted	EBF definition	*EBF rate at 6 mos. among WM	*The National data for EBF rate at 6 mos. (WHO, 2019)
Chuang et al. (2010, p. 463) (Prospective cohort study)	20,172	0-18	"only breastfeeding or mixed breastfeeding with milk"	25.4%	N/A
Amin et al. (2011) (Cross-sectional)	290	3-12	No definition provided	35% between 3-6 months	29% (1996)
Dachew & Biftu (2014, p. 2) (Cross-sectional)	178	6-24	"Breastfeeding exclusively for the first 6 months of child life"	35.9%	56.52% (2016)
Aikawa et al. (2015, p. 1255) (Cross-sectional)	84	6-24	"The practice of exclusively breastfeeding or breastfeeding with fluid (not including formula) or food (such as supplemental food)"	38.1%	23.1% (2015)
Bai et al. (2015) (Cohort study)	1783	≤ 6	Classify breastfeeding as exclusive, predominant, or partial breastfeeding but no definition provided	32%	N/A
Jabari et al. (2015) (Descriptive)	518	24	No definition provided	17%	N/A
Dun-Dery et al. (2016, p. 3) (Cross sectional)	369	6-12	"Only breast milk"	10.3%	52.09% (2014)
Muda et al. (2016, p. 258) (Cross-sectional)	152	6-24	"Action of giving only breastmilk to babies in the first 6 months after delivery"	25%	29% (1996)
Tiyas et al. (2016) (Qualitative on phenomenology)	9	≤ 6	No definition provided	Two mothers	40.93% (2012)
Nkrumah (2016, p. 4) (Cross-sectional)	225	Up to 7	"Infant 0 to 6 months who breastfeed with exclusive breastfeeding without liquid or solid except syrups (vitamins, minerals, medicine) in the previous 24 hours"	72% ≤ 5 months	52.09% (2014)
Chekol et al. (2017, p. 3) (Cross-sectional)	316	6-12	"Mothers who fed breastmilk only for the first 6 months"	20.9%	56.52% (2016)
Harirotul and Asis (2017, p. 97) (Mixed method)	964	≤ 6	"Infant receive breastmilk (including expressed breastmilk/ breastmilk from a wet nurse) and allows the infant receive ORS, drops, syrups (vitamins, minerals, medicines) but nothing else (WHO 2007)"	1.7%	29% (1996)

Sabin et al. (2017, p. 1149) (Cross-sectional)	400	3-24	“Based on WHO: the practice of feeding breastmilk only, including express breastmilk to infant and excluding water, other liquids, breastmilk substitutions and solid food (vitamins, minerals, ORS medication may be given)”	41%	37.57% (2013)
Smith et al. (2017) (Mixed method)	34	24	No definition provided	61%	N/A
Chhetri et al. (2018, p. 217) (Cross sectional)	137	≤ 6	“Breastmilk only”	17.5%	54.87% (2015)
Abou-ElWafa & El-Gilany (2019, p. 569) (Cross-sectional)	633	≤ 6	“EBF 24-hours recall defined as no fluids or food items (other than drugs and vitamins) had been given to the infant during the previous 24 hours”	14.1%	39.54% (2014)
Chen et al. (2019, p. 3) (Mixed methods)	5815	0-12	“Proportion of infants 0-5 months of age who were fed exclusively with breastmilk” EBF 24-hours recall	*R/T WF. Agriculture (22.14%) Industry (12%) Business and white collar (12.65%)	18.6% (2013)
Al-Katufi et al. (2020) (Cross-sectional)	260	-	No definition provided	16.5%	N/A
Kebede et al. (2020, p. 4) (Cross-sectional)	313	6-12	“Feeding only breastmilk, no other liquids or solids with exception of ORS, supplementals, medicines to child age less than 6 months”	21%	56.52% (2016)
Ersen et al. (2020, p. 473) (Cross-sectional)	615	12-60	“Mothers’ own breastmilk as the first nutrient after delivery”	3-6 mos. 36.1%	30.1% (2013)
Mazengia and Demissie (2020, p. 2) (Cross-sectional)	429	6-23	“Feeding only breast milk and no other liquids or solids, even water, with the exception of medicines prescribed by health professionals to the child age less than 6 months of age”	38.5%	56.52% (2016)
Gebrekidan et al. (2021a) (Cross-sectional)	449	6-24	Classify children age but no definition provided	56.6%	56.52% (2016)

Hr; hour WM; working mothers BF; breastfeeding N/A; not available

Structured questionnaires and surveys were used across all studies, administered through face-to-face interviews, telephone interviews, or self-administered formats. Most quantitative studies adopted a cross-sectional design, measuring EBF rates and initiation through structured yes/no or multiple-choice questionnaires, which relied on maternal recall. Three studies used a 24-hour self-report questionnaire (Abou-ElWafa & El-Gilany, 2019; Chen et al., 2019; Nkrumah, 2016), and one Saudi study employed a self-administered yes/no questionnaire based on mothers' past experiences (Al-Katufi et al., 2020). All these recall-based methods, regardless of study design (interview, or survey), posed a risk of recall bias, potentially affecting the accuracy of the findings (Mulol & Coutsooudis, 2018).

EBF rates among working mothers were generally low, ranging from 10% to 41% in most studies (see Table 6). The highest rate was recorded in Australia (61%, Smith et al., 2017), but this study had a small sample size ($n=34$) and lacked a clear EBF definition. Conversely, the lowest rate was reported in Malaysia (1.7%, Harirotul and Asis, 2017), based on a small sample size and using the WHO definition. In Saudi Arabia, two studies reported rates of 16.5% and 17% (Al-Katufi et al., 2020; Jabari et al., 2015), but both used cross-sectional designs without defining EBF according to WHO criteria.

Most studies did not specify whether EBF rates were measured at birth, during maternity leave, or upon returning to work, which limits the ability to understand the impact of returning to work on EBF rates. Only Bai et al. (2015) and Chuang et al. (2010), both longitudinal cohort studies, provided a clear timeline, measuring breastfeeding continuation from birth to 18 months and up to six months, respectively. Although Bai et al. (2015) and Chuang et al. (2010) used measured breastfeeding continuation after returning to work, their definitions of breastfeeding lacked clarity. Chuang et al. (2010) provided an unclear definition of EBF, while Bai et al. (2015) classified breastfeeding

patterns but did not clearly define them or interpret their results using the classification terms mentioned. This lack of clarity made their findings difficult to compare, emphasising the need for clear, standardised EBF definitions, especially in studies of working mothers.

EBF rates among working mothers from the included studies were compared with national EBF data for all mothers available in WHO (2019). EBF rates among these studies were generally lower than the national EBF rates for the respective countries (see Table 6). However, these comparisons were limited due to several factors: the timeframes differed, as the WHO data was based on older national surveys (e.g., from 1996, 2012, or 2016), which might not have reflected current practices. Additionally, the WHO national rates represented the general population, not specifically working mothers, making direct comparisons with the included studies inconsistent.

These disparities highlighted the need for standardised EBF definitions and appropriate methodologies to ensure the accurate assessment and documentation of EBF rates, particularly among working mothers. Furthermore, it was essential for studies to clarify whether EBF rates had been measured at birth, during maternity leave, or upon returning to work, as this significantly impacted the interpretation of findings.

The notably low EBF rates observed were influenced by various contextual factors, which are explored in the next thematic section.

3.6.2 Theme 2: Factors influencing breastfeeding among working mothers

This theme explored the factors influencing the continuation of EBF and is explained by three sub-categories:

- **Non-work-related factors (27 studies):** These included sociodemographic characteristics, breastfeeding mothers' issues, breastfeeding issues and infants, and working mothers' knowledge, attitudes, and social support and cultural factors.
- **Work-related factors (19 studies):** These encompassed aspects such as work characteristics, type of employer, employment status, and profession.
- **Workplace support, policies, and facilities related factors (31 studies):** These factors included maternity, and paternity leave; breastfeeding leave; breastfeeding facilities; breastfeeding break hours; breastfeeding education support programmes; and employer and employee support.

3.6.2.1 Non-work-related factors (27 studies)

This review identified varying findings on the non-work-related factors that influenced breastfeeding duration among working mothers. Table 7 illustrates that multiple factors, including sociodemographic aspects such as age, ethnicity, place of residence, education, and income level impacted the duration of breastfeeding among working mothers. In addition, working mothers reported breastfeeding issues including factors such as the type of delivery, insufficient breastmilk, medication usage, overlapping pregnancy, and sore nipples, which often led to early cessation of EBF or a shift to mixed feeding. Breastfeeding issues related to infants, including differences in gender and refusal of breastmilk, were also reported as factors affecting the duration of EBF. Factors related to working mothers' knowledge, attitudes, behaviours, and beliefs, such as inadequate knowledge, personal preferences, and intentions, also played a role in the determination or discontinuation of EBF. Additionally, social and cultural factors, particularly family support, were predominantly found to facilitate EBF, while embarrassment and negative cultural attitudes discouraged it. All previous factors significantly influenced breastfeeding duration, either supporting continuation or contributing to early cessation.

Table 7: Non-work-related factors among working mothers.

No	Author, year, design	Location	Sample size	Sociodemographic	BF issues & mothers	BF issues & infant	Working mothers' knowledge, attitudes, behaviour, and beliefs	Social support	Cultural factors
1	Amin et al. (2011), (CSS)	Malaysia	290	INFL				INFL	
2	ILO (2012), (Booklet)	Global	-	INFL	INFL			INFL	
3	Dachew & Biftu (2014), (CSS)	Ethiopia	178	INFL	INFL			INFL	
4	Bai et al. (2015), (Cohort)	Hong Kong	1783	INFL				INFL	
5	Jabari et al. (2015), (Descriptive Quant.)	Saudi Arabia	518		INFL	INFL			
6	Alhabas (2016), (CSS)	Saudi Arabia	210	INFL					
7	Desmond et al. (2016), (Qual)	Ireland	16					INFL	INFL
8	Dun-Dery et al. (2016), (CSS)	Ghana	369	No INFL			No INFL		
9	Tiyas et al. (2016), (Qual)	Indonesia	9	INFL			INFL	INFL	
10	Muda et al. (2016), (CSS)	Malaysia	152	No INFL	INFL	INFL			
11	Sulaiman et al. (2016), (Qual)	Malaysia	40	INFL			INFL		
12	Chekol et al. (2017), (CSS)	Ethiopia	316		INFL		INFL	No INFL	
13	Sabin et al. (2017), (CSS)	Pakistan	400	INFL					
14	Harirotul & Asis (2017), (Mixed methods)	Malaysia	471+15				INFL	No INFL	
15	Smith et al. (2017), (Mixed methods)	Australia	34				INFL	INFL	
16	Chhetri et al. (2018), (CSS)	India	137	INFL	INFL	INFL			
17	Xuan & Nguyen (2018), (Qual)	Vietnam	10		INFL		INFL	INFL	
18	Abou-ElWafa & El-Gilany (2019), (CSS)	Egypt	633	No INFL	No INFL	No INFL			
19	Febrianingtyas et al. (2019), (Qual)	Indonesia	18				INFL		
20	Al-Katufi et al. (2020), (CSS)	Saudi Arabia	260		INFL		INFL		INFL
21	Kebede et al. (2020), (CSS)	Ethiopia	313	INFL			INFL		
22	Tangsuksan et al. (2020), (Retrospective case-control)	Thailand	285	INFL			INFL	No INFL	
23	Ersen et al. (2020), (Prospective CSS)	Turkey	615		INFL	INFL	INFL		
24	Abekah-Nkrumah et al. (2020), (Qual)	Ghana	20	INFL				INFL	
25	Mazengia & Demissie (2020), (CSS)	Ethiopia	429	INFL				INFL	
26, 27	Gebrekidan et al. (2021, a & b), (CSS + Qual)	Ethiopia	429+20	INFL				INFL	

CSS; Cross-sectional studies **Quant**; Quantitative **Qual**; Qualitative **INFL**; Influence **No INFL**; No Influence

3.6.2.1.1 Sociodemographic factors and working mothers

Sociodemographic factors were investigated and documented in 17 included studies in this review. Thirteen papers reported that sociodemographic characteristics of working mothers such as age, ethnicity, residency place, education, and income level were significantly associated with the breastfeeding duration (Amin et al., 2011; Alhabas, 2016; Bai et al., 2015; Chekol et al., 2017; Chhetri et al., 2018; Dachew & Bifftu, 2014; Gebrekidan et al., 2021; ILO, 2012; Kebede et al., 2020; Mazengia & Demissie, 2020; Sabin et al., 2017; Tangsuksan et al., 2020; Tiya et al., 2016). However, three studies reported no association between sociodemographic data and EBF duration (Abou-ElWafa & El-Gilany, 2019; Dun-Dery et al., 2016; Muda et al., 2016).

Working mothers' level of education emerged as the most significant factor associated between sociodemographic data and EBF duration. Seven studies highlighted its influence on breastfeeding duration. Three cross sectional studies reported that a high level of education associated with prolonged duration of EBF practice (Bai et al., 2015; Chhetri et al., 2018; Tiya et al., 2016). Similarly, one descriptive qualitative study by Abekah-Nkrumah et al. (2020) supported this findings, and Mazengia and Demissie (2020) reporting that employed mothers with education levels higher than a certificate were 2.97 times more likely to practice EBF compared to those with lower education levels. This connection was attributed to the ability of more educated mothers to make informed decisions about the benefits of breastfeeding (Abekah-Nkrumah et al., 2020). Two studies reported that a lower level of education was associated with early cessation of EBF practice (Kebede et al., 2020; Tangsuksan et al., 2020).

Two cross sectional studies found that older mothers were more likely to exclusively breastfeed rather than younger mothers (Alhabas, 2016; Dachew & Bifftu, 2014). Notably, mothers' ages were not collected in one study (Amin et al., 2011). However,

three other cross-sectional studies found no significant association between age and EBF practices (Abou-ElWafa & El-Gilany, 2019; Dun-Dery et al., 2016; Muda et al., 2016).

The income level of working mothers was identified and reported in two cross-sectional studies. One Ethiopian study found that a middle-income index score among working mothers was associated with lower EBF duration than mothers with lower income scores (Chekol et al., 2017), while a study in Pakistan found that low-income levels were significantly associated with the discontinuing of EBF practice (Sabin et al., 2017). Similarly, Tangsuksan et al. (2020) found that lower income negatively affected EBF duration.

Ethnicity and place of residence were also investigated. One study conducted in Malaysia found that non-Malay working mothers were more likely to discontinue breastfeeding compared to Malay working mothers, but the author did not provide an explanation for this finding (Amine et al., 2011). In contrast, another Malaysian study found no association between Malay and non-Malay mothers regarding EBF (Muda et al., 2016). Regarding place of residence, Dachew & Bifftu (2014) found that working mothers in rural areas were more likely to continue EBF compared to their urban counterparts [AOR= 3.01; 95% CI 2.65, 3.84]. The distance between a mother's workplace and home was highlighted in three studies as a factor negatively impacting EBF duration (Chhetri et al., 2018; ILO, 2012; Kebede et al., 2020).

The variation in findings across these studies may be attributed to differences in personal, regional, and timeframe within each research context. These variations underscored the complexity of sociodemographic influences on EBF among working mothers.

3.6.2.1.2 Breastfeeding issues among working mothers

The influence of breastfeeding issues on EBF duration among working mothers was investigated in ten studies. Only one study reported no significant association between factors such as type of birth, insufficient breastmilk, and medication usage, and breastfeeding practices (Abou-ElWafa & El-Gilany, 2019).

Among the identified factors, insufficient breastmilk was the most commonly reported reason for stopping breastfeeding in eight studies (Al-Katufi et al., 2020; Chekol et al., 2017; Chhetri et al., 2018; Ersen et al., 2020; ILO, 2012; Jabari et al., 2015; Muda et al., 2016; Xuan & Nguyen, 2018). For example, 48% (Jabari et al., 2015), and 33.4% (Muda et al., 2016) of working mothers cited insufficient breastmilk as the primary reason for discontinuing breastfeeding. In addition, working mothers who believed that breastmilk did not adequately support their infants' weight compared to formula feeding were less likely to continue breastfeeding (Al-Katufi et al., 2020; Chhetri et al., 2018; Ersen et al., 2020). Although the included studies did not explicitly explore cultural influences, their findings may be linked to cultural beliefs, as many mothers perceive their breastmilk as insufficient for their infants, a pattern reported in other cultural studies on EBF (Hamidou et al., 2024; Hawley et al., 2015).

In addition, Al-Katufi et al. (2020), Jabari et al. (2015), and Muda et al. (2016) reported that long-term medication use, particularly drugs excreted in breastmilk, was cited by 7.5%, 8.9%, and 2.7% of mothers, respectively, as a reason to discontinue breastfeeding.

Other factors influencing breastfeeding duration were also identified. Mothers who had a normal birth were more likely to breastfeed exclusively compared to those who gave birth via caesarean section (Dachew & Bifftu, 2014). Additionally, Nkrumah (2016) found that infants who co-slept in their parents' beds were associated with longer EBF durations.

Similarly, multiparous working mothers were more likely to maintain EBF than primiparous working mothers (Chekol et al., 2017).

Breastfeeding difficulties, such as sore nipples and previous negative breastfeeding experiences, were negatively associated with breastfeeding among working mothers after returning to work (Al-Katufi et al., 2020). Furthermore, subsequent pregnancies were also found to be negatively associated with breastfeeding (Al-Katufi et al., 2020; Ersen et al., 2020).

3.6.2.1.3 Breastfeeding issues and infant related factors

The influence of breastfeeding issues and infant related-factors on the duration of breastfeeding among working mothers was examined in five studies. Key factors identified across these five studies included infants' refusal of breastmilk, infant gender, and concerns about infants not gaining sufficient weight Abou-ElWafa & El-Gilany, 2019; Chhetri et al., 2018; Ersen et al., 2020; Jabari et al., 2015; Muda et al., 2016). However, Abou-ElWafa et al.'s (2019) study found no association between these factors and breastfeeding duration.

Four cross-sectional studies, with sample sizes ranging from 137 to 615, reported that infants' refusal of breastmilk was significantly associated with breastfeeding duration (Chhetri et al., 2018; Ersen et al., 2020; Jabari et al., 2015; Muda et al., 2016). For example, infants' refusal of breastmilk was cited as a reason for early cessation of breastfeeding by 18.5%, and 29.8% of working mothers in two studies, respectively (Ersen et al., 2020; Muda et al., 2016).

Chhetri et al. (2018) reported a statistically significant association ($p=0.046$) between the gender of the newborn and EBF duration. The study found that 24.2% of baby girls received EBF, which was a higher proportion than baby boys. However, the study did not

specify the exact difference in likelihood between boys and girls but highlighted a notable trend favouring girls in receiving EBF. However, a contrasting finding emerged from an Egyptian study involving 633 working mothers, which found no significant association between infant gender and breastfeeding duration (Abou-ElWafa & El-Gilany, 2019).

These findings indicated that breastfeeding issues and infant related factors had varying impacts on breastfeeding duration among working mothers, with some factors being more significant in specific contexts.

3.6.2.1.4 Working mothers' knowledge, attitudes, behaviour, and beliefs

Twelve studies investigated and reported that mothers' knowledge about breastfeeding, in addition to their attitudes, behaviours, and beliefs were critical factors affecting working mothers' ability to continue EBF (Al-Katufi et al., 2020; Chekol et al., 2017; Dachew & Bifftu, 2014; Dun-Dery et al., 2016; Ersen et al., 2020; Febrianingtyas et al., 2019; Harirotul & Asis, 2017; Smith et al., 2017; Sulaiman et al., 2016; Tangsuksan et al., 2020; Tiyas et al., 2016; Xuan & Nguyen, 2018). The most significant factor identified was the lack of or inadequate knowledge about EBF and breastmilk expression, as reported in six studies (Chekol et al., 2017; Dachew & Bifftu, 2014; Febrianingtyas et al., 2019; Smith et al., 2017; Tangsuksan et al., 2020; Tiyas et al., 2016). A descriptive quantitative study in Saudi Arabia found that a lack of breastfeeding knowledge among mothers who were doctors significantly influenced their decision to discontinue breastfeeding (Al-Katufi et al., 2020). Similarly, a grounded theory study in Indonesia highlighted that working mothers with insufficient knowledge of expressing and storing breastmilk were less likely to exclusively breastfeed (Febrianingtyas et al., 2019). However, a cross-sectional study conducted in Ghana found no significant association between working mothers' knowledge of breastfeeding and the duration of EBF (Dun-Dery et al., 2016).

Lack of intention to initiate or continue breastfeeding was associated with shorter breastfeeding durations (Smith et al., 2017; Sulaiman et al., 2016; Tangsuksan et al., 2020). Conversely, antenatal breastfeeding intention was associated with a longer duration of EBF, as evidenced by a cross-sectional study in Ethiopia, where 35.9% of employed mothers exclusively breastfed for six months (Dachew & Bifftu, 2016). A mixed-methods study in Australia involving a small sample (n=34) reported that mothers' feeding choices and intention to continue breastfeeding were linked to breastfeeding practices, suggesting that some mothers had a preference for artificial feeding over breastfeeding (Smith et al., 2017).

Preplanning for breastfeeding and expressing/storing breastmilk during maternity leave was identified as another significant factor affecting EBF duration among working mothers. Two mixed-methods studies found that mothers who planned these practices were more likely to maintain EBF after returning to work early (Harirotul & Asis, 2017; Smith et al., 2017). However, these findings may have limited generalisability due to the small sample size in the Australian study (n=34) and the low EBF rate of 1.7% in the Malaysian study (Harirotul & Asis, 2017). Additionally, two studies highlighted a strong association between mothers' self-commitment and the continuation of breastfeeding (Dachew & Bifftu, 2016; Xuan & Nguyen, 2018).

Negative attitudes towards breastfeeding were another critical factor associated with its discontinuation. Two quantitative studies reported that working mothers with negative attitudes were more likely to stop EBF (Chekol et al., 2017; Tangsuksan et al., 2020). Furthermore, two recent studies identified a lack of confidence among working mothers as a barrier to continuing breastfeeding (Al-Katufi et al., 2020; Tangsuksan et al., 2020). One study conducted in Turkey (n=615) found that 2.3% of physician mothers chose to discontinue breastfeeding based on their personal judgment, believing that they had

breastfed for long enough and that it was sufficient for their infants' needs (Ersen et al., 2020). This finding highlights how some mothers independently decided when to stop breastfeeding, driven by their own perceptions of adequacy, rather than due to external factors such as workplace challenges or milk supply issues.

3.6.2.1.5 Social support and cultural factors

The influence of family, husband, parents, and childcare support on EBF practices among working mothers was assessed in 13 studies. While three studies reported no significant association between social support and EBF (Chekol et al., 2017; Harirotul & Asis, 2017; Tangsuksan et al., 2020), others found a notable impact. A lack of family support was significantly associated with lower rates of EBF among working mothers in eight studies (Dachew & Biftu, 2014; Desmond et al., 2016; ILO, 2012; Mazengia & Demissie, 2020; Nkrumah, 2016; Smith et al., 2017; Tiya et al., 2016; Xuan & Nguyen, 2018). For example, working mothers who received good support from their families were better able to balance work responsibilities with the practice of EBF (Abekah-Nkrumah et al., 2020). Similarly, working mothers who had family support were more likely to continue breastfeeding compared to those who lacked such support (AOR= 2.1, 95% CI 1.2-3.6; P= 0.005) (Gebrekidan et al., 2021). Working mothers who lacked support from their husbands for EBF were significantly less likely to practice EBF for the recommended duration compared to those who received spousal support (AOR= 0.26, 95% CI 0.14-0.47) (Mazengia et al., 2020).

In addition, a cohort study conducted in Hong Kong found that childcare provided by grandparents or paid domestic helpers reduced EBF rates (Bai et al., 2015). The authors suggested that non-parental caregivers might prefer formula feeding due to convenience. Conversely, a mixed-methods study in Malaysia contradicted Bai et al.'s (2015) findings, when it reported that grandparents and domestic helpers supported participants to

continue EBF; this finding could be due to the low percentages of EBF among study participants (1.7%) (Harirotul & Asis, 2017). Moreover, in Ethiopia, a cross-sectional study found that working mothers without social support were 3.5 times more likely to exclusively breastfeed than those with social support (AOR= 3.46, 95% CI 1.78, 6.72) (Chekol et al., 2017). The authors suggested that mothers with social support were more likely to arrange childcare to return to work, making EBF more challenging (Chekol et al., 2017). In contrast, those without social support may have had to stay home with their infants, enabling them to continue EBF (Chekol et al., 2017), highlighting the role of social support in shaping EBF practices within different contexts. Contrary to all previous studies, a recent retrospective case-control study found no significant association between family support and EBF (Tangsuksan et al., 2020).

Cultural factors influencing EBF were examined in two studies included in this review. In Ireland, a qualitative study of 15 working mothers identified cultural attitudes toward breastfeeding as a reason for discontinuing breastfeeding (Desmond et al., 2016). In Saudi Arabia, a cross-sectional study involving 260 healthcare workers found that 38% of participants reported feeling embarrassed to breastfeed in front of others, which they cited as a potential barrier to continuing breastfeeding (Al-Katufi et al., 2020).

To conclude, several non-work-related factors influence working mothers' decisions to continue breastfeeding after returning to work. However, these findings were derived from a limited number of studies with relatively small sample sizes. Ultimately, all these studies emphasise that social supports and work-related factors were the primary reasons for the discontinuation of breastfeeding among working mothers.

3.6.2.2 Work-related factors (19 studies)

This review identified varying findings on the work-related factors influencing breastfeeding duration among working mothers. Table 8 highlights mixed findings regarding work-related factors such as the type of employer (government vs. private), employment status (full-time vs. part-time), and profession (midwives, doctors, bankers, clerical, and professional workers). Additionally, work characteristics, including long hours, fixed schedules, and work-related stress or overload, also showed varying impacts on breastfeeding as illustrated in Table 8.

Table 8: Work-related factors among working mothers.

No	Author, year, design	Location	Sample size	Work characteristics	Type of employer, employment status, and profession
1	Amin et al. (2011), (CSS)	Malaysia	290	Not INFL	INFL
2	ILO (2012), (Booklet)	Global	-	INFL	
3	Dachew & Biftu (2014), (CSS)	Ethiopia	178	INFL	INFL
4	Aikawa et al. (2015), (CSS)	Thailand	84		Not INFL
5	Bai et al. (2015), (Cohort)	Hong Kong	1783	INFL	
6	Jabari et al. (2015), (Descriptive Quant.)	Saudi Arabia	518	INFL	
7	Muda et al. (2016), (CSS)	Malaysia	152	No INFL	No INFL
8	Nkrumah (2016), (CSS + Qual)	Ghana	260+35		INFL
9	Soomro et al. (2016), (CSS)	Pakistan	594		INFL
10	Sulaiman et al. (2016), (Qual)	Malaysia	40		INFL
11	Sabin et al. (2017), (CSS)	Pakistan	400	INFL	INFL
12	Harirotul & Asis (2017), (Mixed methods)	Malaysia	471+15	INFL	INFL
13	Smith et al. (2017), (Mixed methods)	Australia	34	INFL	
14	Chhetri et al. (2018), (CSS)	India	137	INFL	
15	Abou-ElWafa & El-Gilany (2019), (CSS)	Egypt	633		INFL
16	Chen et al. (2019), (Mixed methods)	China	9725+84	INFL	No INFL
17	Al-Katufi et al. (2020), (CSS)	Saudi Arabia	260		INFL
18	Kebede et al. (2020), (CSS)	Ethiopia	313	INFL	INFL
19	Tangsuksan et al. (2020), (Retrospective case-control)	Thailand	285	INFL	INFL

CSS; Cross-sectional studies **Quant**; Quantitative **Qual**; Qualitative **INFL**; Influence **No INFL**; No Influence

3.6.2.2.1 Work characteristics

The influence of work characteristics on the duration of EBF among working mothers was investigated in 13 quantitative studies. Most of these studies (n=11) reported that

long working hours, fixed working schedules, and work stress or overload negatively impacted breastfeeding duration (Bai et al., 2015; Chen et al., 2019; Chhetri et al., 2018; Dachew & Bifftu, 2014; Harirotul & Asis, 2017; ILO, 2012; Jabari et al., 2015; Kebede et al., 2019; Sabin et al., 2017; Smith et al., 2017; Tangsuksan et al., 2020). However, two studies found no significant association between work characteristics and breastfeeding duration at six months (Amin et al., 2011; Muda et al., 2016).

Inflexible working schedules were significantly associated with early cessation of breastfeeding as highlighted in three studies (Dachew & Bifftu, 2014; ILO, 2012; Jabari et al., 2015; Kebede et al., 2019; Smith et al., 2017). Similarly, two studies reported that long working hours negatively impacted EBF rates (Sabin et al., 2017; Tangsuksan et al., 2020). Conversely, three studies found that mothers with flexible or shorter working hours were more likely to continue EBF for longer durations (Bai et al., 2015; Harirotul & Asis, 2017; Tangsuksan et al., 2020). In contrast, two Malaysian studies reported no significant association between working schedules and early cessation of breastfeeding (Amin et al., 2011; Muda et al., 2016).

Other factors that negatively impacted the EBF rate were heavy workload, work stress, and shift work. Two studies found that work overload and stress were significantly associated with early discontinuation of EBF (Chen et al., 2019; Chhetri et al., 2018). One study reported that night shift work enabled some working mothers to continue EBF for more than six months (Chhetri et al., 2018); possibly due to better alignment with feeding schedules.

3.6.2.2.2 Type of employer, employment status, and profession

The influence of employers, employment status, and professional roles on breastfeeding practices were explored in 14 studies. Two quantitative studies conducted in Malaysia

found that mothers employed in the government sector were more likely to continue breastfeeding for six months compared to those working in the private sector (Amin et al., 2011; Harirotul & Asis, 2017). Conversely, another Malaysian study reported no significant association between the type of employer and EBF duration (Muda et al., 2016).

In Ethiopia, a cross-sectional study by Kebede et al. (2020) found that private-sector employment was associated with early cessation of EBF, while in Thailand, a retrospective case-control study by Tangsuksan et al. (2020) reported that government-sector employment was linked to higher EBF rates at six months. Furthermore, two studies found that breastfeeding rates were significantly higher among mothers in the informal sector (self-employed) compared to those in the formal sector, including government employment (Abou-ElWafa & El-Gilany, 2019; Nkrumah, 2016). However, Chen et al. (2019) found no statistically significant association between formal or informal sector employment and breastfeeding duration.

Three studies highlighted that full-time work negatively impacted breastfeeding duration at six months compared to part-time work (Al-Katufi et al., 2020; ILO, 2012; Muda et al., 2016). A qualitative study conducted by Sulaiman et al. (2016) reported that work status was partially associated with EBF, while another quantitative study found no significant association between full-time or part-time work and breastfeeding duration (Aikawa et al., 2015).

Other employment-related factors also influenced breastfeeding duration. One study found that fixed work assignments were associated with the early cessation of breastfeeding (Soomro et al., 2016). Another study reported that mothers who worked in the same job for over five years were more likely to continue EBF compared to those who had been employed for less than one year (Harirotul & Asis, 2017).

The relationship between EBF and professional roles was examined in three studies. Dachew & Bifftu (2014) found that midwives were more likely to exclusively breastfeed than nurses upon returning to work. Another study reported lower EBF rates among doctors and bankers compared to nurses and teachers (Sabin et al., 2017). Similarly, clerical workers were more likely to practice EBF than professional mothers, as documented by Harirotul & Asis (2017).

Collectively, these findings demonstrate that employment characteristics, such as type of employer, work sector, job stability, and work schedule, influenced breastfeeding duration. However, the findings in this section were mixed regarding their impact on EBF. Some studies reported a negative impact, indicating that private-sector employment, unstable work schedules, or long working hours contributed to early cessation of EBF. In contrast, other studies found a positive association, particularly when mothers worked in stable environments with supportive policies, such as the public sector, where EBF rates were higher. The next sub-category highlights workplace breastfeeding policies and facilities, which emerged as the most significant factor influencing EBF duration, as reported by the majority of studies included in this review.

3.6.2.3 Workplace breastfeeding support, facilities, policies, and legislations related factors (31 studies)

Workplace breastfeeding support encompassed various factors such as maternity, paternity, and breastfeeding leave, as well as access to breastfeeding facilities and breastfeeding breaks. It also included breastfeeding education programmes and support from employers and colleagues (see Table 9). All these factors affected the duration of breastfeeding, however maternity leave and lack of breastfeeding facilities in the workplace were the most influential factors influencing working mothers to discontinue EBF in most of the included studies.

Table 9: Work supports, policies, and facilities related factors among working mothers.

No	Author, year, design	Location	Sample size	Maternity leave	Paternity leave	BF leave	BF facilities	BF breaks	BF education programme	Employers & employees' support
1	Chuang et al. (2010), (Longitudinal)	Taiwan	20,172	INFL						
2	Amin et al. (2011), (CSS)	Malaysia	290	No INFL	INFL		INFL	INFL		
3	ILO (2012), (Booklet)	Global	-	INFL			INFL	INFL	Could INFL	INFL
4	Heymann et al. (2013), (CSS)	Global	182 nations			INFL		INFL		
5	Hirani et al. (2013), (Qual)	Pakistan	9				INFL	INFL		INFL
6	Dachew & Biftu (2014), (CSS)	Ethiopia	178	INFL			INFL			
7	Aikawa et al. (2015), (CSS)	Thailand	84	INFL						
8	Bai et al. (2015), (Cohort)	Hong Kong	1783	INFL						
9	Jabari et al. (2015), (Descriptive Quant.)	Saudi Arabia	518				INFL	INFL		
10	Alhabas (2016), (CSS)	Saudi Arabia	210				INFL	INFL		
11	Desmond et al. (2016), (Qual)	Ireland	16	INFL			INFL	INFL		
12	Dun-Dery et al. (2016), (CSS)	Ghana	369	INFL			INFL	INFL		INFL
13	Tiyas et al. (2016), (Qual)	Indonesia	9	INFL			INFL	INFL		
14	Muda et al. (2016), (CSS)	Malaysia	152	INFL			INFL			
15	Soomro et al. (2016), (CSS)	Pakistan	594				INFL	INFL		
16	Sulaiman et al. (2016), (Qual)	Malaysia	40				INFL			
17	Sabin et al. (2017), (CSS)	Pakistan	400				INFL			INFL
18	Harirotul & Asis (2017), (Mixed methods)	Malaysia	471+15	No INFL			INFL	INFL		INFL
19	Smith et al. (2017), (Mixed methods)	Australia	34	INFL		INFL		INFL		INFL
20	Chhetri et al. (2018), (CSS)	India	137	INFL			INFL	INFL		
21	Xuan & Nguyen (2018), (Qual)	Vietnam	10	INFL				INFL		
22	Abou-ElWafa & El-Gilany (2019), (CSS)	Egypt	633	INFL			INFL			
23	Chen et al. (2019), (Mixed methods)	China	9725+84				INFL			
24	Febrianingtyas et al. (2019), (Qual)	Indonesia	18	INFL			INFL			INFL
25	Al-Katufi et al. (2020), (CSS)	Saudi Arabia	260	INFL			INFL	INFL		
26	Kebede et al. (2020), (CSS)	Ethiopia	313	INFL			INFL	INFL		INFL
27	Tangsuksan et al. (2020), (Retrospective case-control)	Thailand	285	INFL			INFL			INFL
28	Ersen et al. (2020), (Prospective CSS)	Turkey	615				No INFL			INFL
29	Abekah-Nkrumah et al. (2020), (Qual)	Ghana	20	INFL				INFL		
30	Mazengia & Demissie (2020), (CSS)	Ethiopia	429	INFL						
31	Gebrekidan et al. (2021, a & b), (CSS + Qual)	Ethiopia	429+20	INFL		INFL	INFL			

CSS ; Cross-sectional studies **Quant**; Quantitative **Qual**; Qualitative **INFL**; Influence **No INFL**; No Influence

3.6.2.3.1 Maternity, paternity, and breastfeeding leave duration

Eighteen papers reported that short maternity leave entitlements for working mothers of less than two to four months, was strongly associated with the early cessation of breastfeeding (Abekah-Nkrumah et al., 2020; Abou-Elwafa & El-Gilany, 2019; Aikawa et al., 2015; Al-Katufi et al., 2020; Bai et al., 2015; Chhetri et al., 2018; Chuang et al., 2010; Dachew & Bifftu, 2014; Desmond et al., 2016; Dun-Dery et al., 2016; Febrianingtyas et al., 2019; Gebrekidan et al., 2021; ILO, 2012; Kebede et al., 2020; Mazengia & Demissie, 2020; Muda et al., 2016; Smith et al., 2017; Tangsuksan et al., 2020; Tiyas et al., 2016; Xuan & Nguyen, 2018). These studies highlighted that longer durations of maternity leave were positively associated with prolonged breastfeeding duration (Aikawa et al., 2015; Chuang et al., 2010; Mazengia & Demissie, 2020). In contrast, two Malaysian studies reported no significant association between the duration of maternity leave and breastfeeding rates, as few working mothers completed EBF for six months (Amin et al., 2011, Harirotul & Asis, 2017).

Paternity leave, a provision in labour laws for most countries included in this review, was notably absent in two countries, Egypt and Ghana (ILO, 2014). Paternity leave was investigated in only one study (Amin et al., 2011), which found no association between paternity leave and breastfeeding rate duration.

Breastfeeding leave was examined in only three studies. A global review reported that six months of paid breastfeeding leave was significantly associated with a 41% increase in EBF rates among working mothers across 182 United Nations member countries (Heyman et al., 2013). In Malaysia, Muda et al. (2016) identified the absence of a breastfeeding leave policy as a contributing factor to low EBF rates. Similarly, in Australia, the lack of paid breastfeeding leave was associated with reduced rates of breastfeeding, as reported by Smith et al. (2017).

3.6.2.3.2 Breastfeeding facilities at the workplace

The availability of breastfeeding facilities, such as lactation rooms and refrigerators, was significantly associated with EBF practices, as reported in 21 studies included in this review. These studies identified a lack of workplace breastfeeding facilities, including private rooms and refrigerators, as a major factor leading to the discontinuation of EBF (Abekah-Nkrumah et al., 2020; Abou-Elwafa & El-Gilany, 2019; Alhabas, 2016; Al-Katufi et al., 2020; Amin et al., 2011; Chen et al., 2019; Chhetri et al., 2018; Dachew & Bifftu, 2014; Desmond et al., 2016; Dun-Dery et al., 2016; Febrianingtyas et al., 2019; Gebrekidan et al., 2021; Harirotul & Asis, 2017; Hirani & Karmaliani, 2013; ILO, 2012; Jabari et al., 2015; Kebede et al., 2020; Muda et al., 2016; Soomro et al., 2016; Suliman et al., 2016; Tangsuksan et al., 2020; Tiya et al., 2016). In contrast, a Turkish study by Ersen et al. (2020) found no significant relationship between the total length of breastfeeding and the availability of suitable facilities for expressing milk at the workplace ($Z = -0.436$, $p = 0.663$).

Another factor that impacted breastfeeding duration was access to breastmilk expression equipment. One study found that working mothers who had access to breastmilk expression equipment or the ability to borrow such equipment were able to exclusively breastfeed for a longer period (Gebrekidan et al., 2021).

Additional factors negatively impacting EBF included the absence of child day-care facilities and policies allowing working mothers to bring their infants to work. Six studies found that the unavailability of nursery or childcare facilities at or near the workplace was significantly associated with the discontinuation of EBF (Abekah-Nkrumah et al., 2020; Dachew & Bifftu, 2016; Harirotul & Asis, 2017; Muda et al., 2016; Sabin et al., 2017; Soomro et al., 2016).

One Saudi study highlighted the lack of regulations to support working mothers in bringing their children to the workplace for breastfeeding, further contributing to low rates of breastfeeding (Jabari et al., 2015).

3.6.2.3.3 Breastfeeding breaks and education programmes at workplace

Nineteen academic papers examined the relationship between breastfeeding breaks at the workplace and breastfeeding duration. Nine studies reported that a lack of designated time to breastfeed or express breastmilk at work was significantly associated with the early discontinuation of EBF (Alhabas, 2016; Al-Katufi et al., 2020; Chhetri et al., 2018; Dachew & Biftu, 2016; Desmond et al., 2016; Harirotul & Asis, 2017; Kebede et al., 2020; Tiyas et al., 2016; Xuan & Nguyen, 2018).

One Saudi study, conducted by Alhabas (2016), uniquely assessed mothers' awareness of workplace breastfeeding break policies. This found that despite the availability of policy supporting breastfeeding breaks during working hours, working mothers were largely unaware of their existence (Alhabas, 2016).

Eight studies identified inflexible or inadequate breastfeeding breaks as a significant barrier to the continuation of breastfeeding, with reduced durations linked to insufficient time to breastfeed or express breastmilk (Amin et al., 2011; Dun-Dery et al., 2016; Febrianingtyas et al., 2019; ILO, 2012; Jabari et al., 2015; Smith et al., 2017; Soomro et al., 2016).

A global review highlighted that those countries with legislation supporting breastfeeding breaks at work demonstrated higher rates of EBF (Heyman et al., 2013). This finding was supported by a recent study that reported working mothers who had frequent breastfeeding breaks were more likely to continue EBF for the recommended duration (Gebrekidan et al., 2021).

None of the studies included in this review investigated breastfeeding support programmes provided by employers. A lack of evaluations of workplace breastfeeding support programmes in the included studies may suggest that such programmes are limited or rarely implemented in practice. Another possible reason is the research gap; studies may focus more on maternity leave policies, lactation breaks, or childcare facilities rather than educational programmes, which may not exist, are often underfunded or less visible interventions. This gap highlights a critical need for further research and programme evaluations, as emphasised by the International Labour Organisation (ILO, 2012), which noted that workplace breastfeeding education programmes can significantly improve EBF practices among working mothers.

3.6.2.3.4 Employer and employee support

Ten studies investigated the association between employer and colleague support and EBF. Six studies identified a significant positive relationship, indicating that employer and colleague support was strongly associated with the continuation of EBF (Dun-Dery et al., 2016; Ersen et al., 2020; Harirotul & Asis, 2017; Hirani & Karmaliani, 2013; ILO, 2012; Sabin et al., 2017; Smith et al., 2017).

Two studies reported that a lack of support from employers or supervisors was linked to the early discontinuation of EBF (Kebede et al., 2020; Tangsuksan et al., 2020). Additionally, one grounded theory study highlighted the connection between insufficient workplace support for expressing breastmilk and lower EBF rates among working mothers (Febrianingtyas et al., 2019).

Overall, all these findings underscore the critical role of workplace breastfeeding support and facilities policies in enabling working mothers to maintain EBF after returning to

work. A lack of such support poses significant barriers to continue EBF at recommended age.

3.7 Discussion

This review of 34 empirical papers examined the continuation of breastfeeding among working mothers. It summarised breastfeeding rates, and its definitions, and key factors influencing breastfeeding duration, including work-related, non-work-related factors, and workplace supports, policies, and facilities.

Many working mothers did not continue EBF for the recommended duration due to various factors. In most included studies, EBF rates among working mothers were lower than national rates (refer to Table 6). Beyond the limitations of WHO data (refer to Section 3.6.1), an analysis of WHO breastfeeding data revealed that some countries, including Saudi Arabia, the UK, Ireland, Australia, and China, lacked official national data on EBF rates at six months (Layte & McCrory, 2014; MOH, 2018; WHO, 2019). Additionally, the most recent WHO data on EBF rates for countries such as Indonesia, Ghana, Ethiopia, and Egypt was last updated between 2009 and 2014, while in Malaysia, the latest available data dated back to 1996 (WHO, 2019). Moreover, most studies did not clarify whether EBF rates were measured at birth, during maternity leave, or upon returning to work, making it difficult to assess the impact of returning to work on EBF continuation.

This review found mixed findings on factors influencing EBF among working mothers, presented in Section 3.6.2. The inconsistencies in findings were attributed to the high heterogeneity of the studies, including variations in the data collected, differing methodologies, and diverse economic contexts of the countries where the research was conducted. Additionally, many of these studies had limitations, such as being cross-

sectional with small sample sizes, which may have further contributed to the variance in findings.

For non-work-related factors, in common with other studies of all breastfeeding mothers (Al Juid et al., 2014; Cohen et al., 2018; Habibi et al., 2018; Primo et al., 2016; Yuzugullu et al., 2019), the studies included in this review found that working mothers' education level and perceived insufficient breastmilk were the most common factors influencing breastfeeding duration (Bai et al., 2015; Chhetri et al., 2018; Kebede et al., 2020; Tangsuksan et al., 2020; Tiya et al., 2016). The review noted none of those studies explain the reason why working mothers believe that their breastmilk isn't enough, leaving a gap in understanding the underlying reasons. This review also found that medication usage among breastfeeding mothers was as a reason for stopping EBF (Al-Katufi et al., 2020; Jabari et al., 2015; Muda et al., 2016). None of these studies asked working mothers about the type of medication they took if they had any chronic illness during the breastfeeding period. This gap highlighted the need for more detailed research on how medication and health conditions influenced breastfeeding decisions. Although non-work-related factors were valuable in understanding breastfeeding practices, they were not identified as the primary reasons for discontinuing EBF after returning to work. Instead, they were considered secondary factors alongside work-related influences. The majority of studies indicated that work-related factors were the main reasons for stopping EBF among working mothers. However, these studies did not clarify whether these factors had a direct impact on breastfeeding after returning to work or whether they affected breastfeeding from birth until the return to work following maternity leave.

In terms of work-related factors, there were varied findings on the influence of work characteristics, employer type, employment status, and profession on EBF among working mothers. This variation made it difficult to determine the impact of work patterns

or length of workdays on breastfeeding continuation. However, long working hours, fixed schedules, and work stress or overload were frequently cited in studies as common factors negatively affecting the continuation of breastfeeding. Only three studies clarified the working hours per day (Bai et al., 2015; Sabin et al., 2017; Tangsuksan et al., 2020), making it challenging to draw firm conclusions on the length on detrimental working hours.

Maternity leave and lack of breastfeeding facilities at the workplace were however significant factors leading to early discontinuation of EBF, indicating a need for more comprehensive workplace interventions (refer to Table 9). The findings related to maternity leave and its impact on the discontinuation of EBF highlighted the complexities of different contexts. For example, in Ireland, the association between unpaid extra maternity leave and the discontinuation of EBF suggested that financial pressures may influence breastfeeding decisions (Desmond et al., 2016). Similarly, in China, shorter periods of paid maternity leave were linked to the discontinuation of EBF (Chen et al., 2019). These examples illustrated how economic and political differences can affect breastfeeding outcomes. However, interpreting these findings was challenging due to a lack of clarity in some studies. For instance, only two studies clarified if the maternity leave was paid or unpaid (Chen et al., 2019; Desmond et al., 2016). Additionally, Amin et al. (2011) did not specify whether paternity leave was paid, and Smith et al. (2017) did not clarify whether breastfeeding leave was different from maternity leave. This ambiguity made it difficult to draw consistent conclusions across different contexts. Moreover, paternity leave was investigated in only one study (Amin et al., 2011), which found no association between paternity leave and breastfeeding duration. Hence, future studies are needed to better understand whether and how paternity leave influences breastfeeding outcomes.

Breastfeeding breaks significantly impacted breastfeeding duration among working mothers. However, most studies did not report an assessment of working mothers' awareness about the policy of daily breastfeeding breaks, except for one Saudi study (Alhabas, 2016). In addition, none of studies disclosed the number of daily breastfeeding breaks allowed to working mothers by their employers.

None of the included studies examined the impact of workplace breastfeeding education programmes; and none were found during the systematic literature search. However, the International Labour Organisation suggested that workplace breastfeeding programmes could enhance EBF practice among working mothers (ILO, 2012). A review by Hilliard (2017), which examined the effect of breastfeeding accommodation and education programmes in the UK, found that breastfeeding education programmes and lactation consultation services were more positively associated with six-month EBF than facilities such as private rooms, lactation breaks, and refrigerators. This highlights the need for future studies to explore these aspects of workplace support, address the gaps in the limited published research on this topic.

Although both quantitative and qualitative studies were included in this review, the majority of the existing literature on EBF among working mothers has employed quantitative methodologies, often relying on cross-sectional designs and self-reported data. Only a small number of studies adopted qualitative or mixed-methods approaches. These qualitative studies typically used descriptive or thematic analysis and did not deeply examine the emotional or psychological experiences of working mothers attempting to continue EBF after returning to work. As a result, the literature provides only limited insight into how they navigate identity, guilt, social pressures, and emotional stress. This points to a significant methodological gap in the current body of knowledge.

Additionally, most studies included in this review were conducted in upper- and lower-middle-income countries, where workplace breastfeeding policies vary significantly compared to both high- and low-income countries, such as Saudi Arabia. However, this review identified limited existing research on EBF among working mothers in Saudi Arabia, despite global evidence on workplace challenges affecting EBF continuation. Only three studies were conducted in Saudi Arabia (Alhabas, 2016; Al-Katufi et al., 2020; Jabari et al., 2015), all of which focused on general breastfeeding patterns and non-work-related factors using quantitative methods. These studies did not explore the lived experiences of working mothers who attempt to continue EBF after returning to work, leaving a critical contextual gap in the Saudi setting.

Furthermore, the findings from these Saudi studies were not generalisable due to small sample sizes, single workplace settings, and geographic limitations (restricted to Riyadh and Al-Hasa). No studies were conducted in the Western region of Saudi Arabia, limiting a broader understanding of EBF challenges faced by working mothers across different work sectors, cultural expectations, and employment conditions. Key workplace-related variables, such as breastfeeding breaks (Al-Katufi et al., 2020; Jabari et al., 2015), maternity leave policies (Alhabas, 2016; Jabari et al., 2015), employer type, paternity leave, and workplace breastfeeding education programmes, were also not explored, further highlighting major research gaps.

Due to these unaddressed issues, this study aimed to expand the understanding of EBF experiences by focusing specifically on working mothers in Saudi Arabia who intended to continue EBF after returning to work. Unlike previous quantitative studies that adopted positivistic approaches, this study seeks to explore the real-life experiences and decision-making processes of Saudi working mothers through a qualitative lens. While existing

research provides valuable insights, questions remain regarding the lived experiences of these mothers, which this study seeks to address.

3.8 Summary

This review identified key factors influencing the continuation of EBF among working mothers, emphasising the limited number of global and Saudi studies on the subject. Most existing research relied on cross-sectional designs with small sample sizes, limiting depth and generalisability, and highlighting the need for more qualitative and mixed-method studies to provide deeper insights. Additionally, the review found inconsistencies in the definition and classification of EBF, limiting comparability across studies. To improve the reliability of EBF assessments, future research should adopt standardised definitions.

Among the most frequently cited barriers were short maternity leave and the lack of workplace breastfeeding facilities, both of which remained significant obstacles across different cultural and policy contexts. The overall existing literature is dominated by quantitative studies, with limited qualitative failed to investigate for example the emotional and psychological aspects of EBF among working mothers, particularly within unique cultural environments such as Saudi Arabia.

Notably, this review revealed a significant gap in qualitative research conducted in Saudi Arabia. Only a few studies explored breastfeeding in this context, and all used quantitative methods focused on general patterns rather than lived experience. No existing research was found that examined how working mothers in Saudi Arabia make sense of continuing EBF after returning to work, despite clear evidence that workplace conditions may impact breastfeeding behaviours. Addressing this gap is crucial to developing a more comprehensive and contextually grounded understanding of the challenges and facilitators of EBF.

This study aimed to address these gaps by being the first to qualitatively investigate how mothers make sense of their experiences balancing EBF with work after paid maternity leave, and specifically in Saudi Arabia. This context-specific, emotionally rich, and methodologically original focus marks a meaningful contribution to the existing literature. This chapter informed the next, which explores a range of qualitative methodologies to determine the most appropriate approach for this study.

The next chapter outlines the methodological and philosophical approach for undertaking this research, and the procedures followed to conduct an interpretative phenomenological analysis (IPA) study.

CHAPTER 4: METHODOLOGY

4.1 Introduction

This chapter presents the methodological approach used to explore the lived experiences of Saudi working mothers who intended to continue EBF after returning to work following paid maternity leave. Crotty's (1998) framework was used to identify the most suitable study design for this research. The chapter provides a comprehensive and coherent overview of the methodological choices and research processes, establishing a strong foundation for the research methods and subsequent chapters.

4.2 Research question, aim, and objectives

Crotty (1998) asserts that the first step in any research process is to clearly define its purpose and research questions, as these shape the alignment between philosophical assumptions and methodological choices. The aim of the study was to explore the lived experiences of working mothers in Saudi Arabia who intended to continue EBF after returning to work following paid maternity leave, reflecting a focus on individual meaning-making and shared individual experiences.

The study was guided by the following central question: What are the lived experiences of working mothers who intended to continue EBF after returning to work in Saudi Arabia?

This question emerged from a critical review of the literature (Chapter Two), which highlighted the complexities of balancing work and breastfeeding. It sought to capture both individual narratives and collective patterns of experience, aligning with a qualitative approach. The study objectives were:

- To understand the meaning of the individual experiences of working mothers who intended to continue EBF upon the return to their work following paid maternity leave in Saudi Arabia,
- To develop a collective understanding of the shared patterns that emerged from the individual experiences of working mothers who are EBF on their return to work following paid maternity leave in Saudi Arabia.
- To understand the influences on working mothers' decision-making to either continue or not exclusively breastfeeding their infants once they returned to their work.
- To explore the mothers' lived experiences about the challenges and facilitators to EBF once they returned to their work.

4.3 Research paradigms and designs

This section outlines the research paradigm and design using Crotty's (1998) framework, which offers a systematic approach to linking philosophical assumptions with methodological choices. Variations in philosophical assumptions, shaped by epistemological, ontological, and methodological beliefs (Creswell, 2014; Cropley, 2023; Guba & Lincoln, 2005), inform every aspect of the research process, from question formulation to data interpretation. Crotty (1998) and others argues that rigorous research demands coherence between epistemology, theoretical perspective, methodology, and methods, ensuring alignment between research aims and methodological choices (Creswell, 2014; Rajasinghe et al., 2024).

The following sections critically examine each element of Crotty's framework, demonstrating how they collectively informed the decision to employ IPA as the methodology for investigating the lived experiences of Saudi working mothers who intended to continue EBF after returning to work.

4.3.1 Epistemology (Constructivism and Subjectivism)

Epistemology, which concerns how knowledge is acquired and understood, shapes the researcher's approach to inquiry (Cohen et al, 2018; Creswell & Poth, 2018; Crotty, 1998). Crotty identifies three types of epistemology; objectivism, subjectivism, and constructivism, with this study adopting subjectivism and constructivism to align with its aim of exploring how Saudi working mothers construct their experiences of EBF after returning to work.

Constructivism posits that knowledge emerges through individual experiences, shaped by interactions with surroundings rather than being discovered (Creswell & Poth, 2018; Crotty, 1998; Given, 2008; Guba & Lincoln, 1989). It underpins the study's exploration of how working mothers understand and construct their realities of EBF not only through their lived personal experiences but also situates these experiences within the broader social, cultural, and workplace contexts that shape their decisions. It also guides the analysis, where meanings are interpreted as context-specific rather than universal.

Subjectivism contends that reality is created and discovered through individual experiences (Guba & Lincoln, 1994; Levers, 2013; Scotland, 2012). In this study a subjectivist stance justified focusing on working mothers' personal accounts, acknowledging that their experiences of EBF after returning to work are shaped by their own interpretations. Additionally, it focuses on meaning-making through personal experiences and the interaction between researcher and participant during interview process (Cresswell & Poth, 2018; Crotty, 1998; Guba & Lincoln, 2005). This perspective underpins the study's objective of capturing individual working mothers' unique interpretations of their EBF journeys, highlighting how different factors may influence each working mother's decision to continue or discontinue EBF after returning to work.

Together, subjectivism and constructivism as epistemological stances support the assertion that EBF experiences are subjective and constructed, influenced by multiple internal and external factors. This approach rejects the pursuit of universal truths, instead embraces context-specific insights that reflect participants' realities (Crotty, 1998; Guba & Lincoln, 1989; Scotland, 2012). It also reinforces the study's qualitative orientation, which prioritises depth and complexity over generalisability, consistent with its constructivist/ interpretivist paradigm (Guba & Lincoln, 1989; Merriam & Tisdell, 2016). Ultimately, this dual epistemological position guides the exploration of how individual experiences and shared patterns emerge, supporting the study's aim of understanding the lived experiences it sought to explore. It also ensures that the study's findings remain grounded in participants' realities while highlighting various influences specific to Saudi context.

4.3.2 Ontology (Relativism)

While Crotty embeds ontology within the theoretical perspective or epistemology, this study highlights ontology separately to enhance transparency. Ontology, concerning the nature of reality, is inherently shaped by the study's epistemological stance (Creswell & Poth, 2018; Crotty, 1998; Levers, 2013). Realism and relativism being two widely recognised perspectives, which realism asserts that reality exists independently of human perception, whereas relativism, as proposed by constructivism/ interpretivism, holds that reality is shaped by human experiences, interpretations, and interactions with the world (Creswell & Poth, 2018; Crotty, 1998; Guba & Lincoln, 1994; Levers, 2013; Ramanan, 2018).

Relativism as an ontological position underpins this study by highlighting the presence of multiple, equally valid realities (Creswell & Poth, 2018; Scotland, 2012; Siegel, 1987),

and facilitating exploration of the individual and subjective lived experiences of working mothers regarding EBF. Constructivism emphasises the active role of individuals in shaping their realities through interactions within personal, social, and workplace environments. This combined ontological and epistemological perspective aligns with the belief that each working mother constructs her own reality based on her unique experiences. So, the reality of experiences, barriers and facilitators to EBF is relative and dependent on working mothers' everyday lived experience and the context in which they exist. This perspective reinforces the study's objective of understanding individual experiences and exploring the collective meanings that emerged, aligning seamlessly with the objectives.

Together, constructivism, subjectivism, and relativism form a cohesive philosophical foundation for this study, supporting both the individual uniqueness and collective themes of working mothers' experiences of EBF.

4.3.3 Theoretical perspectives (Phenomenology—Interpretivism)

Theoretical perspectives provide the philosophical stance that underpins the research methodology, guiding how knowledge is interpreted and understood (Crotty, 1998). This study adopts interpretivism, specifically phenomenology, as its theoretical perspective.

Interpretivism, a central perspective within qualitative research, emphasises understanding the subjective meanings individuals assign to their experiences within their social and cultural contexts (Junjie & Yingxin, 2022; Levers, 2013; Ryan, 2018; Scotland, 2012). Rooted in Weber's (1947) concept of *Verstehen*, which highlights the connection between understanding and interpretation, interpretivism acknowledges the researcher's role in co-constructing meaning through interactive dialogue with participants to gain deeper insights (Howell, 2016). Interpretivism aligns with both constructivism and

subjectivism because it asserts that reality is socially constructed, subjective, and context-dependent, rejecting the positivist notion of objective truth (Creswell & Poth, 2018; Guba and Lincoln, 1994; Scotland, 2012). It focuses on understanding lived experiences and how individuals interpret their world, aligning with phenomenological research (Guba & Lincoln, 1994). Within this framework, meanings are fluid and formed through social interactions and environmental influences (Guba & Lincoln, 1994; Scotland, 2012). In the context of EBF, the experiences of Saudi working mothers returning to work cannot be understood in isolation but must be examined within the relational and structural realities they navigate. Since each working mother constructs her own EBF reality, interpretivism allows for a deeper exploration of the personal and collective meanings assigned to EBF, recognising the impact of any barriers and facilitators.

Phenomenology, as a branch of the interpretive tradition, focuses on individuals' lived experiences to uncover the essence of a phenomenon (Cresswell, 2014; Creswell & Poth, 2018; Smith et al., 2009). Grounded in the philosophies of Husserl and Heidegger, it prioritises subjective experience and personal meaning over objective truth (Creswell, 2014; Creswell & Poth, 2018; Maltby et al., 2010). Phenomenology posits that individuals engage with the world through their personal consciousness, making meaning of their experiences within social, cultural, and historical contexts (Van Manen, 1990). This perspective is particularly relevant to this study as it prioritises first-hand, embodied experiences and the ways in which individuals assign meaning to them (Smith et al., 2009). Breastfeeding, beyond being a natural phenomenon, is an emotionally, socially, and culturally embedded phenomenon (Britton, 2009; Palmér, 2019). By adopting this theoretical lens, the research foregrounds the subjective realities of working mothers, allowing for a nuanced, contextual understanding of their EBF journeys in Saudi Arabia. This approach also ensures that EBF is examined not merely as a practice but as a lived,

dynamic, and interpretative experience. It acknowledges the affective, relational, and structural influences on EBF, highlighting how working mothers construct meaning, negotiate challenges, and interpret their EBF experiences within their employment and social environments.

4.3.4 Methodology

Methodology refers to the overall research strategy that connects the theoretical perspective to research methods, ensuring coherence between philosophical foundations and techniques for data collection and analysis (Crotty, 1998). Qualitative research is generally linked to the interpretivist philosophical tradition, which seeks to understand and interpret people's experiences and their interactions with the world around them. (Holloway & Wheeler, 2013; Polit & Beck, 2013; Scotland, 2012). Given this study's aim to explore the lived experiences of working mothers who intended to continue EBF after returning to work, a qualitative, phenomenological methodology was adopted. More specifically, this study focuses on understanding these mothers' lived experiences within the workplace context. Furthermore, this research follows an exploratory and inductive approach rather than aiming to test prior hypotheses (Cropley, 2023), by utilising interpretive phenomenological theory.

After considering this study's aim, ontological, epistemological, and theoretical perspectives, as well as various phenomenological approaches, IPA was chosen as the most suitable methodological framework. IPA aligns with interpretivism and phenomenology by highlighting the investigation of lived experiences and the researcher's role in interpreting these experiences (Smith et al., 2009, 2022). This structured method ensures an authentic representation of Saudi working mothers' perspectives while considering the various factors that influenced their experiences.

4.3.4.1 Rationale for selecting IPA

As noted by Alase (2017) and Rajasinghe et al. (2024), IPA is most effective when it aligns with the researcher's epistemological and ontological positions and the research question. In this study, IPA directly supports the aim of exploring how Saudi working mothers construct and interpret their lived experiences of EBF after returning to work, consistent with a constructivist, subjectivist, relativist, and interpretivist phenomenological stance (Smith et al., 2009, 2022). Additionally, the key reasons for selecting IPA are:

- 1. Exploring lived experiences:** IPA provides a deep understanding of the 'lived experience' of EBF among working mothers returning to work, emphasising the meanings, subjectivity, and unique realities each mother brings to this experience (phenomenology, hermeneutics, and idiography) (Smith et al., 2009, 2022). Unlike traditional phenomenology, which primarily focuses on describing experiences, IPA extends beyond description to interpretation, allowing for a richer exploration of meaning-making processes. This study explores how Saudi working mothers interpret their EBF journey within the context of returning to work after maternity leave. The concept of 'lived experience' in this research does not solely refer to whether participants are currently practicing EBF but rather their intentions and experiences upon returning to work. While some mothers may continue EBF, others may stop, and the study focuses on understanding how their return to work influences this decision. By adopting IPA, the research could gain deeper insights into both individual and shared perspectives, highlighting the challenges and facilitators of EBF in the workplace.
- 2. Idiographic understanding through individual narratives:** Due to the absence of prior Saudi studies exploring EBF experiences, this study sought to understand the

individual experience of each working mother in order to get an overall perspective of working mothers regarding EBF in the Saudi context. This approach aligns with the concept of idiography in IPA, which supports building a foundational understanding through the detailed exploration of each participant's lived experience (Smith et al., 2009, 2022; Smith & Nizza, 2022). Understanding individual stories is crucial to illuminate underrepresented voices and provide a comprehensive perspective of EBF experiences in the Saudi context.

3. **Acknowledgement of the researcher's role:** IPA enables the researcher to co-construct meaning with the participant (Wagstaff & Williams, 2014). It acknowledges that researchers are human beings, bring their own experiences, which may influence the interpretation of findings (Smith et al., 2009, 2022; Smith & Nizza, 2022). Thus, IPA emphasises reflexivity in the research process, fostering a dynamic interaction between the researcher and participants (Smith et al., 2009; 2022). This acknowledgment is particularly valuable as it aligns with this study's epistemological stance of constructivism and subjectivism.
4. **Comprehensive guidance for novice researchers:** IPA offers a structured yet flexible methodological framework (Smith et al., 2022; Smith & Nizza, 2022), which is particularly valuable in supporting my research journey as a novice researcher.
5. **Relevance to nursing research:** IPA was originally a psychological research methodology but has since been widely adopted in various disciplines in health, human, and social sciences (Brocki & Wearden, 2006; Rajasinghe et al., 2024). More recently, it has gained popularity in healthcare, education, arts research, nursing, and midwifery, particularly for exploring lived experiences (Boden et al., 2019; Brocki & Wearden, 2006; Charlick et al., 2016; Papaloukas et al., 2017; Rajasinghe et al., 2024), making it directly applicable to this study context.

However, several qualitative and phenomenological approaches were evaluated for their potential to explore the lived experiences of Saudi working mothers regarding EBF. The final selection of IPA was based on its alignment with the study's aim, ontological, epistemological, and theoretical positions, as illustrated in Table 10. IPA ensures an in-depth exploration of working mothers' EBF experiences from multiple perspectives while amplifying their unique voices.

The following section explores IPA and its underpinning philosophical theories, phenomenology, hermeneutics, and idiography, that informed its methodological framework.

Table 10: Rationale for selecting IPA over other qualitative and phenomenological approaches.

Qualitative methods & considered	Potential reasons for use	The current study
Grounded theory (Glaser & Strauss, 1967)	Could focus on development of a theory from participants' experience a particular phenomenon (Creswell, 2013).	The primary focus of this study is to understand the meaning of working mothers of EBF in Saudi Arabia context, rather than offer a theory that interpret their experience.
Ethnography (Bronislaw Malinowski, 1922)	Describes the collective experience (people) of cultural sharing group (Creswell, 2013) and understanding the influences of culture on them.	Cultural context may have been experienced differently by each working mother in Saudi Arabia and as little was known as yet about working mothers' experiences in this unique setting, it is imperative to gain deeper insight into their experiences in this context without imposing predefined categories.
Action research (Kurt Lewin, 1940s)	Focuses on making a social change or improvement, or problem-solving for organisation or people (Monkevičienė & Galkienė, 2021).	This study is exploratory and interpretive, rather than aimed at initiating change or action within the workplace context of working mothers. However, its findings could potentially inform advocacy efforts directed at policymakers to enhance breastfeeding support in the workplace.
Narrative (Paul Ricoeur, Jérôme Bruner & Catherine Kohler Riessman)	Aims to explore the life story of individuals' experiences (Creswell, 2013).	While narratives could offer valuable insight, this study focuses on the language of description and interpretation for achieving the meaning of working mothers' experience with EBF after return to their work. The EBF is a phenomenon, it is not a life story or event but rather than a universal phenomenon that every mother experience in a different way.
Case study (Robert K. Yin, 1980s)	Could conduct in-depth investigation and understanding of the development of individual or group or events over a period (Creswell, 2013)	This study attempts to understand the shared lived experiences of EBF across working mothers upon the returning their work in Saudi Arabia, rather than conducting a detailed analysis of a single case or bounded context.
Descriptive phenomenology (Edmund Husserl, 1859–1938)	Would describe the essence of phenomena and offer the potential to bracket the researcher's preconceptions (Sloan & Bowe, 2014)	This study aims to understand the meaning of working mothers' lived experience. Additionally, this study acknowledges the researcher's interpretative role, which descriptive phenomenology traditionally seeks to avoid.
Interpretive Phenomenology (Martin Heidegger, 1889–1976)	Focuses on the language of interpretations of lived experience, considering cultural and contextual meanings (Smith et al., 2009)	While this study's 1 st objective aligns with the ideographic nature of IPA approach, IPA prioritise each working mother's unique experience before identifying shared meanings. Unlike Heideggerian phenomenology, where the focus tends to be in interpreting the broader existential meanings of phenomenon. Also, IPA offers a more structured method that acknowledges the individual participants' lived experiences.
Feminist research (Simone de Beauvoir, 1908–1986)	Could highlight women's lived experiences and the social power structure affecting gender equality, and advocating for social change (Bergoffen et al., 2024).	Although this study includes breastfeeding women, it does not explicitly focus on power structure or gender inequalities. Additionally, while the male-dominant workplace is Saudi Arabia is relevant, it represents only one aspect of the broader EBF experience, which Saudi working mothers may interpret and experience this differently based on their unique context.
Embodied research (Maurice Merleau-Ponty, 1908–1961)	Aims to understand how individuals experience the social world through interaction with their bodies and perceptions (Thanem & Knights, 2019).	While relevant, this study focuses on broader personal, social, and cultural aspects beyond pure embodied perspectives.

4.4 Overview of IPA philosophical underpinnings

IPA is a qualitative research methodology developed by Prof Jonathan Smith to explore how individuals make sense of their lived experiences (Smith et al., 2009; Pietkiewicz & Smith, 2012). It is considered both a philosophical approach and methodological framework (Smith & Osborn, 2008; Smith et al., 2009). Philosophically, it consistently emphasises lived experiences, meaning making/ making sense of these lived experiences. Methodologically, it provides an integrated, practical, step-by-step research framework that shaped all aspects of sampling, data collection and analysis, involving the research questions, the interview guide, and generation themes (Smith & Osborn, 2008; Smith & Nizza, 2022). IPA follows an iterative and inductive analysis process, ensuring themes emerge from participants' narratives while allowing for researcher interpretation. This reflexive approach balances individual meaning-making with the identification of shared patterns across cases (Smith & Nizza, 2022; Smith et al., 2022).

IPA is underpinned by three key theoretical perspectives: phenomenology, hermeneutics, and idiography (see Figure 2). These perspectives complement one another, and shape how IPA is applied in research, emphasising the importance of both the depth of individual experiences and the researcher engagement in interpretations (Smith et al., 2009; Smith & Nizza, 2022).

This section critically engages with each of these theoretical perspectives in turn, demonstrating their relevance to this study.

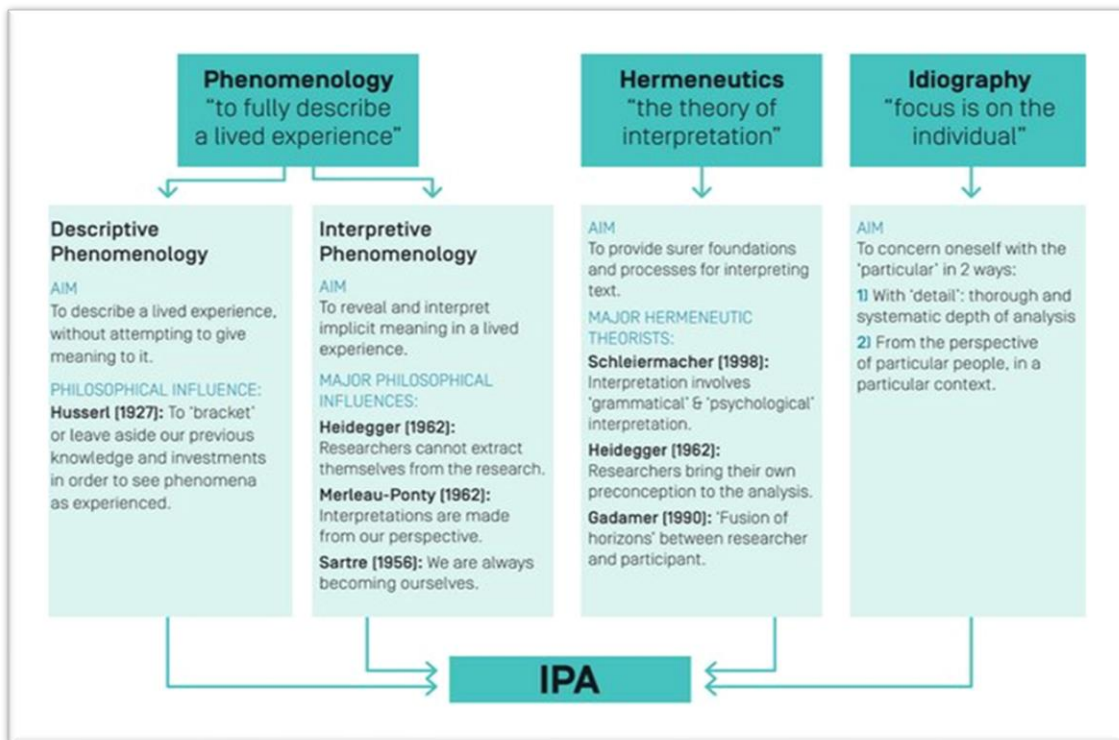


Figure 2: Theoretical perspectives of IPA. (Adapted from Smith et al., 2009, as cited in Charlick et al., 2016, p. 207).

4.4.1 Phenomenology

IPA is derived from two primary approaches to phenomenology; transcendental phenomenology by Husserl and existential phenomenology, developed by later thinkers such as Heidegger, Merleau-Ponty, and Sartre (Smith et al., 2009; Smith & Nizza, 2022)

Phenomenology, as developed by Edmund Husserl, is concerned with the study of lived experiences as they present themselves to consciousness (Husserl, 1970). Husserl advocated for descriptive phenomenology, which seeks to grasp the essence of experiences while setting aside preconceptions through bracketing. However, phenomenologists debate whether it is truly possible to set aside preconceptions. According to Langdridge (2007) and Smith et al. (2009), existential phenomenologists argued that it was impossible to completely eradicate all preconceptions, in contrast to transcendental phenomenologists who, following Husserl, believed that epoché could be

achieved through a series of reductions. For this study, complete bracketing is neither practical nor necessary. Given my insider position as a working mother familiar with exclusive breastfeeding in Saudi Arabia, mothers' experiences of EBF upon returning to work are inherently shaped by personal, cultural, and workplace institutional and policy influences. Therefore, this study aligns more closely with Heidegger's interpretative (hermeneutic) phenomenology, which rejects the idea of a neutral experience and instead emphasises that all human experience is influenced by personal history, social context, and prior understanding (Heidegger, 1962; Smith et al., 2009). Reflexivity, an essential component of the IPA approach to managing researcher influence, is employed to acknowledge and critically engage with preconceptions, recognising their role in shaping interpretation without compromising the authenticity of participants' lived experiences (Smith & Nizza, 2022). Reflexivity is discussed in further detail in Section 4.5.

Applying this perspective to my research, I recognise that EBF after returning to work is not merely an individual choice, but a lived experience shaped by factors such as workplace policies, social norms, familial and workplace expectations, limited formal resources, and personal motivations. IPA enabled me to explore how working mothers in Saudi Arabia construct meaning within these intersecting influences, rather than assuming a universal EBF experience.

Additionally, EBF is not merely a biological act but an emotionally and socially embedded phenomenon (Britton, 2009; Palmér, 2019; Schmied, 1998). Merleau-Ponty's concepts of embodiment and subjectivity illustrate that every individual's lived experiences are distinct, as they are rooted in their own embodied viewpoint of the world (Moya, 2014). For working mothers, EBF is not just a cognitive decision, but has the potential to be deeply embodied experience shaped by emotional responses, and environmental constraints. Factors such as workplace policies on lactation breaks,

availability of breastfeeding-friendly facilities, employer and colleague support, workload demands, and job flexibility play a crucial role (Jabari et al., 2015; Kebede et al., 2019; Sabin et al., 2017; Smith et al., 2017; Tangsuksan et al., 2020), determining whether a Saudi working mother can continue EBF after returning to work. Social influences, including familial expectations, social perception towards breastfeeding vs formula milk and work, and the availability of community or peer support networks, can further shape EBF experiences. Understanding how these intersecting workplace and social dynamics can contribute to understanding how Saudi working mothers perceive and navigate challenges and facilitators that may exist in maintaining EBF while managing their professional responsibilities.

Furthermore, Jean-Paul Sartre's (1956 [1943]) existential phenomenology offers another critical lens, particularly through his assertion that existence precedes essence. Sartre argued that individuals are constantly in a state of becoming, shaped by choices and interactions (Smith et al., 2022; Tuffour, 2017). His perspective is particularly relevant in understanding how individuals navigate workplace environments and social pressure, which can influence their decision-making processes. In the context of breastfeeding, existing literature highlights how external pressures, such as workplace policies, breastfeeding facilities, and social support, can shape maternal experiences and decision to continue or discontinue breastfeeding (Abekah-Nkrumah et al., 2020; Febrianingtyas et al., 2019; Gebrekidan et al., 2021). Some working mothers may view continuing EBF as an empowering assertion of their maternal role, while others may experience conflict, guilt when external factors challenge EBF goals (Masoud, 2023). Sartre's concept of interpersonal influence is also relevant (Smith et al., 2022), as working mothers' EBF decisions and experiences may be shaped by relationships with employers, family members, peers, and healthcare professionals.

IPA facilitates an in-depth exploration of these individual variations, while also identifying shared patterns of meaning-making across participants. Through phenomenology's emphasis on subjectivity and experience, this study captures not just what Saudi working mothers experience but how they make sense of their EBF journey within their broader social and workplace reality.

4.4.2 Hermeneutic

Hermeneutic theory is the second major foundation for IPA. Hermeneutics, the theory of interpretation, underpins IPA's focus on making sense of participants' narratives by providing a framework for understanding how meaning is constructed, both by participants as they reflect on their experiences and by researchers as they interpret those accounts (Giorgi, 2012; Smith et al., 2022). Hermeneutics enables in-depth engagement with both the explicit and implicit meanings in participants' reflections.

The key scholars in hermeneutics are Schleiermacher, Heidegger, and Gadamer. Schleiermacher viewed interpretation as an art form, necessitating both a grammatical (linguistic) and psychological (deeper, personal) comprehension of a text or narrative (García Landa, 1990; Hermann, 2020; Schleiermacher, 1985; Smith et al., 2022). He argued that interpreters must go beyond the explicit content to reveal deeper, implicit meanings within a narrative (Ricoeur, 1976; Schleiermacher, 1985). In this study, it is essential to explore how working mothers might articulate their EBF experiences, as their narratives can contain unspoken emotions, challenges, and cultural influences that may require nuanced interpretation.

While phenomenology provides the foundation for studying lived experiences, hermeneutics extends this by acknowledging that experiences are always mediated through language, culture, and history (Gadamer, 1975). Heidegger's hermeneutic

phenomenology asserts that human beings are not merely passive observers of experience but actively engaged in interpreting their world (Heidegger, 1962). This interpretative process is central to how individuals construct meaning from their EBF experiences after returning to work in the Saudi context, making hermeneutics essential to this study.

A key element of IPA's interpretative process is the hermeneutic circle, which highlights the dynamic relationship between understanding the 'whole' experience and its individual 'parts' (Figure 3) (Heidegger, 1962). Heidegger described the hermeneutic circle in two words: "Whole" and "Parts", referring to the understanding of reality as a whole, while also recognising how each individual's experience (Part) contributes to the overall understanding of that reality. Rather than a linear analysis, IPA requires researchers to move back and forth between the specific details of a participant's account and the broader meaning of their lived experience (Smith et al., 2022).

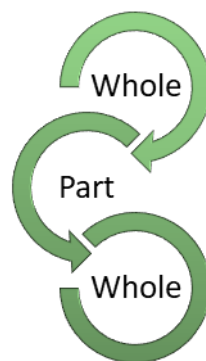


Figure 3: Hermeneutic circle.

This iterative process enables a deeper engagement with how Saudi working mothers construct, reflect on, and communicate their EBF experiences within their socio-cultural and work institutional realities following maternity leave. IPA specifically employs double hermeneutics, where the participant first makes sense of their experience, and the researcher then interprets the participant's interpretation (Smith et al., 2009, 2022). This

means that my role as a researcher is not simply to report participants' experiences but to engage critically with their narratives, drawing out underlying meanings, tensions, and contradictions in their accounts (Alsaigh & Coyne, 2021). Through the hermeneutic circle, this approach enables researchers to explore not just the belief itself but how mothers construct and internalise these perceptions.

For this study, hermeneutics facilitates an interpretative approach to understanding working mothers' reflections on returning to work and their EBF journeys. Through the double hermeneutic process (Smith et al., 2009, 2022), participants first construct meaning from their own experiences, and this study further analyse and interpret these meanings to gain a deeper understanding of their lived realities regarding EBF after returning to work. This process emphasises the dynamic interaction between researcher and participants, ensuring that interpretations remained grounded in participants' narratives while acknowledging the role of contextual and cultural influences in shaping meaning. The study adopts a reflexive approach to interpretation, maintaining awareness of how researcher positionality and prior knowledge can inform but not overshadow the analysis (Smith et al., 2009, 2022). By applying IPA's hermeneutic framework, this study captures both individual meanings and shared themes within participants' experiences, while also permitting examination of the complex interplay of multiple aspects in shaping their EBF journeys after returning to work.

4.4.3 Ideography

Ideography is the third core foundation for IPA. IPA is committed to ideographic rather than a nomothetic concept; a strategy that emphasises the unique conceptions of an individual's experience of phenomenon, as opposed to a nomothetic approach, which focuses on generating general claims based on quantitative results of a wide group of participants (Smith et al., 2009, 2022; Smith & Nizza 2022). For this study, ideographic

approach is critical understanding the unique EBF journeys of the Saudi working mothers. Each working mother's experience of EBF after returning to work is explored before identifying shared patterns, ensuring that individual narratives are not lost within broader themes.

Unlike methodologies that seek broad generalisations, IPA follows an idiographic approach, meaning that it prioritises detailed, in-depth exploration of individual cases before moving to broader themes (Smith & Osborn, 2003; Smith et al., 2009, 2022). By prioritising the uniqueness of each working mother's lived experience, idiography facilitates a deeper and more comprehensive understanding.

Rather than treating EBF as a homogeneous experience, an idiographic approach ensures that each participant's narrative is examined independently before drawing thematic connections across cases (Smith et al., 2022). This aligns with the study's commitment to understanding the diversity of experiences rather than imposing predefined categories. Furthermore, IPA's idiographic focus captures complexities and variations, ensuring that each participant's voice is fully considered.

Moreover, idiography is essential in capturing the diverse realities of working mothers in Saudi Arabia, where cultural expectations, workplace policies, and personal motivations vary significantly. The individualised focus of IPA ensures that these contextual differences are not merely acknowledged but thoroughly explored, providing a nuanced understanding of how each working mother constructs her own EBF experience after returning to work in Saudi Arabia.

Additionally, this study does not aim for statistical representativeness but instead seeks rich, nuanced insights into a specific group of working mothers navigating a particular phenomenon (EBF). This idiographic emphasis enables the identification of factors that

can inform contextually grounded recommendations to better support working mothers who intend to continue EBF after returning to work.

Through this idiographic lens, this study establishes a meaningful connection between the findings and real-world applications, ensuring that readers can relate the results to their own contexts rather than viewing them as broadly generalisable conclusions (Smith et al., 2022). By prioritising each participant's lived reality, idiography reinforces the richness, depth, and personal significance of the EBF experience within the unique socio-workplace environment of Saudi Arabia.

4.5 Reflexivity and the researcher's role

Building on the epistemological and theoretical foundations outlined earlier (Sections 4.3.3 and 4.4), reflexivity is a central component of this IPA study, grounding the interpretive process. This study adopts a constructivist and subjectivist epistemology, which means I view knowledge as being co-created through experience and shaped by context, and a relativist ontological position, recognising multiple subjective realities shaped by socio-cultural and occupational contexts. These positions acknowledge that Saudi working mothers' lived experiences and meanings related to EBF are shaped by their unique positions and environments. As the primary instrument in data collection and analysis, my role as a researcher in this qualitative study carried the risk of inadvertently introducing assumptions that could influence the research process (Parahoo, 2006, as cited in Chan et al., 2013). Reflexivity was therefore essential, particularly in an IPA approach, where researchers must remain self-aware to ensure they authentically interpret participants' perspectives rather than impose their own (Smith et al., 2009, 2022). Reflexivity, as described by Clegg and Hardy (1996), involves recognising how one's position and experiences may shape the research process. It is an ongoing practice of self-

examination, allowing researchers to acknowledge and navigate their own biases (Haynes, 2012).

My shared identity as a Saudi working mother provided me with an insider perspective, allowing me to build strong rapport with participants and engage deeply with their cultural context. This insider position could enhance my understanding of the nuanced and often unspoken cultural assumptions shaping working mothers' experiences with EBF after returning to work. However, consistent with my interpretivist epistemology, I acknowledged that my interpretations are shaped by my own lens, necessitating continuous reflexive awareness to maintain analytical rigour.

Given my personal experience with EBF as a working mother, I recognised the importance of reflexivity from the outset. Before beginning data collection, I reflected on my own journey of maintaining EBF after returning to work following ten weeks of maternity leave. My experience, though ultimately successful in meeting my goal of completing EBF as recommended, was fraught with challenges as can be seen from the following diary entry from my own previous journey in 2015 :

“As my two-month maternity leave neared its end, I struggled with how to continue EBF. Although I had theoretical knowledge about pumping, I had never practised it. The night before returning to work, I pumped for the first time. It was painful and frustrating, I didn't understand why, and I didn't ask. I simply kept pumping, praying I could produce enough milk. During the day, my mother cared for her with just one bottle of expressed milk, managing until I returned home. At work, I faced immense pressure to concentrate while dealing with breast engorgement, and I felt enormous pressure. I wanted to take additional leave but couldn't afford to, as I needed my full salary. I felt unsupported and frustrated, particularly with the lack of nurseries in my workplace and the short duration

of maternity leave. I often blamed policymakers for not extending maternity leave, as other countries reportedly did.”

Reflecting on this experience heightened my awareness of the assumptions I might bring into the research. I recognised that my determination, patience and my mother’s unwavering support, could unconsciously underestimate the struggles faced by other working mothers or to overemphasise the barriers I had encountered. To mitigate these biases, I made a conscious effort to set aside my own experiences and focus on understanding participants’ perspectives in their own right.

Throughout the research process, I remained committed to reflexivity. After conducting each interview and analysing each transcript, I engaged in self-reflective exercises, documenting my thoughts, assumptions, and emotions. I maintained a voice memo diary, recording my reflections as they emerged. These practices allowed me to acknowledge and examine my biases, ensuring that I approached data collection and analysis with an open mind while keeping the participants’ voices central to the research. These memos, some of which are included in Appendix 5 and 14, as well as discussed in Section 9.6, enhanced transparency by making visible the researcher’s influence and facilitating critical self-examination.

Engaging in reflexivity throughout the study strengthened my ability to balance my insider perspective with the objectivity needed to interpret participants’ lived experiences. This commitment ensured that the findings truly reflected participants’ meanings rather than being shaped by my own preconceptions, maintaining the integrity and credibility of the study.

4.6 Summary

This chapter explored the philosophical and methodological foundations of the study, introducing IPA as the chosen methodology. In IPA, Phenomenology provides a framework for deeply examining participants' lived experiences, aligning with the study's relativist ontological position, which assumes that reality is individually constructed. Hermeneutics, as the theory of interpretation, aligns with the study's constructivist and subjectivist epistemological stance, recognising the active role of the researcher in interpreting participants' narratives. Idiography reinforces the study's commitment to a case-by-case, in-depth analysis, ensuring a nuanced exploration of the challenges, facilitators, and decision-making processes surrounding EBF upon returning to work. Furthermore, the double hermeneutic approach within IPA, where participants first interpret their own experiences and the researcher subsequently analyses these interpretations, enabled a richer understanding of both individual experiences and shared themes. This methodological framework informed key aspects of the research design, including sampling, data collection, and analysis, which are discussed in the next chapter.

CHAPTER 5: RESEARCH METHODS

5.1 Introduction:

This chapter provides detailed account of the research methods for this study. It consists of an overview of study settings, sampling and recruitment procedures, data collections procedure, and the analysis process. Additionally, considerations of trustworthiness, ethical approval, and the role of the researcher were addressed to ensure the study's methodological rigour.

5.2 Context of study settings

This study was conducted in Makkah, SA, the third-largest city in the country after Riyadh and Jeddah. The Makkah region ranks second in female employment, with over 222,000 women representing 20.38% of Saudi women registered with social insurance (Saudi Gazette, 2024). Following Creswell's (2014) recommendation, the research took place in natural workplace settings where participants experienced the phenomenon. The study involved working mothers from two main sectors: Umm Al-Qura University (UQU), Maternity and Children's Hospital (MCH), and public and private schools in Makkah. These settings were intentionally selected to ensure diverse yet contextually relevant perspectives, as the education and healthcare sectors employ the largest number of Saudi women (United Nations Economic and Social Commission for Western Asia, 2019). Specific statistics on the number of female staff at the university and hospital were unavailable, but both large government institutions employed men and women in various positions across all departments. The university has multiple branches across Makkah city and its nearby counties, with potential participants recruited from branches within Makkah city.

The school sector in Makkah includes 1522 public and private schools, divided into boys' and girls' schools as per Saudi Arabia's education system (Planning & Development, 2022). In the girls' schools, 900 public and private schools employ a total of 13,845 female teachers and 2,888 female administrators (Planning & Development, 2022).

5.3 Sampling

Smith et al.'s (2009, 2022) IPA guidelines were used to scaffold the sampling process.

5.3.1 Sample identification

Smith et al. (2022) advocated for selecting a homogeneous sample in IPA research to ensure a focused exploration of a specific phenomenon. Homogeneity is defined by shared characteristics, such as geography, demographics, or life history, allowing for an in-depth understanding of lived experiences (Robinson, 2014). Unlike heterogeneous samples, which may yield generalisable findings, IPA prioritises theoretical generalisability, enabling readers to reflect on findings within their own contexts (Smith et al., 2022).

Hence, the participants in this IPA study are defined as working mothers in Saudi Arabia who intended to continue EBF after returning to work following maternity leave. To ensure homogeneity in sample and alignment with the research aim, inclusion and exclusion criteria were established (Table 11).

Table 11: Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
Saudi working mothers aged over eighteen old years.	Non-working mothers.
Full-time working mothers in any work position within government or private education or health sectors.	Part-time working mothers
Working mothers who had infants $\leq$ six months old (expanded to $<$ twelve months), and they returned to work following ten to twelve weeks of paid maternity leave.	Working mothers who had infants $\geq$ twelve months old, and they returned to work after six months of postpartum.
Working mothers who intended to continue exclusive breastfeed up to six months once they returned to their work.	Working mothers who planned to return to work and were mixed feeding.
Working mothers who read and speak Arabic	Working mothers who did not read and speak Arabic.

Initially, recruitment targeted working mothers with infants $\leq$ six months old. However, due to challenges in identifying participants (see Section 5.4.5), it was expanded to include infants under one year. This adjustment ensured the recruitment process remained effective and aligned with the study's objectives.

Memory recall bias was considered, as retrospective accounts could introduce inaccuracies (Mulol & Coutoudis, 2018). However, IPA's focus on meaning-making rather than factual accuracy (Smith et al., 2022) helped mitigate this issue. Studies have shown that maternal recall of breastfeeding duration remains reliable, even up to twenty years post-birth (Natland et al., 2012; Li et al., 2020), particularly in cultures where breastfeeding is prevalent.

5.3.2 Sample size

Smith et al. (2022) stated that sample size in IPA is flexible, depending on factors such as the richness of narratives, depth of analysis, and research constraints. However, IPA prioritises idiographic, in-depth exploration over large samples (Smith et al., 2009, 2022).

A review of IPA studies related to breastfeeding showed sample sizes ranging between five and 14 participants (Charlick et al., 2017; Drawnet, 2014; Goulden, 2017; Kuswara

et al., 2020). Smith et al. (2022) recently suggested three to ten participants for IPA studies, with ten as the recommended maximum for Ph.D. research. This study included 14 participants to ensure consistency with IPA literature and to meet the study's aims and objectives. This number allowed for a nuanced exploration of individual experiences while capturing collective insights, consistent with IPA's commitment to idiographic depth, experiential diversity, and analytical rigour. IPA emphasises depth and richness of analysis over generalisability (Smith et al., 2022), and smaller sample sizes support its idiographic focus by enabling meaningful, individual-level exploration. Additionally, participants would likely have reinforced existing patterns rather than contributed new perspectives, further supporting the adequacy of the chosen sample size.

5.3.3 Sampling strategy

Smith et al. (2022) emphasised that sampling in IPA should align with qualitative research principles, using purposive selection rather than probability-based approaches to provide insights into specific experiences. This study employed purposive sampling to recruit 14 working mothers who met the inclusion and exclusion criteria (refer to Table 11).

Due to challenges in recruitment and the sponsor's three-month data collection limit, snowball sampling was introduced following ethical approval from TCD (see Appendix 6). This approach aligned with IPA's methodology, as Smith et al. (2022) noted that most participants are often recruited through gatekeepers, personal contacts, or snowballing via participant referrals. In this study, snowball sampling involved recruiting participants through social media and working mothers' support groups. Through snowball sampling, five participants were recruited from education and healthcare sectors. Figure 4 presents participants by recruitment method and work sector. Using both purposive and snowball sampling enhanced recruitment efficiency, ensuring completion within the required timeframe.

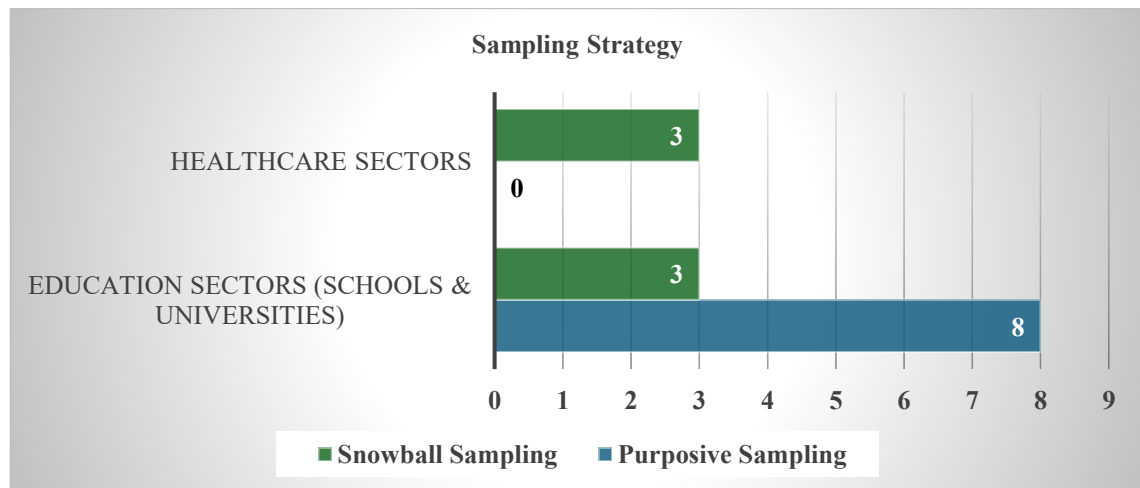


Figure 4: Participants recruitment by purposive & snowball sampling strategies.

5.4 Recruitment process

The participants were recruited during the period from 26th January 2022 to 24th April 2022. Figure 5 illustrates the summary of the recruitment process. The recruitment process aimed to identify participants who continued EBF after returning to work following paid maternity leave. Access was sought through gatekeepers from each study settings and social media group administrators. Gatekeepers were not potential participants as they were typically men, and most school gatekeepers were either over 50 years old or did not meet the inclusion criteria. However, their role was to facilitate the recruitment of eligible participants in each setting. Invitation letters, PIL, and consent forms were translated into Arabic for non-English-speaking participants or those who preferred Arabic.

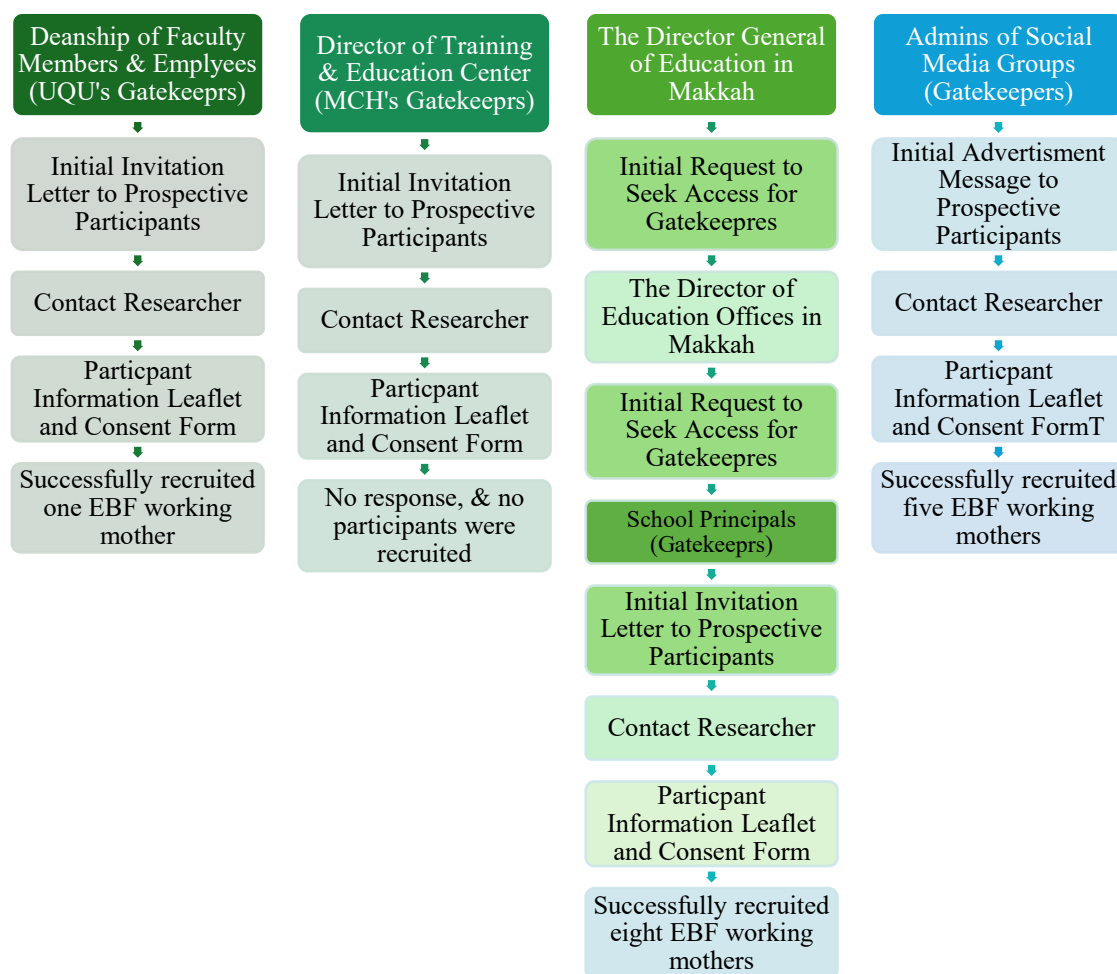


Figure 5: Summary of the recruitment process.

5.4.1 Potential participants recruitment from the university

The recruitment process commenced on 26th January 2022, when I contacted the Deanship of Faculty Members and Employees to seek access to eligible working mothers (see Appendix 7 for Access Letter for Gatekeepers). The gatekeeper facilitated access to eligible participants but had no direct authority over their daily activities or personal connections with them. They identified nine eligible participants through workplace web system maternity leave records and sent an initial invitation email, which included details about the study and the researcher's contact information (see Appendix 8). However, no responses were received after the first email or subsequent reminders. Table 12 provides a detailed summary of the recruitment process for potential participants from this study

setting. Notably, no additional participants were identified beyond the initial nine between 6th March and 24th April, when I re-contacted the gatekeeper.

Table 12: summary of the recruitment process at UQU (26th January- 24th March 2022).

Date	Recruitment process	Potential participants	Response statuses	Outcome
26 th January 2022	Sent initial email to gatekeeper	-	-	-
7 th February 2022	Sent 1 st invitation email by gatekeeper	10	No response	No recruitment
9 th February 2022	Sent 1 st reminder email by gatekeeper	10	2	No recruitment: One had >one year old infant; the other discontinued breastfeeding after birth due to her health issues.
15 th February 2022	Sent 2 nd reminder email by gatekeeper	8	1	No recruitment: She had seven months old infant & practiced mixed feeding.
16 th February 2022	-	-	1	No recruitment: She discontinued EBF two weeks after giving birth due to her health issues.
6 th March 2022	Sent 3 rd & final reminder email by gatekeeper	6	No response	No recruitment
20 th – 24 th March 2022	-	-	1	Met the inclusion criteria & recruited
24 th April 2022	Followed up with the gatekeeper to confirm	-	No additional response & no new participants identified	Recruitment concluded with one eligible participant

The recruitment process resulted in one participant meeting the inclusion criteria. She contacted me via WhatsApp, received the PIL (see Appendix 9), and voluntarily agreed to participate (see Appendix 10).

5.4.2 Potential participants recruitment from the hospital

The recruitment process at hospital setting followed the same steps as previous university setting. On 26th January 2022, I contacted the Director of the Training and Education Centre to introduce the study and seek access to eligible participants (see Appendix 7). The gatekeeper identified ten eligible working mothers via maternity leave records and

sent an initial invitation email (see Appendix 8). However, no responses were received, even after follow-up reminders. Table 13 summarises the recruitment process from this study setting.

Table 13: Summary of the recruitment process at MCH (26th January- 27th February 2022).

Date	Recruitment process	Potential participants	Response statues	Outcome
26 th January 2022	Sent initial email to gatekeeper	-	-	-
9 th February 2022	Sent 1 st invitation email by gatekeeper	10	No response	No recruitment
13 th February 2022	Sent 1 st & final reminder email by gatekeeper	10	No response	No recruitment
27 th February 2022	The 2 nd reminder email by gatekeeper wasn't send	10	No response	The gatekeeper refused to cooperate and sent the 2 nd reminder email. As a result, the recruitment process ended & concluded with zero recruitment.

Due to the lack of recruitment from MCH, and to ensure diversity in my sample, I made the decision to integrate snowball sampling and applied for an ethics amendment from TCD as previously mentioned in Section 5.3. To recruit participants from the healthcare sector, I targeted social media groups for working mothers employed in hospitals and clinics. This adjustment aimed to maintain an efficient recruitment process aligned with the study's objectives. The details of this approach are further explained in Section 5.4.4.

5.4.3 Potential participants recruitment from schools

The recruitment process from schools was challenging, however eight participants were successfully identified from various school positions across Makkah Region. This process required extensive engagement with multiple gatekeepers, including the General Director of Education (1st gatekeeper), the Directors of Education Offices (2nd gatekeeper), and school principals (3rd gatekeeper).

Recruitment commenced on 26th February 2022, with an email sent to the 1st gatekeeper (see Appendix 7). Due to the limitations of the Saudi ‘Noor’ system, which hindered identifying eligible working mothers, the 1st gatekeeper forwarded the access email to five regional Directors of Education Offices (2nd gatekeepers), responsible for schools in the northern, southern, eastern, western, and central geographical regions of Makkah. Following their advice, I met directly with five regional Directors (2nd gatekeepers), as the high volume of emails they received might delay effective responses. They in turn directed the permission access email to school principals (3rd gatekeepers) in their respective geographical regions. Following their advice, I visited the schools in person and communicated directly with the school principals, who identified potential participants through paper records of employees’ maternity leave maintained at the schools, facilitating the recruitment process.

Appendix 11 provides a detailed summary of the recruitment process across schools. Between 27th January and 13th March 2022, I visited 148 schools, identifying 82 potential participants, of whom eight met the inclusion criteria. Seventeen additional potential participants were still on maternity leave, but follow-ups confirmed they had stopped EBF upon returning to work, excluding them from participation. The eight eligible participants who were recruited, contacted me via WhatsApp and agreed to participate voluntarily in this study after receiving the PIL and consent form (see Appendices 9 & 10). Due to severe climate conditions (daily temperature above 45 degrees), mid-term vacation (13th-19th March), and Ramadan, I ceased in-person recruitment and transitioned to snowball sampling to recruit the remaining five participants.

5.4.4 Potential participants recruitment by snowball sampling through admins of social media groups

The recruitment via social media groups commenced on 10th April 2022, targeting support groups for working mothers in schools, hospitals, and universities. To ensure voluntary participation, I refrained from joining the groups myself and instead identified 21 group administrators through referrals from colleagues, family members, and participants. I then sent an advertisement message privately through WhatsApp (see Appendix 12) to the group administrators, requesting them to share it within their groups. The message was translated into Arabic for accessibility and included my name, study title and aim, inclusion criteria, and contact details.

The initial response on 10th April resulted in eleven potential participants contacting me voluntarily (ten via WhatsApp, one via email). After eligibility verification, four participants met the inclusion criteria and were provided with the PIL and consent form (see Appendices 9 & 10). On 17th April, I identified three additional WhatsApp groups and sent the advertisement message to their administrators, alongside a reminder message to the initial 21 groups. This yielded four more potential participants, with one meeting the inclusion criteria. This process concluded on 24th April 2022, successfully recruiting five eligible participants via social media.

Collectively, across purposive and snowball sampling, 14 eligible participants were successfully recruited for this study. However, the recruitment process for this study faced multiple challenges, requiring careful strategies to facilitate and complete participant recruitment. The next section discusses further challenges encountered and the strategies I employed to address them.

5.4.5 Challenges faced during recruitment process

1. Lack of familiarity with qualitative research:

I found gatekeepers and participants were more accustomed to surveys and unfamiliar with qualitative research. Some questioned my decision to conduct interviews with participants and the value of interviews, while others hesitated over recording concerns. To address this, I explained the importance of qualitative methods in capturing personal experiences, reassured them that their insights would shed light on EBF challenges, and clarified that audio recordings would be deleted after transcription. Additionally, I emphasised the consent form's role in safeguarding their rights, fostering trust and ensuring participation.

2. Time constraints:

The three-month data collection timeframe presented a significant challenge, as school visits were restricted to working hours, limiting the time available for recruitment. Vacation periods, including the mid-term break and Ramadan, further disrupted the process by reducing the availability of school staff and slowing the recruitment momentum.

To navigate these constraints, I developed a structured schedule that accounted for my children's schooling, the time difference, and school visit timings. I optimised efficiency by organising school visits geographically to minimise travel time. During vacation periods, I utilised snowball sampling to accelerate recruitment, reducing the need for additional in-person visits. Despite these challenges, strategic planning and adaptability enabled me to complete the recruitment process within the sponsor's timeline.

5.5 Data collection methods

This section details the methods used to gather meaningful data, the challenges encountered, and the strategies employed to address them.

5.5.1 Semi-structured interview and its interview guide

Data were gathered using semi-structured, one-to-one interviews, which are well-suited to IPA due to their flexibility and capacity to elicit rich, detailed narratives (Smith et al., 2009, 2022). This method allowed participants to share their experiences in-depth while enabling me to guide the conversation effectively (Green & Thorogood, 2018; LoBiondo-Wood & Haber, 2018).

Following IPA guidelines, an interview guide was developed to ensure alignment with the research objectives while maintaining flexibility (Smith et al., 2009, 2022). In this study, the interview guide was developed to reflect the research aim and objectives and used as a guide within a semi-structured interview, allowing participants the freedom to express their unique experiences. However, initially drafted based on existing literature, the guide was refined after supervisor feedback to enhance openness in question phrasing. This revision shifted from direct inquiries to open-ended prompts that allowed participants to share their experiences in greater depth. The final guide, structured into a demographic questionnaire (Section A) and a semi-structured interview protocol (Section B), adhered to IPA principles focusing on eliciting detailed stories, thoughts, and emotions from participants (see Appendix 13).

To ensure clarity and appropriateness of the final interview guide, a pilot interview was conducted with a participant who did not meet the inclusion criteria, as she returned to work during a summer break without assigned work tasks. The pilot interview, nonetheless, sought to evaluate the effectiveness of the guide and provided me with an

opportunity to refine my interviewing skills. I initially noticed tendencies to over-probe and use suggestive clarifications, such as, “Do you feel the experience before returning to work was organised or filled with challenges?”, which risked influencing responses. Reflecting on this, I adjusted my approach to use neutral prompts like, “Could you explain more?” or “What do you feel?”. This refinement ensured participant-led narratives, enhancing the authenticity of the data collection processes (Smith et al., 2022).

Additionally, the pilot interview helped build my confidence in conducting formal interviews, offering practical experience in managing interactions and refining my questioning technique. The insights gained contributed to a smoother, more effective approach in the main study.

5.5.2 Conducting in-depth interviews

This study’s in-depth interviews followed the principles of IPA as outlined by Smith et al. (2022). The interviews aimed to uncover rich, insightful data while fostering trust, openness, and participant comfort. This section details the interview process, covering preparation, execution, challenges, and post-interview reflection.

1. Preparation for the interviews

Thorough preparation was undertaken to ensure a smooth interview process and a supportive environment for participants:

- **Reviewing the interview guide:** The semi-structured interview guide was familiarised in advance to ensure seamless navigation of topics (Smith et al., 2022).
- **Setting up locations & timing:** Participants were given the choice of face-to-face or online interviews based on convenience. Nine interviews were conducted in private rooms at schools and universities in Makkah, while five were conducted online via Microsoft Teams for participants recruited via snowball sampling who were located

in Riyadh and the Eastern Region of Saudi Arabia. Challenges such as internet connectivity issues were addressed by having backup communication methods, such as WhatsApp, to reschedule or continue the interviews promptly if disruptions occurred.

- Materials & equipment: Consent forms, demographic questionnaires, and recording devices were prepared in advance and audio equipment and internet connections were tested to avoid technical issues.

2. Building rapport with participants

Efforts were made to establish rapport at the start of each interview, ensuring a comfortable and trusting environment for participants, as recommended by Smith et al. (2022). This included a warm introduction, reassurance about confidentiality and voluntary participation, encouragement for participants to ask questions or express any concerns and obtaining written informed consent before proceeding. Icebreaker questions were also used to facilitate natural conversation.

3. Conducting the interviews

Fourteen semi-structured interviews were conducted between 1st March, and 8th May 2022, lasting 30 to 75 minutes. After obtaining consent and completing the demographic form (see Section A in Appendix 13), interviews commenced with open-ended questions such as:

- “Tell me about your EBF experience prior to returning to work?”
- “Tell me about your EBF experience after returning to work?”

These questions encouraged free narration, while neutral prompts (e.g., “Could you explain more?” or “How did you feel in that situation?”) facilitated deeper exploration without leading responses (Smith et al., 2009, 2022). Additionally, the interviews

followed the participant-led flow, allowing participants to guide the conversation toward topics they found most relevant and important.

At the end of each interview, participants were asked if they had any additional insights they wished to share. They were then thanked for their time, reminded of their right to withdraw data, and informed that they would be updated with the study's findings upon thesis completion.

Despite careful preparation several challenges arose during the interview process, requiring adaptive strategies to ensure data quality and participant comfort:

- Noise in school settings: Face-to-face interviews in schools were occasionally disrupted by student noise, particularly during break times. To mitigate this, I and the participants slightly raised our voices for clarity, positioned the recording device closer to capture responses effectively, and offered rescheduling, though participants chose to proceed. However, when I reviewed the audio recordings, these steps ensured the clarity and quality of the voice, and no negative issues were observed.
- Internet connectivity issues: A few of online interviews experienced brief technical disruptions. Participants were advised to disconnect other devices using the same Wi-Fi network, and when disconnections occurred, they willingly repeated any missing responses to maintain conversation flow.
- Camera-off online interviews: Due to Islamic cultural and modesty considerations, participants opted to keep their cameras off, limiting the observation of facial expressions and body language. To compensate, I focused on verbal cues such as tone, emphasis, and pauses, while maintaining a warm, engaging tone to foster openness and authenticity.

- COVID-19 protocols: Although pandemic restrictions had been lifted, some participants continued mask-wearing during work hours, affecting nonverbal communication. To address this, I paid close attention to verbal expressions and tone to accurately interpret emotions and experiences.
- Scheduling overload: Time constraints posed challenges, as I sometimes conducted up to three interviews on the same day due to participants' limited availability and inability to reschedule. Ramadan further intensified this challenge due to fasting and exhaustion. Despite this, I maintained structured scheduling to balance participant availability while ensuring each interview received adequate attention.
- Concerns about recording: A few participants were apprehensive about being recorded. I reassured them by emphasising confidentiality, explaining the purpose of recording, that it helped ensure no valuable data was missed due to human error during note-taking, and clarifying that recordings would be securely deleted post-transcription. However, note-taking was offered as an alternative, when needed.

5.5.3 Post-interview reflexivity and interview skills development

After each interview, I engaged in reflexivity, documenting my thoughts, observations, and areas for improvement. This included:

- Identifying potential biases or assumptions that could influence data interpretation.
- Refining techniques to enhance the flow and depth of future interviews.
- Observing participants' responses to specific questions to adjust my approach.

Upon reflecting on my first interview, I identified several issues in my interviewing skills.

Despite prior preparation and practice, novice interviewers must develop their skills over time, and mistakes are inevitable (Lindlof & Taylor, 2011, as cited in Gesch-Karamanlidis, 2015, p. 724). These errors should be seen as part of the learning process,

especially when preparation is in place (Lindlof & Taylor, 2011, as cited in Gesch-Karamanlidis, 2015, p. 724). Continuous reflection is therefore crucial for improving interview quality (Alshaaili, 2023; Gesch-Karamanlidis, 2015).

While I handled certain parts of the interview effectively; on several occasions, I employed open-ended, clear questions. I found that discussion with my supervisors, and reflection to be helpful to my development as a novice qualitative researcher. This section outlines key reflections from my first interview, highlighting both challenges and improvements.

5.5.3.1 Reflection on pre-interview assumptions

Before conducting the first interview, I assumed that participants' narratives would centre on challenges and difficulties, particularly regarding EBF after returning to work. However, I was surprised when the first participant expressed complete satisfaction with her experience. I found it overwhelming to comprehend how a single hour of breastfeeding break in her daily routine could leave her feeling so content. This unexpected response challenged my preconceived notions and, upon reflection, made me realise that I had unintentionally framed some questions in a leading manner or failed to follow up effectively.

The first interview prompted me to reflect on the meaning of the participant's satisfaction and, later, during analysis, explore why her experience differed from other working mothers. Consequently, this interview became a pivotal learning moment, not only in improving my interview skills but also in deepening my appreciation for IPA's idiographic focus. Every participant's story is unique, and it was essential to approach their narratives with openness and curiosity, regardless of how they differed from my own expectations

or other accounts. My further reflection on developing my interview techniques after conducting the first interview can be seen in Appendix 14.

5.6 Data analysis

The data analysis phase of this study was meticulously designed to align with the principles of IPA (Smith et al., 2022). This section details the process of transforming raw interview data into meaningful insights, focusing on the lived experiences of working mothers who intended to continue EBF after returning to work. To ensure methodological integrity, this section is divided into two subsections: transcription and translation of interviews, and the data analysis process following IPA steps.

5.6.1 Transcription and translations of interview transcripts

5.6.1.1 Transcription of interview data

Transcribing interviews into written form is regarded as an initial step in data analysis (Baily, 2008; King et al., 2018) and is a crucial step in IPA analysis to preserve data integrity and facilitate deep engagement with participants' narratives (Smith et al., 2022). For this study, I personally and manually transcribed all 14 interviews verbatim in Arabic before translating them into English. The transcription process adhered to IPA guidelines, capturing all spoken content at the semantic level, including hesitations, significant pauses, false starts, and non-verbal utterances such as laughter, which were bracketed in italics (Smith et al., 2022). Furthermore, Following the approach outlined by Smith et al. (2022) I adhered to verbatim transcription in a line-numbered format, allowing space in the margin for convenient coding.

Given the time constraints of participant recruitment and conducting interviews simultaneously, I began transcription only after completing all interviews. However, I ensured methodological consistency by listening to each audio recording immediately

after the interview, identifying emerging questions or concepts to be included in subsequent interviews.

The transcription process was intensive, requiring six to ten hours for a 30-minute interview and up to a full day for a 60-minute interview, aligning with the standard timeframe suggested by McMullin (2021). My familiarity with Saudi dialects, accents, and terminology allowed me to ensure accuracy. Each interview was listened to at least three times to verify the accuracy of the transcript. Additionally, going back to the written notes taken during interviews helped the transcription process to be more efficient.

5.6.1.2 Translations of interview transcripts

Forward translation was employed to convert the original Arabic transcripts into English while preserving cultural context to ensure accurate interpretation of the participants' experiences (Chen & Boore, 2010; McKenna, 2022). I personally translated the transcripts for two key reasons. Firstly, as a native Arabic speaker with a shared cultural background, I could accurately capture linguistic nuances and social meanings (Squires, 2008; Regmi et al., 2010). Secondly, employing a professional translator could have been expensive and could have undermined the quality of the translation without adequate training on the research objectives and methods (Regmi et al., 2010).

To ensure trustworthiness, a random sample of anonymised translated transcript was reviewed by a bilingual Saudi academic fluent in both Arabic (specifically Saudi Arabic) and English. If inconsistencies had been identified, all transcripts would have undergone further review. I securely shared an anonymised, randomly selected sample, including both Arabic and English versions, via Google Drive for evaluation. The feedback confirmed translation validity, advising caution with words that hold multiple meanings

in both languages (see Appendix 15). It also affirmed that I could proceed with translating independently.

Translating the narratives of working mothers from Arabic to English posed significant challenges, primarily due to the diverse Arabic accents and dialects used by participants, making some words difficult to convey accurately in English. Additionally, the process was complicated by the complexity of certain Arabic idioms and terms, as well as the need for precise interpretation of each transcript. Regmi et al. (2010) noted that complete accuracy in cross-cultural translation is impossible. However, to address these challenges, I implemented two key steps:

- Arabic idioms with no direct or multiple English equivalents were either retained in Arabic (written in English letters) or provided literal translations. These idioms, along with their verbatim translations and English meanings, are provided in Appendix 16. Additionally, in the analysis section, I carefully interpreted quotes containing these terms to ensure their intended meaning was accurately captured.
- Saudi academics from different regions were consulted to verify dialect-specific terminology. This step helped confirm the accuracy of the translations and their intended meanings.

Although the translation process was time-consuming, I opted to translate entire transcripts rather than only key sections to maintain the integrity of data analysis (Regmi et al., 2010). Minor edits were made for readability, including omitting repetitive words and grammatical corrections to enhance clarity while respecting the participants' intended meaning. Expressions such as “umm”, “aha”, and common Arabic religious phrases were excluded when they did not contribute meaningfully (see Appendix 17). Furthermore, for clarity, square brackets [] serve to clarify supplementary material, ellipses (...) signify

omitted extraneous words, and bolded words indicate spoken emphasis in dialogue. Pseudonyms were assigned to all participants' transcripts in both Arabic and English version to protect their identity and maintain privacy.

5.6.2 Data analysis process using IPA's seven steps

After completing transcription and translation, the data was ready for analysis. In IPA, data analysis is iterative and inductive, following a cyclical rather than linear process involving continuous reflection and engagement with the data (Smith et al., 2009, 2022). The goal is to develop a deep understanding of each participant's lived experience before moving to a shared, interpretative perspective across cases (Smith et al., 2022).

Although no single approach defines IPA data analysis, I purposefully adopted Smith et al.'s (2022) updated framework and following its structured analytical steps to ensure a rigorous and systematic exploration of participants' lived experiences (see Table 14). This structured approach ensures systematic, idiographic analysis before progressing to a more holistic understanding (Smith et al., 2022).

Table 14: Seven steps of IPA analysis.

Step One	Reading and re-reading
Step Two	Exploratory noting
Step Three	Constructing experiential statements
Step Four	Searching for connections across experiential statements
Step Five	Naming the personal experiential themes (PETs)
Step Six	Continuing the individual analysis of other cases
Step Seven	Working with personal experiential to develop group experiential themes (GETs)

(Adapted from Smith et al., 2022).

When I began the active steps of analysis, I discovered that a newer version of the guide by Smith et al. (2022) had been published, offering a more refined approach compared to the 2009 version I initially intended to follow. After reviewing both, I chose to adopt the updated steps, as they provided greater clarity and precision in analysing and capturing

participants' experiences (Smith et al., 2022). Incorporating this refined approach strengthened the rigour of my study.

I considered using NVivo software for data analysis, recognising its advantages in data management and visual mapping, which are valuable skills for Ph.D. researchers. However, I found that NVivo was not practical for IPA methodology, as the steps outlined by Smith focus heavily on in-depth, iterative, and case-by-case analysis (Smith et al., 2022). The process requires direct engagement with the data therefore I opted for a manual approach using soft copy word documents, allowing deeper interaction with the data while preserving the idiographic focus essential to IPA.

5.6.2.1 Reading and re-reading

The data analysis began with thorough reading and re-reading of each transcript to deeply engage with participants' narratives. This initial phase was crucial for familiarisation and for grasping the context before moving to a more detailed analysis (Smith et al., 2022). To enhance immersion in the data, I followed Smith et al.'s (2022) recommendation of listening to the audio recordings while reading the transcripts. As an audio-visual learner, this approach enabled me to capture nuances in tone, emphasis, and emotions, enriching my understanding and preparing me for deeper analysis.

I began with an uninterrupted read to grasp the overall narrative, followed by detailed readings where I highlighted key points, shifts in tone, and changes in the participant's story (Smith et al., 2022). Continuous engagement with the transcripts helped me stay closely connected to the participants' expressions, emotions, and data, uncovering new insights with each review. This iterative process fostered an open, exploratory approach to analysis and allowed me to identify both convergences and divergences in participants'

experiences. As a result, my explanatory notes became more refined and insightful, paving the way for the next phase of analysis.

5.6.2.2 Exploratory noting

Following the initial familiarisation with the transcripts, I engaged in exploratory noting, a process aimed at examining the content, language, and context of each participant's account in detail (Smith et al., 2022). Smith et al. (2022) advised IPA researchers to approach this step with an open mind, noting anything of significance within the transcript. They also suggested that this step can be merged with previous first step. Thus, I integrated both steps, making detailed annotations as I re-read the transcripts.

Although there are no rigid rules on what should be commented on, Smith et al. (2022) recommended producing a comprehensive set of descriptive, linguistic, and conceptual comments directly onto the transcript. These annotations formed the foundation for developing experiential statements that encapsulated the participants' lived experiences and meaning-making processes. However, these comments were fully described and supported with relevant illustrations from Noha's transcript, a participant in my study (see Table 1 in Appendix 18) .

This type of comment was the most challenging for me, to navigate the challenge of developing conceptual comments, I focused on thinking abstractly. As demonstrated in earlier examples in Appendix 18, I used the same quotes while progressively providing descriptive and linguistic commentary. This approach helped me develop a broader understanding, ultimately enabling me to formulate conceptual comments after multiple reviews, deep reading, and reflection. Additionally, I considered two key questions suggested by my supervisors: 'How does this experience connect to broader workplace,

social, or cultural contexts?’ and ‘What does this suggest about their worldview?’ These questions guided my analysis, allowing for deeper interpretation and insight.

This step was conducted manually, using a soft copy of the transcript. I structured my annotations in the right-hand margin, reserving the left-hand margin for the next step. To differentiate the types of comments, I used **black** for descriptive comments, **blue** for linguistic comments, and **red** for conceptual comments. While time-intensive, this process deepened my engagement with the data and strengthened my connection to the participants’ experiences, ensuring a rich, idiographic understanding.

5.6.2.3 Constructing experiential statements

Following the exploratory noting phase, I formulated experiential statements to encapsulate the essence of participants’ lived experiences while remaining firmly rooted in their narratives and contexts. These statements incorporated interpretative elements, reflecting my engagement with the data (Smith et al., 2022).

To enhance clarity and refine my approach, I followed their recommendation of discussing my initial drafts with supervisors and experienced peers to obtain constructive feedback. Upon review, my supervisors highlighted initial tendencies towards overly descriptive statements and unintentional diagnostic phrasing, challenges often encountered by novice IPA researchers (Smith et al., 2022). Recognising this, I worked on refining these statements to ensure they captured the participants’ meaning-making processes rather than just describing their accounts. However, at this stage, transitioning from a descriptive to an interpretative level of analysis remained a key challenge. A detailed example of the progression of experiential statements is presented in Table 2 in Appendix 18, illustrating the refinement process over time during the analysis process, highlighting issues encountered at each stage and how they were resolved.

Upon reflection on these issues, I identified two key challenges that impacted my ability to formulate interpretative experiential statements:

1. Influence of prior literature: I realised that themes and concepts from my literature review subtly influenced my thinking, making it difficult to allow the experiential statement to emerge naturally.
2. Managing a large volume of data: Each transcript exceeded 30 pages (over 8000 words), leading to repetitive experiential statements across different sections.

To address these challenges, I continued reflexivity, and I adhered to Smith et al.'s (2022) guidance by consolidating repetitive statements, grouping those with shared meanings, and refining interpretations using exploratory notes for cases requiring reconfiguration of original data. This iterative engagement with the data, described by Smith et al. (2022) as part of the hermeneutic cycle, helped deepen my analytical approach.

Recognising the need for further refinement, I sought guidance from senior colleagues with experience in IPA studies as well as attended a workshop on IPA analysis in 2023 led by Dr. Elena Gil-Rodriguez. This boosted my confidence and reinforced the understanding that starting at a descriptive level is typical for novice researchers. Through these discussions, I learned that moving to an interpretative level requires iterative drafting, deeper data engagement, and ongoing reflection, reassuring me that my process was aligned with the expected learning curve in IPA analysis.

At this stage, and in subsequent analytical phases, I made a conscious decision after discussions with my supervisors; to maintain a slightly descriptive approach during the case-by-case analysis stage. This allowed me to complete all individual cases while preserving a balance between descriptive and early interpretative insights. However, interpretative depth emerged naturally during cross-case analysis, where I grouped shared

experiential statements and developed group experiential themes (GETs). This transition was further reinforced by ongoing learning, reflection, and the iterative nature of IPA.

In May 2024, after completing my analysis and findings chapters, I attended another IPA workshop with Prof. Jonathan Smith. This workshop reaffirmed my analytical approach and strengthened my confidence that my analysis adhered to IPA principles. Moreover, in December 2024, I had a one-on-one meeting with Prof. Smith, where I shared a sample of my final analysis from the findings chapter (refer to Subtheme 3 in the GET 1 in Chapter 7). I sought his opinion on whether my interpretative depth was sufficient. Prof. Smith deemed my analysis acceptable but noted that he could not fully assess its depth based on a single excerpt. Nonetheless, this feedback solidified my confidence in the analytical depth I had achieved and validated my commitment to maintaining the rigour of IPA methodology.

5.6.2.4 Searching for connections across experiential statements

To begin this step, I followed Smith et al.'s (2022) recommendations by creating a list of experiential statements, printing and cutting out each statement, and randomly placing them on a large workspace (see Appendix 19). This practical, hands-on approach allowed me to physically interact with the data, making it easier to explore potential groupings and emerging patterns (Smith et al., 2022). To ensure that clustering was meaningful, I revisited the study's aims and objectives. I then read each statement individually, reflected on its meaning multiple times, and grouped together those with similar meanings. Additionally, returning to the participant's narrative multiple times to maintain an open, reflexive mindset (Smith et al., 2022).

This iterative process allowed me to identify meaningful connections between statements, group similar experiences, and capture both the uniqueness of individual cases and the patterns that would later inform cross-case analysis.

Once the clustering was completed manually, I transferred the grouped experiential statements into a Word document for the next step.

5.6.2.5 Naming the personal experiential themes (PETs) and consolidating and organising them in a table

After clustering experiential statements into meaningful groups, I developed PETs and corresponding subthemes (see Table 3 in Appendix 18). Each PET was supported by relevant quotes to ensure transparency. My supervisors reviewed these themes, assessing their coherence and alignment with the data.

Smith et al. (2022, p. 94) introduced PETs to capture individual experiences at a personal level, reflecting participants' meaning-making rather than abstract or social constructs. These themes move beyond isolated statements to represent broader analytical insights. While Smith et al. (2022) did not specify a method for naming PETs, I assigned names based on the collective meaning within each cluster, ensuring alignment with the study's objectives.

5.6.2.6 Continuing the individual analysis of other cases

Following IPA's idiographic commitment, I completed the analysis for each participant before proceeding to the next. I carefully repeated the analytical steps (One to Five) for each participant's transcript, making a conscious effort to honour the individuality of each participant's lived experience. This approach ensured that the idiographic focus of IPA was maintained, avoiding the imposition of themes or assumptions from previous cases. By doing so, the unique aspects of each case were preserved (Smith et al., 2022). While

certain experiences appeared across multiple cases, I observed that each participant's experience also contained distinctive elements. Once all 14 individual analyses were completed, I consolidated the idiographic findings, which are presented in Chapter 6 as individual narratives before progressing to group-level analysis and GETs.

5.6.2.7 Working with personal experiential themes to develop group experiential themes (GETs)

This step identified shared themes across participants by examining patterns of commonalities and divergences between experiential statements rather than PETs (Smith et al., 2022). Given the flexibility of IPA analysis, as highlighted by Smith et al. (2022, p. 76), where no single correct approach exists and researchers are encouraged to be creative, I chose to conduct cross-analysis at the level of experiential statements rather than PETs. To facilitate this, I colour-coded all participants' experiential statements to track their origin, printed them, cut them out, and arranged them on a large surface (see Appendix 20).

This decision was based on three key considerations. First, at the individual analysis level, some PETs were descriptive with limited analytical depth, and several PETs, such as numbers two, three, and five, were similar across all participants (see Appendix 18). Second, I found that my analytical thinking and critical engagement were more effective when considering all 14 participants' experiential statements together. Third, as a novice researcher, working with experiential statements, which are more specific and detailed, allowed patterns and shared themes to emerge more naturally and organically without being influenced by my prior PETs categorisations.

Through iterative clustering and reflection, I developed overarching GETs and subthemes that captured both shared and divergent experiences. Table 1 in Appendix 21 illustrates

how each participant's experiential statements contributed to the five GETs and their subthemes, highlighting similarities and differences in their lived experiences. This table was further revised and redrafted as Table 2, refining some theme names to avoid repetition (Appendix 21). The final version, with three GETs, is presented as Table in Appendix 22 (shared experiences findings), capturing the shared experiences of the 14 participants regarding their EBF journeys after returning to work.

While Smith et al. (2022) suggested a GET should be supported by at least half of the participants, I retained some subthemes with fewer contributions due to their unique relevance to participants' shared experiences.

5.6.3 Writing up the IPA findings

After completing the analysis for all participants, I structured the findings into two chapters: Chapter 6 presents idiographic narratives, capturing the unique dimensions of each participant's lived experience, while Chapter 7 consolidates shared experiences. The decision to separate individual narratives from shared themes is justified for several reasons:

1. Commitment to IPA's idiographic focus:
IPA is explicitly idiographic, requiring researchers to prioritise in-depth exploration of individual experiences before examining shared patterns (Smith et al., 2022). A combined chapter would risk prematurely merging unique accounts into overarching themes, potentially diluting the nuances of individual meaning-making. By presenting each participant's lived experience in full first, Chapter 6 remained true to IPA's commitment to idiography, ensuring that individual voices were not overshadowed by collective analysis.

2. Facilitating reader engagement and thematic depth:

The separate chapter enhanced the reader's ability to engage with each participant's experience before encountering shared themes, ensuring a deeper appreciation of how broader themes emerge from distinct lived experiences. Understanding shared experiences without first encountering individual narratives would weaken the interpretative depth, as themes gain their richness and credibility from the personal narratives that underpin them.

3. Maintaining the hermeneutic circle:

The hermeneutic circle necessitated an iterative movement between individual cases and collective themes. Structuring the findings in two distinct chapters reflected this philosophical foundation, ensuring that analysis follows a logical, interpretative progression; from idiographic (individual narratives) to nomothetic (shared themes).

4. Ensuring transparency and trustworthiness:

Separating the chapters ensured greater transparency in how themes were derived, reinforcing the trustworthiness of the analysis. Chapter 6 provides clear, participant-led narratives, allowing readers to see the raw experiential data before encountering my interpretations in Chapter 7.

5. Avoiding over-generalisation and ensuring balance:

There was potential risk of over-generalisation, as readers would primarily engage with shared themes without first encountering the nuanced complexities of personal experiences. By first immersing in distinct narratives and then transitioning to broader themes, this structure maintained a necessary balance between individual meaning-making and collective interpretation, ensuring findings remained contextually rich and analytically rigorous.

6. Aligns with existing IPA theses and scholarly guidance: While there are no strict rules for writing up IPA findings (Smith et al., 2022), this structure is consistent with other examples observed in IPA theses, which often lacked explicitly justifying approaches. However, during my meeting with Prof. Smith, he did not disagree with this structure and acknowledged its acceptability, particularly as I had reasonable grounds for my decision, as outlined above.

Building on this structured approach, in writing the IPA findings (2nd chapter), I followed Neiza, Farah, and Smith's (2021) framework for high-quality IPA reporting, using its four markers (see Figure 6) to refine the final GETs, deepen subtheme insights, and create a cohesive narrative of Saudi working mothers' EBF experiences after returning to work.

Box 1. The four quality indicators of good IPA.

Quality indicator	Brief description
Constructing a compelling, unfolding narrative	The analysis tells a persuasive and coherent story. The narrative is built cumulatively through an unfolding analytic dialogue between carefully selected and interpreted extracts from participants.
Developing a vigorous experiential and/or existential account	Focus on the important experiential and/or existential meaning of participants' accounts gives depth to the analysis.
Close analytic reading of participants' words	Thorough analysis and interpretation of quoted material within the narrative helps give meaning to the data and the experience it describes.
Attending to convergence and divergence	Idiographic depth and systematic comparison between participants creates a dynamic interweaving of patterns of similarity and individual idiosyncrasy.

Figure 6: The four quality indicators of good IPA. (adapted from Neiza, Farah, and Smith, 2021).

Additionally, while analysing the findings, concepts from resilience theory and the Theory of Planned Behaviour (TPB) emerged in some themes. These theoretical perspectives are integrated into Chapter 8 to provide deeper insights. This study method remains committed to the inductive nature of IPA throughout the analysis, theme generation, and writing process. For further details and justification, refer to Section 8.2 in Chapter 8.

5.7 Trustworthiness of study

To ensure the accuracy of findings, trustworthiness of this qualitative study, and transparency throughout the research process, the criteria of credibility, transferability, dependability, and confirmability were rigorously applied, as outlined by Guba and Lincoln (1989). Below is an explanation of how each criterion was applied in this study.

5.7.1 Credibility

To ensure confidence that findings accurately represent participants' experiences (Lincoln & Guba, 1985), I engaged in continuous reflexivity, documenting and added reflections into appendices 5 and 14, as well as providing a final reflection in the conclusion chapter. I also acknowledged and bracketed my potential bias regarding EBF based on my own previous experiences. In line with IPA's interpretative focus, member checking with the participating working mothers was not conducted, but credibility was ensured through rigorous reflexivity, prolonged engagement, audit trails, and ongoing peer review to maintain trustworthy and grounded interpretations (Korstjens & Monser, 2018, Ugiagbe et al., 2024).

Peer validation was integral throughout the study. I conducted a pilot interview to refine the interview guide, ensuring clarity and alignment with study objectives. Bilingual peer review was used to validate translations, with a sample of transcripts cross-checked by an academic colleague (Appendix 15). Throughout the data collection, analysis, and presentation of findings, I engaged in continuous peer review with my supervisors who are experts in qualitative and breastfeeding research, to ensure consistency and reliability. Prolonged engagement with the data, including personal transcription, translation and multiple readings, strengthened credibility by deepening my immersion in participants'

narratives. Additionally, challenges in recruitment, data collection, and analysis were transparently documented, reinforcing the study's authenticity.

5.7.2 Transferability

Transferability refers to how applicable findings are to other contexts (Guba & Lincoln, 1994). While IPA does not aim for generalisability, I provided thick descriptions of the research setting, participant demographics, and relevant socio-cultural factors, to enable readers to assess the applicability of these insights to similar settings (Frambach et al., 2013). I also outlined definitions relevant to the unique Saudi context, ensuring clarity for readers unfamiliar with the study setting. Furthermore, the specific challenges outlined would provide valuable insights into the real-world complexity of conducting research in this setting.

The study adhered to Smith et al.'s (2022) IPA methodological guidelines, ensuring a rigorous and systematic approach that enhances the potential for findings to be meaningfully applied in similar research contexts, particularly among working mothers navigating EBF after maternity leave.

5.7.3 Dependability

Dependability ensures the consistency and reliability of the research process (Guba & Lincoln, 1989). To achieve this, I maintained a clear audit trail documenting participant recruitment, data collection, and analysis decisions, including justifications for adaptations. Challenges and their resolutions were transparently reported.

Key strategies included:

- Peer-reviewed translations to ensure linguistic accuracy and contextual appropriateness.
- Reflexive memos and voice recordings to track my decision-making process.

- Verbatim transcription and digital audio recording to verify the dependability of the data gathered during the interviews and thus minimise any systematic bias (Easton et al., 2000; Tuckett, 2005).
- Followed Smith et al.'s (2022) guidelines, to ensure the approach aligned with IPA's established framework.
- IPA workshops and expert validation: I attended two IPA analysis workshops and sought feedback from Prof. Jonathan Smith, who reviewed a sample of subthemes and codes to confirm alignment with IPA principles.

5.7.4 Confirmability

Confirmability ensures findings reflect participants' experiences rather than researcher bias (Tobin & Begley, 2004). To uphold this, I engaged in ongoing reflexivity, acknowledging my assumptions and ensuring findings were data-driven rather than influenced by personal perspectives. Peer review was integral to this process. My supervisors regularly reviewed my analysis, coding, and interpretation to ensure alignment with participants' narratives. To confirm data depth and richness, I shared five interview transcripts with them, and their feedback affirmed the sufficiency of narratives, strengthening the study's confirmability and credibility.

A comprehensive audit trail further documented all methodological decisions, reinforcing transparency and trustworthiness in presenting participant experiences.

5.8 Ethical considerations

This study was conducted with a strong commitment to ethical principles when researching human participants. Informed consent, autonomy, confidentiality, anonymity, and the minimisation of discomfort and harm were embedded in the research process, guiding decision-making at every stage (LoBiondo-Wood & Haber, 2018). Additionally,

ethical integrity was upheld by strictly adhering to the Faculty Research Ethics Committee (FREC) guidelines, securing informed consent, ensuring data confidentiality, and allowing participants the right to withdraw at any stage.

Ethical approvals were obtained from the Scientific Research Ethics Committee at UQU, the General Directorate of Health Affairs in Makkah, the General Administration of Education in Makkah Region, and the Faculty Research Ethics Committee (FREC) at Trinity College Dublin, Ireland (see Appendix 6). Participant recruitment commenced once all approvals were granted. As was described earlier of the challenges faced in recruiting and identifying participants, one ethical amendment was submitted and approved (see Appendix 6).

5.8.1 Informed consent and autonomy

Participants, in the study were provided with a participant information leaflet (PIL) (Appendix 9). The PIL outlined detailed information about the researcher's role, the study's aim, benefits, and any actual or potential risks. Participants were informed that their participation was entirely voluntary and that they had the right to withdraw at any time without providing an explanation. They were also given sufficient time to consider their decision to participate.

I ensured that all participants who chose to take part had read and understood the PIL and had the opportunity to ask questions for clarification before giving their informed consent. Written consent was obtained from all participants prior to the interviews (see Appendix 10). For five participants interviewed online via Microsoft Teams, the consent form was sent by email, and they returned the signed form electronically.

5.8.2 Confidentiality and anonymity

While strict confidentiality and pseudonymisation were maintained, absolute anonymity is challenging to guarantee in qualitative research because of the detailed and context-rich nature of participants' narratives (Saunders et al., 2015). Therefore, this study prioritised confidentiality and rigorous data protection measures to uphold participants' privacy.

Confidentiality and pseudonymisation were maintained throughout the recruitment, data collection, analysis, and reporting processes. Participants were assured that their information would remain confidential and that their identities would be protected through the use of pseudonyms in all written outputs, including the Ph.D. thesis and publications. Audio records and transcripts were pseudonymised, and these were used to protect participants' identities in written outputs, including the Ph.D. thesis and publications.

Participants were informed that pseudonymised quotes from their transcripts would be included in the thesis and publications. They were also informed that examples of data analysis and quotes would be shared with my supervisors for academic supervision purposes to ensure the study's credibility. All shared data adhered to pseudonymisation standards and was securely shared via Google Drive through TCD email.

In line with the confidentiality, data protection, data processing, and data storage regulations of FREC at Trinity College Dublin, I stored participants' contact numbers on a password-protected mobile phone dedicated to research purposes, which was accessible only to me. These numbers were used exclusively for scheduling interviews. I personally transcribed all interviews without using third-party transcription services. Digital audio recordings and transcripts were securely stored in a locked filing cabinet in my office in

Makkah, Saudi Arabia, which only I could access. Participants were assured that their personal data would not be used in future studies and would be destroyed after the study was completed and published in a scientific journals or conferences.

5.8.3 Minimising of discomfort and hurt

Although sharing experiences about EBF was unlikely to cause discomfort or harm, breastfeeding can be an emotive experience. Participants were reassured that their well-being would be protected and that the interview could be paused, stopped, or rescheduled if they experienced any distress. Additionally, appropriate health support services would have been offered if needed. However, no participants became distressed during the interviews, so this step was not required.

5.9 Summary

This chapter outlined the methodological framework, detailing the IPA approach (Smith et al., 2022), participant recruitment from two workplace settings in Saudi Arabia, and the conduction of 14 semi-structured interviews. The data analysis process initially identified five GETs, which then refined to three meaningful GETs, encapsulating participants' experiences of EBF after returning to work. Ethical considerations and trustworthiness criteria ensured the rigour of the study, while challenges in data collection and analysis were addressed through reflexivity, peer validation, and attending workshops. The next chapter presents the idiographic experiences, offering individual narratives before transitioning to shared experiences.

CHAPTER 6: IDEOGRAPHIC EXPERIENCES OF EBF AMONG SAUDI WORKING MOTHERS

6.1 Introduction

This chapter presents the idiographic experiences of 14 Saudi working mothers who intended to continue EBF after returning to work. In line with IPA, each participant's narrative is explored individually, highlighting their unique perspectives, challenges, and meaning-making processes (Smith et al., 2022).

Each narrative is presented with minimal researcher interpretation, allowing the participants' voices to introduce the diverse and personal realities of their experiences. Verbatim quotes are interwoven with contextual details to ensure authenticity while maintaining a structured account of each participant's journey. The narratives include an overview of each participant's demographic background, their experience with EBF before and after returning to work, the challenges faced in balancing work and EBF, the facilitators that supported them, and their personal reflections on their journey. This approach familiarises the reader with each participant's story before transitioning to findings from the collective analysis in Chapter 7. Additionally, it ensures that their new voices, emerging from the uniquely Saudi context, are heard.

6.2 Participants' demographic characteristics

Fourteen Saudi working mothers whose ages ranged from 25 to 40 years, and had diverse educational backgrounds participated in the study. Participants worked in public and private sectors, including schools, universities, and healthcare institutions. Most had a paid maternity leave of 10 weeks, except for two who extended their leave up to six months using childcare or annual leave. Their work schedules ranged from six to eight hours per day. While a few mothers received their entitled breastfeeding break of one

hour, many faced workplace constraints that made continued EBF difficult. The duration of EBF after returning to work varied, with five mothers still breastfeeding at the time of the interview, three continuing for six months of EBF, and the remaining six discontinuing shortly after returning to work and before the interview.

Table 15 presents participants' demographic details alongside unique individual aspects influencing their EBF journeys, as identified from their narratives. This aligns with IPA's idiographic focus, which values both personal experiences and shared meanings (Smith et al., 2022). These distinctive individual aspects emerged naturally from participants' narratives, highlighting specific personal factors shaping each mother's EBF journey rather than generalising findings. While some experiences overlap, others remain highly individualised. These patterns become clearer in the next chapter, where GETs capture shared meanings, while individual narratives preserve the depth and uniqueness of each lived experience. This approach balances personal and collective dimensions, providing deeper insights into how personal circumstances, workplace policies, and social support influence participants' experiences within the Saudi context.

Table 15: Participants' demographic characteristics and distinctive individual aspects.

#	Name (synonym)	Age	Infant's age (months)	Education level	Workplace sector	Maternity leave duration (10 weeks paid)	EBF duration after returning to work	Distinctive individual aspects	EBF continuation status (at the time of interview)
1	Soha	38	Four	Bachelor's	Government education sector	10 weeks	One & half months	Trust in Allah	Still exclusively BF
2	Noha	40	Ten	Bachelor's	Government education sector	10 weeks	Five & half months	Husband's active role	Completed EBF for six months
3	Misk	34	Five	Bachelor's	Government education sectors	10 weeks	Two & half months	Entitled to BF hour break	Still exclusively BF
4	Rose	42	Three	Bachelor's	Government education sector	10 weeks	Three days	Lack of knowledge and awareness	Discontinued
5	Sara	35	Six	Ph.D.	Government education sector	10 weeks	One & half months	Mixed blessings of COVID-19	Discontinued
6	Ruba	37	Seven	Secondary education	Government education sector	10 weeks	Three & half months	School principal allowed her to bring baby to school for full EBF period	Completed EBF for six months
7	Rana	29	Four	Secondary education	Government education sector	10 weeks	One week	Lacked awareness of breastfeeding support and had no specific plan for EBF continuation	Discontinued
8	Maha	38	Three & half	Ph.D.	Private education sector	10 weeks	One month	Negative observation of formula milk's effect on her current infant	Still exclusively BF
9	Ayaa	34	Five & 28 days	Bachelor's	Private education sector	10 weeks + four weeks (unpaid)	One week	Higher work position and commitment to work	Discontinued
10	Toqa	34	Three	Master's	Government education sector	10 weeks	Two weeks	Her sense of being 'fortunate' as a lecturer	Still exclusively BF

11	Ola	25	Five	Bachelor's	Private healthcare sector	10 weeks	One month	Having relied on exclusively expressing breastmilk to continue EBF	Discontinued
12	Lila	30	Nine	Bachelor's	Private healthcare sector	10 weeks + four weeks leave (unpaid)	One & half months	Work pressure and no specific breastfeeding breaks time	Discontinued
13	Sama	27	Five	Bachelor's	Private healthcare sector	10 weeks + 21 annual leave (paid)	Two months	Strong self-knowledge and commitment on how to continue EBF	Still exclusively BF
14	Mona	33	Eight	Bachelor's	Government education sector	10 weeks + eight-week childcare leave taken three days after returning to work (¼ salary)	Three & half months	Successfully entitled to childcare leave post-returning	Completed EBF for six months

6.3 Participants' ideographic experiences

Each participant's biography is presented in chronological order based on their interview date. This section details their experiences individually, keeping their stories central to the analysis. Some of their quotations from excerpts and expressive words were incorporated and presented in inverted commas (“ ”).

6.3.1 Soha

Soha, a 38-year-old Saudi mother with a bachelor's degree, works in the government education sector. She is married with four children, her youngest infant being four months old, she returned to work after 12 weeks of paid maternity leave, continuing EBF. Soha intended to continue EBF upon her return to work. This decision was informed by her previous experiences; previously she worked in a school which was a long distance from her home, and this limited her ability to exclusively breastfeed her older children. She values breastfeeding as essential to “*true motherhood*,” reflecting previous negative experiences with formula feeding.

Soha described her return to work as filled with worry, repeatedly expressing feelings of being “*very worried*” and “*afraid*.” She lacked a clear plan, which elevated her anxiety about leaving her infant. Upon her return to work, she attempted to introduce formula milk via a feeding bottle, which her infant rejected. A week after resuming work, Soha realised EBF was simpler than anticipated, reflecting that her initial fears were exaggerated. Her experience was eased by her “*trust in Allah*” and a personal resilience, encapsulated in the Saudi metaphor “*enlarge her heart*,” meaning to take things easy and be patient.

Support from her husband played a significant role in her success and he cared for their infant during her work hours. His presence provided direct care and emotional support.

Additionally, support from her school principal, who authorised her “*breastfeeding hour*” as per Saudi law, contributed to her positive experience. Her workplace lacked dedicated breastfeeding facilities but afforded her the breastfeeding break and childcare leave, with which Soha was content. Her satisfaction, especially with the breastfeeding hour, may have stemmed from her home being located just ten minutes away from her work.

Soha also employed other strategies, such as adjusting her infant’s sleep schedule and feeding before work. She did not consider expressing breastmilk as a viable strategy, possibly due to the challenge of balancing the demands of four young children alongside her work, which made regular expressing breastmilk seem impractical and requiring too much “*effort*.” Despite her commitment to EBF, she firmly believed formula milk was an inevitable and practical choice for working mothers. Throughout the interview, she repeatedly expressed her intention to introduce at least one daily formula feed, viewing it as “*very normal*” and reflecting both her personal stance and an internalised awareness of social norms around infant feeding.

6.3.2 Noha

Noha was a 40-year-old mother of two; her youngest infant aged ten months at the time of the interview. Noha delayed introducing solid food to her infant until he was eight months old, continuing to exclusively breastfeed him until then. She was enthusiastic about participating in the study and eager to share her journey. She spoke extensively about her emotions, challenges, self-motivation, determination, and pride in overcoming the difficulties of being a working mother.

“ I felt like that, [like] a hero, I did it. ”

Noha viewed herself as the “*hero*” of her EBF journey as she had overcome skepticism from those who doubted it was possible for working mother. She believed EBF was a right from Allah and crucial for motherhood, inspired by its positive impact on her infant. Throughout her journey, she frequently used “*I swear to Allah*” to stress the authenticity and intensity of her experiences, and she expressed emotions like “nervousness,” “*guilt*,” “*confusion*,” pressure, and gratitude. These feelings prominently arose from challenges that she faced as a working mother and exclusively breastfeeding.

Noha described social expectations as the hardest pressure she faced, starting even before her baby was born. She noted that it was common for people to suggest buying formula milk in advance for convenience. Additionally, the maternity hospital where she gave birth was not supportive of EBF and promoted formula feeding instead. Her family and colleagues also pressured her to introduce formula milk, causing her to feel confused about whether she was making the right choice or going against social norms. She expressed these feelings using the phrase “*opposite of Muslims*” to convey her sense of opposition and uncertainty. To overcome these pressures, Noha turned to social media and YouTube for self-encouragement and education on EBF, which significantly improved her current experience compared to her previous one.

Returning to work was “*a nightmare*” for Noha and her infant. Her disappointment was profound when her extended maternity leave request was rejected, forcing her to return to work earlier than planned. Additionally, her infant’s refusal to take a bottle made the situation even more challenging. The unexpected COVID-19 pandemic added further complications, prompting Noha to decline the school’s principal’s offer to bring her infant to school, due to infection fears.

Despite these obstacles, her principal supported her by allowing her to take her breastfeeding hour at the end of the workday, “*a favour*” not granted by previous

principals. Noha also requested more flexibility to breastfeed her infant in her husband's car whenever needed, which provided her comfort and was the most appropriate solution for her needs. Her supportive husband, with opposite work hours, brought their infant to her for breastfeeding, helping her to continue EBF after returning to work. His presence also influenced her decision against introducing "*soaked dates in water*" to her infant, unlike with her older child, highlighting the importance of his support in her successful EBF journey.

6.3.3 Misk

Misk was in her mid-thirties, had three children, and the youngest infant was five months old. She was confident and open, she expressed pride in her "*achievement*" of "*exclusively*" breastfeeding. Reflecting on her journey, she expressed a deep sense of accomplishment, stating that she felt genuinely happy with herself. She viewed her ability to navigate the challenges as a personal achievement, adding, "*I feel proud of myself for all the difficulties and challenges, (...) [which] I am still overcoming.*"

She was determined to pursue EBF a different approach than combination feeding which she had done with her older children. Her intention led her to educate herself on EBF and follow a lactation consultant on Instagram who greatly motivated her, as Misk noted, "*she touched me.*"

Misk was unprepared for her unexpected return to full-time, in-person, assuming that education would remain online due to the "*COVID-19 pandemic.*" With only a week's notice, she faced "*the biggest, the biggest difficulty*" of not "*being*" with her infant. Returning to work "*suddenly*" leading to her feeling "*psychologically tired for the first two days.*" Introducing a bottle of breastmilk was challenging, and the absence of a nursery at her workplace added to her distress, causing Misk to "*cry*" at school and her

infant to “cry” at home. During this time, Misk sought solutions to continue “*exclusive breastfeeding*” and prayed, asking “*Allah*” for help. She felt that Allah had “*opened the doors*” for her to overcome these challenges and blessed her to continue EBF.

To overcome the challenges of suddenly returning to work, she sought advice from a paid “*lactation specialist*” to continue EBF. She regretted not knowing about electric pumps and breastmilk storage with her previous child. Her mother suggested using a feeding syringe to address the infant’s bottle refusal. Misk also sought childcare leave but was told it would likely be denied due to the high demand for her specialisation. Instead, she was informed about her entitlement to “*a breastfeeding hour,*” allowing her to reduce her workday to four hours, which she had been unaware of.

Despite this provision, Misk was dissatisfied with the lack of a nursery or private area for expressing breastmilk at her workplace, especially since she preferred not to pump in the toilet. Misk highlighted the benefits of the new Saudi education system, with three terms and long weekends, which facilitated her journey by allowing her to spend as much time as possible with her infant. At the end of interview, Misk stressed the need for a “*nursery at the same workplace*” that accepts infants of all ages.

6.3.4 Rose

Rose was 42 years old and her youngest child at the time of the interview was three months old. She discontinued EBF three days after her return to work. Although Rose had only breastfed for three days after returning to work and provided brief responses during her short 20-minute interview, her words were deeply impactful. It was evident that her lack of knowledge and awareness played a significant role in her decision to discontinue EBF.

This was Rose's first attempt at EBF, inspired by her oncologist's advice about its health benefits, after her recovery from a breast tumor. Her oncologist's encouragement, along with seeing others struggle with breast cancer, motivated her to exclusively breastfeed her current infant. She explained, "*After Allah healed me from the disease and I became pregnant with my daughter, I said to myself, 'I must breastfeed her naturally' ... and [yes] I breastfed her.*"

Rose faced challenges both before and after returning to work. Initially struggling to "start breastfeeding," she sought help from a specialist at maternity hospital who taught her techniques and assisted with an inverted nipple, boosting her confidence. However, she consistently reported not receiving education on EBF, noting that the nursing staff promoted formula milk. Throughout the interview, her uncertainty about the meaning of "exclusive" breastfeeding became evident as she repeatedly stated "no," "never," and "I didn't know." When asked directly about her understanding of EBF, she laughed and suggested it might mean "*just, new, and fresh,*" but was clearly unsure.

Returning to work marked the beginning of her "*suffering*" due to "*the long working hours... 6 hours*" and the lack of a nursery at her workplace. Rose received no support from her school and expressed confusion about what that should entail. Despite Rose's employment in a public school where a breastfeeding hour policy should be uniform under the General Administration of Education, she found the policy unclear. On her first day back, she inquired about the policy, and the school principal's assistant informed her that it had been cancelled a long time ago and suggested she check with the Department of Education. Rose did not follow up, admitting with a laugh that she got busy and forgot.

On her first day back at work, feeling unsupported and lacking knowledge, Rose asked her mother to give her infant formula milk. Although the infant initially refused, she accepted it by the third day. Rose was uncomfortable with this and only gave formula

“during work [hours].” She had not considered expressing and storing breastmilk because she was unaware it was possible. When this was suggested, she was surprised and enthusiastic about the idea, expressing her motivation to stop using formula milk. Rose regretted the lack of breastfeeding support, wishing for the return of the *“two-hour break to breastfeed like in the past”* legislation, or provide at least on-school nurseries. Her understanding regarding breastfeeding break policy was based on conversations with colleagues, though it was uncertain whether such a policy had formally existed. After the interview, she was eager to learn about expressing breastmilk, asking about devices and storage.

6.3.5 Sara

Sara was in her mid-thirties and has two children. Sara’s youngest child was six months old at the time of the interview. She had received a scholarship to complete postgraduate study in the UK, where she gave birth to her first child. She discontinued EBF after six weeks following her return to work and fully ceased breastfeeding a few days later. Sara remained cheerful and cooperative throughout the interview, despite frequent interruptions from calls and messages due to her work position and commitments.

Throughout the interview, Sara repeated *“I believe”* when discussing her commitment to breastfeeding, stressing its importance to her; and stating that she equates it with *“prayer,”* viewing it as a maternal duty and an obligation similar to how prayer is a religious requirement for Muslims. Despite challenges with both her children, she affirmed, *“I strongly believe in breastfeeding and its benefits,”* but acknowledged, *“the breastfeeding experience was not easy.”* Sara had attempted EBF before but was particularly motivated to continue after returning to work because her infant showed a strong desire to nurse, and she had no postpartum challenges. She also reported noticeable health benefits compared to her previous child.

Sara adhered to a “*breastfeeding on schedule*” plan during maternity leave, initially maintaining this after returning to work. Although she planned to continue “*breastfeeding on schedule*” and “*pumping breastmilk,*” she struggled to commit to these strategies following return to work. Sara’s experience was notably influenced by the COVID-19 pandemic both before and after her return to work. The COVID-19 pandemic provided “*flexibility,*” allowing her work three to four hours in the office and attend remote online meetings. Despite this, Sara encountered challenges and had to abruptly leave several in-person meetings when notified by her mother that her infant needed to be fed. Sara noted that her colleagues, both female and male, were “*understanding*” that she was a breastfeeding working mother, enabling her to continue meetings remotely. Sara later found her sudden return to full-time work, coupled with increasing workloads and the lack of support or facilities, to be the main barriers to EBF. She couldn’t take childcare leave because she needed “*a full salary.*” As a result, she had to introduce formula milk when her infant was five months old.

At the end of interview, Sara contrasted her experiences in the UK and Saudi Arabia, describing the UK as offering “*a completely contradictory experience*” with better support and facilities for breastfeeding mothers compared to Saudi Arabia.

6.3.6 Ruba

Ruba, a 37-year-old mother of four; her youngest child was aged seven months old at the time of the interview. Ruba continued EBF for six months after returning to work. Ruba was shy and quiet, her responses were brief but clear, often emphasising her story with “*I swear to Allah.*” Committed to EBF, Ruba viewed it as a duty essential for her infant’s well-being, believing it was a right given by Allah.

During maternity leave, Ruba discussed how she faced initial challenges like lack of support, the maternity hospital's promotion of formula, and social misconceptions about breastmilk supply. Otherwise, Ruba described her experience of EBF before returning to work as *"very comfortable."* During her maternity leave, being at home with her infant, along with her husband's support in household tasks and caring for their other children, made EBF easier and more manageable.

Confident about returning to work, Ruba had a firm plan to *"bring the baby to school"* or *"take a childcare leave."* Due to the *"COVID-19 pandemic & distance learning,"* she expected her school principal to allow her to bring her infant to school, which was facilitated for six months. Ruba emphasised the importance of being with her children, repeating: *"the most important thing is that my child is with me.... [you feel] peace of mind when he is with you in the same place."*

Bringing her infant to school was key to her successful EBF journey. Despite the lack of a prepared place or private office, Ruba brought her infant's *"seat, bed, & blanket"* to the shared office. Even with students back, her colleagues helped by *"looking after"* the infant during busy times. She greatly appreciated the principal's support, often expressing her gratitude.

Ruba hoped for *"[maternity] leave, for female employees, at least 6 months,"* recognising that not all women have the financial flexibility for childcare leave. In general, she was aware of and insisted on EBF, avoiding financial pressure to be available for her infant. However, she successfully met her own goal of EBF for six months and planned to continue until her infant is two years old.

6.3.7 Rana

Rana was a 29-year-old a service officer. She had three children, and her youngest child was aged four months old at the time of the interview. She discontinued EBF one week after her return to work. She was very enthusiastic about participating in this study. This was her first attempt at EBF after maternity leave, having not breastfed her first child and combined feeding with her second. Throughout the interview, it was evident that Rana was shy, and a hesitant person. She decided to exclusively breastfeed her current infant after the infant was hospitalised in the neonatal intensive care unit (NICU) for a week after birth, and was encouraged to EBF by her obstetrician and nursing staff. She also noted that this was the first time her milk supply was abundant, which motivated her to continue EBF until a week after returning to work.

Despite previous breastfeeding experience, she lacked confidence in her ability to exclusively breastfeed. She successfully navigated postpartum challenges and social norms that favoured formula feeding without wavering in her commitment to continue exclusively breastfeeding on returning to work. However, she was worried about breastfeeding and work as she had no *“specific plan.”* She was inspired by a social media figure and *“liked the idea”* of expressing breastmilk. She also sought additional guidance from her brother’s wife. She attempted expressing breastmilk the day before returning to work but felt uncertain due to a lack of knowledge about the process.

Her EBF journey after returning to work was hampered by a lack of support from her family and her workplace. Despite her intention to pump breastmilk, she struggled on her first day, describing it as *“a tiring day.”* She faced difficulties with expressing breastmilk, which resulted in engorgement and leakage. She expressed uncertainty about producing *“enough”* breastmilk, exacerbated by the lack of a *“specific place for pumping at school,”* no breaks, and a demanding schedule, which eroded her confidence. So, she got

exhausted and abandoned expressing breastmilk after three days. Despite this, her school principal allowed her to leave work half an hour early for the next two days to breastfeed, although this was not a permanent arrangement. Rana expressed her gratitude, explaining that it wasn't an official nursing hour but a gesture of support from the principal who understood her situation.

Rana was unaware of any support available for breastfeeding working mothers, assuming it was normal to work without extra accommodations. Although her principal allowed her to bring her infant to school, she found it impractical due to her inflexible job and lack of a suitable space for the infant, worrying it would hinder her work. She wished there was a nursery at the school. Before switching to formula, she considered applying for childcare leave but hesitated, fearing it would be rejected. The lack of support and poor knowledge around breastmilk expression weakened her determination to continue EBF. Encouraged by her husband, she reluctantly introduced formula milk after a week. Reflecting on her experience, she wished she could have continued EBF but hadn't anticipated the difficulties.

6.3.8 Maha

Maha was old 38 years, and had three children. Maha's youngest child was aged three and half months old at the time of the interview. She had previously had a scholarship in the USA to complete her postgraduate study. She continued EBF after her return to work. Despite her busy schedule, Ramadan fasting, and commitment to a "*breastfeeding hour*" at the end of work, Maha was very welcoming and happy to talk during the interview. She appeared calm, confident, and meticulous, providing clear, well-organised, and consistent responses throughout her narration.

During maternity leave, Maha was determined to exclusively breastfeed her current infant throughout her maternity leave, stating, “*here, I am with her, so what prevents me from continuing breastfeeding with her as long as I am present, we graduated and settled, so ‘khalas’ her right that she takes I mean breastfeeding,*” unlike her previous children. She was a scholarship student pursuing her “*Ph.D. in the USA*” and was unable to continue exclusively breastfeeding her first two children beyond 40 days old. She left them with their grandparents in Saudi Arabia, where they were formula-fed during her studies.

Maha received substantial support throughout her EBF journey, starting with her hospital stay. Maha initiated and continued breastfeeding despite significant post-caesarean section pain. Maha benefited from the extensive support of her large family during her postpartum period and maternity leave. However, she described her concerns about feeding alternatives upon returning to work after seventy days. Maha’s commitment to EBF strengthened after her infant rejected formula milk. She shared, “*I tried to use a formula for her once, but it didn’t work, I felt (...) it wouldn’t work with my infant,*” reaffirming the EBF as “*the best for her.*” Although motivated by her infant’s GP to continue EBF through expressing breastmilk upon returning to work, Maha was initially concerned about her milk supply. Her confidence grew with continuous support from her GP and other breastfeeding mothers. Notably, all of Maha’s sisters are teachers who also relied on expressing breastmilk when returning to work, and their experiences further motivated Maha to continue EBF.

Despite a well-prepared plan, Maha faced concerns on her first day back at work, worrying if she would have enough milk and how her infant would react, having commenced expressing breastmilk only the night before. She struggled with expressing breastmilk at work due to a lack of a designated area and the exhaustion from managing classes back-to-back without breaks. Maha described herself as “*a practical person,*” she

sought support from her school principal and colleagues, who helped manage her teaching schedule. The “*breastfeeding hour*” was crucial in her journey, though she realised the need for better time management at home to maintain her milk supply. So, Maha established a routine of regular “*pumping*” every three hours, and effective use of the “*breastfeeding hour*.” She also pumped from one breast while her infant fed from the other.

By the end of the interview, she advised working mothers, especially those in government schools with a lighter workload and “*no Saturday shifts*,” to pursue EBF, as she assumed that their work conditions were more manageable compared to more demanding settings, such as her private school.

6.3.9 Ayaa

Ayaa was 34 years old, and her infant was almost six months old at the time of the interview. She held a higher-level position in the private education sector. Ayaa had seventy days of maternity leave, and she extended her leave with an unpaid month. She discontinued EBF a week after her return to work, then she discontinued breastfeeding altogether within a few days.

Ayaa, a first-time mother who became pregnant after a long struggle to conceive, had a unique experience compared to other participants. Her interview was marked by intense emotions and expressions that highlighted her feelings during her EBF journey. She frequently appeared tearful, overwhelmed by feelings of “*guilt*,” and “*fear*” for her daughter, and intense love. She reports being known as a “*Drama Queen*,” her heightened emotions were intensified by the challenges of being a new mother and a working woman.

Ayaa intended to breastfeed for at least six months, believing that breastmilk, a gift from Allah, provided significant benefits. Her understanding of EBF included “*skin-to-skin*”

contact and “*secure attachment*,” and she strongly preferred direct breastfeeding over bottle-feeding, fearing her infant might prefer the bottle. Consequently, she decided not to buy any feeding “*bottles*,” “*pumps*,” or formula “*milk*,” relied only on her breast. During maternity leave, Ayaa faced numerous challenges with breastfeeding that began right after birth. She was unsure how to breastfeed and lacking initial guidance; she sought help from a “*lactation specialist*” at the maternity hospital. Her confidence wavered as her family advocated for formula, blaming her for her infant’s cries of hunger. Despite this, Ayaa remained committed to EBF, convinced it was best for her infant’s health and immunity.

Though her workplace had a nursery and a breastfeeding hour policy, Ayaa felt returning to work after 70 days was “*too early*” and extended her leave unpaid for a month. She devised a backup plan, buying a pump and starting to store breastmilk while expressing for one hour each day during her extended leave. To avoid bottle reliance, she used a spoon or dropper for feeding. However, her plan began to falter after the first week back at work when her stored breastmilk quickly ran out. Meeting her infant’s needs during long work hours was challenging, as one feeding wasn’t enough for six hours. She was uncomfortable expressing breastmilk at school due to the lack of a private space, hence she was limited to expressing at home for the next day’s feeding. Additionally, she often couldn’t take her breastfeeding hour and stayed beyond official working hours due to her work position. Social pressure, which she had previously ignored, began to affect her after returning to work; she shared, “*they had no argument, and they had no word because I was with her all the time, but when I came back to work, their words affected me.*”

After struggling to provide enough breastmilk, Ayaa “*decided to introduce formula milk*,” intending to combine it with breastfeeding. Her infant quickly “*got used to formula milk*” and “*refused the breastmilk*” from both breast and bottle. Initially, Ayaa felt “*upset*” and

she “*hated*” her job, feeling it hindered EBF. She later acknowledged her “*excessive fear*” of the workplace nursery as a “*mistake*,” realising she could have kept her infant close for breastfeeding. At the interview’s end, Ayaa reflected, “*we learned [got my lesson] (smiled)*,” and expressed feelings of guilt and resolved that for her next child, she would take extra leave, use the nursery, or even resign if necessary to continue EBF.

6.3.10 Toqa

Toqa, a 34-year-old mother of three, had a three-month-old infant at the time of the interview. She had continued EBF after returning to work and was eager to share her experience. During the interview, which was briefly interrupted by a technical issue with my laptop causing a 15-minute delay, Toqa remained patient and resumed the discussion with the same enthusiasm and openness, noting, “*the topic of breastfeeding for me is an interesting topic (smiled) If you feel that I am talking a lot, stop me*,” She frequently used phrases like “*honestly*” and “*to be honest*” to emphasise her sincerity and ensure the authenticity of her feelings and experiences was conveyed.

Toqa has been passionate about breastfeeding since her first child, viewing it as a “*creation of Allah*” and “*an integral part of motherhood*.” She was determined to exclusively breastfeed all her children except with her first, Toqa faced significant challenges during her maternity leave due to the infant’s refusal to latch after birth. Drawing on her past experiences, Toqa was “*insistent*” on not turning to formula, similar to a previous situation with another child. Her persistence paid off, and “*things went smoothly*” for the remainder of her leave.

Toqa’s interest in EBF was supported by her family, especially two sisters who also breastfed exclusively while working. One sister’s experience, successfully expressing breastmilk after returning to work, greatly inspired Toqa. Initially, Toqa lacked

“awareness of breastfeeding” and was unfamiliar with expressing breastmilk. She educated herself through *“YouTube clips”* and *“internet sites,”* learning the basics of expressing and storing breastmilk. Despite her efforts, she still felt confused about the process due to a lack of reliable information from formal sources. Nevertheless, Toqa began expressing and storing breastmilk three months before returning to work, introducing her infant to bottle-feeding and building a stockpile by expressing once daily. Toqa felt *“very fortunate”* due to her flexible work schedule as a lecturer, easing her transition back to work at the end of the academic term, which offered a lighter schedule. She acknowledged that returning at the term’s beginning would have been more challenging. Currently, her work involves one or two lectures per day, totalling about two hours, allowing her to return home quickly. Despite having access to a paid nursery at her workplace, she avoided it due to overcrowding and inadequate facilities.

Toqa faced *“zero support”* from her workplace and society, which lacked a strong breastfeeding culture and viewed it as *“secondary thing.”* She recounted social indifference, with people questioning her commitment, and noted her colleagues were *“surprised”* by her EBF. Despite these challenges, Toqa remained committed due to her knowledge about breastfeeding. At the end of the interview, she suggested improvements to support EBF, including educational programmes for new mothers, distributing manuals on breastfeeding and expressing breastmilk in hospitals, and establishing well-equipped nurseries and designated quiet spaces for breastfeeding or expressing breastmilk at workplaces.

6.3.11 Ola

Ola, 25-years-old, mother of a five-month-old infant. She discontinued EBF one month after returning to work. She valued participating in this research and was eager to share

her experience, describing her EBF journey as “*very difficult*” and “*tragic*.” Ola spoke candidly for 35 minutes, detailing her entire EBF experience. Her initial EBF journey was marked by significant “*suffering*,” a term she frequently used. Ola expected her approach to be “*unique*” compared to other participants, particularly because she relied on exclusively expressing breastmilk to continue EBF due to numerous challenges during her maternity leave.

As a first-time mother, Ola was “*very insistent*” and “*enthusiastic*” about breastfeeding, having prepared by reading through social media and watching “*YouTube*” videos. However, she faced her first “*difficulty*” when the maternity hospital did not support her in starting breastfeeding, significantly affecting her entire experience. Lacking confidence and guidance, she struggled to initiate breastfeeding, only starting after four days. The hospital did not inform or ask her about her preference for breastfeeding or formula. Despite her determination, a nurse dismissed her concerns, telling her “*breastmilk would not come out in for the first two days*.”

During the postpartum period, Ola learned a lot about breastfeeding and, despite initially feeding her infant formula, remained committed to her intention to EBF. With no family experience or guidance on putting the infant to the breast, she independently researched methods to “*stimulate and increase [her] breastmilk flow*” to initiate breastfeeding. Ola worked to improve her breastmilk supply through regular expressing and, after four days, successfully began bottle-feeding her infant with expressed breastmilk. Once her breastmilk came in during the second week, she stopped expressing and attempted to transition her infant from bottle to breast but faced latching challenges.

Ola sought help through “*YouTube*” for “*correct latching*,” a midwives and mothers’ WhatsApp group, consulting three doctors online, and visiting a lactation specialist at a private hospital. Despite her efforts, she continued to struggle until a paediatric doctor

recommended a *“plastic nipple [shield].”* Frustrated and uncomfortable with the shield, she gave up on direct breastfeeding after 40 days, as her infant also refused to breastfeed. Determined to continue EBF, Ola found support through the *“WhatsApp group,”* where a breastfeeding mother recommended contacting *“a charitable organisation called Childhood Welfare Association,”* known for supporting breastfeeding. This organisation introduced her to *“exclusive pumping”* breastmilk, as a method she adopted to continue providing her infant with breastmilk exclusively.

She planned to continue EBF by *“exclusive pumping,”* equipping herself with a new portable pump, frozen packs, and learning about milk storage and heating. Ola used words like *“suffering,”* and *“tension”* to express the challenges of expressing breastmilk exclusively after returning to work. Despite the lack of a private place at her workplace, Ola *“insisted”* on using the bathroom for the first week and later, an empty room during the noon period when no patients were present. She was aware of her breastfeeding hour entitlement, she struggled to secure it, facing employer resistance when only offered two split half-hour breaks during prayer and lunch times.

Ola described her experience as *“running after the [breast]milk”* at work and home, overwhelmed by job pressures and lack of support, with her infant reliant on exclusively expressed breastmilk. Feeling she was *“literally dying,”* so she introduced formula milk, which her infant initially refused, but Ola persisted in trying get her infant to accept formula. She discontinued EBF one month after returning to work, feeling *“proud”* of her unique approach, saying *“I [continued] breastfeeding in a strange way, not the same as other [breastfeeding mothers] [and] I did something that no one else [could] do.”*

6.3.12 Lila

Lila was aged 30-years-old and had two children. Her youngest child was aged nine months old at the time of the interview. She took an additional four weeks off following her maternity leave, extending her total leave to 100 days. Lila discontinued EBF at five months, one and a half months after returning to work, by introducing solid foods early. However, she rejected formula milk and continued breastfeeding alongside solids. Lila was open to sharing her experience despite her busy schedule at work.

Throughout the interview, Lila demonstrated strong commitment and confidence in EBF, supported by her extensive knowledge and prior experience. Although not her first-time breastfeeding exclusively, it was her first as a working mother. She faced several postpartum challenges but remained motivated by her belief that breastfeeding is an infant's right and a way to ease her "*guilt*" about being away for over eight hours. Upon returning to work, Lila found the experience stressful and anxiety-inducing. She was firmly opposed to using formula milk and "*insisted*" on exclusively breastfeeding until the end of her current EBF journey after returning to work.

Feeling unprepared to return to work, Lila extended her leave by four weeks of unpaid leave and began expressing and storing breastmilk three weeks before her return. Confident in her plan, which she had previously used with her first child, Lila found the transition back to work "*difficult*" and was "*afraid*" from the first day. Despite preparing a supply of expressed breastmilk, she worried about having enough time, especially working in a high-demand department in the hospital. Lila was deprived of her full "*breastfeeding hour*" because, as she said, "*the administration that we have, they are a little tough.*" Without dedicated facilities or employer support, she used an unused room for expressing daily at her workplace. The experience was stressful, with "*tight nerves*" and "*intermittent*" expressing due to work "*pressure*" and "*no specific break times*,"

compounded by uncooperative colleagues. She introduced solid food to her infant “*at five months*,” instead of the intended six, to “*relieve some pressure*” from breastfeeding, influenced by intense work “*pressure*” and lack of regular expressing breastmilk breaks, though her infant also showed readiness to eat solids.

When discussing support, Lila appreciated her mother’s crucial role as a caregiver. During a challenging moment when she considered formula due to a limited breastmilk supply, her mother encouraged her to persist, saying, “*no, khalas, I tried to distract him.*” At the end of the interview, Lila expressed a wish for a comfortable place to allow her express breastmilk at her workplace and emphasised the importance of a full “*breastfeeding hour.*” She explained that this hour would make a significant difference.

6.3.13 Sama

Sama was aged 27 years-old and had a five-month-old infant. She continued EBF after returning to work following seventy days of paid maternity leave and an additional twenty-one days of paid annual leave. Sama valued her participation in this research and enjoyed sharing her experiences. Sama was educated person who loves reading and critical thinking, this was evident through the interview. Her preparation, faith in Allah, self-education, and awareness, and spousal support were crucial factors in overcoming the challenges she faced during her EBF journey after returning to work.

Sama meticulously planned her journey into motherhood and EBF through extensive reading during pregnancy. Despite initial challenges in finding information, she noted that social media now makes breastfeeding information “*easily available*” and “*widespread*,” more so than “*five years ago.*” This accessibility helped her gather “*enough information*” to support her decision to exclusively breastfeed, driven by her “*100% convinced*” belief in the superiority of breastmilk, a gift from “*Allah*,” over formula milk.

Sama was determined about her decision to pursue and overcome challenges associated with EBF. Sama chose a hospital that aligned with her *“childbirth plan”* and supported EBF, aware that not all Saudi maternity hospitals do so. She faced postpartum challenges, including lack of sleep, nipple pain, and breast soreness, feeling *“exhausted,” “tired,”* and in *“stages of despair.”* Nonetheless, her spiritual faith, family support, and her infant’s smile motivated her to continue, even after returning to work.

During maternity leave, Sama used Instagram to prepare for her return to work. She started expressing and storing breastmilk *“regularly”* four weeks prior and trained her infant to use a feeding bottle *“once a day.”* Despite her preparation, the first days back at work were challenging. With no nursery at her workplace and her family residing in another city, Sama had to rely on babysitters. Sama found most babysitters preferred using formula milk, as it was more common, making it difficult to find one comfortable handling breastmilk.

Sama encountered lack of a designated expressing space at her workplace, she eventually resorted to using her car. While she was entitled to a *“breastfeeding hour,”* separate from her *“breaktime,”* she had to negotiate with administration to secure this right. Despite securing her breastfeeding and break hours, her employer attempted to schedule her breastfeeding hour inconveniently at the end of the workday. Her proposal to split the *“breastfeeding hour”* into three *“20-minute”* segments was denied. She expressed frustration over the disparity, noting how smokers could easily take *“ten minutes”* multiple short breaks without objection, highlighting the discrepancy in urgency perceived for smoking versus breastfeeding.

By the interview’s end, Sama expressed a desire for greater social support for breastfeeding mothers, urging a shift away from formula preference and advocating for healthcare professionals to support breastfeeding from birth to two years. She also

advocated for greater workplace support, including designated time and space for expressing breastmilk, and suggested that extending maternity leave would be beneficial.

6.3.14 Mona

Mona, a 33-year-old mother of two, had an eight-month-old infant at the time of the interview. She worked as a research assistant at a university, managing various administrative tasks. She returned to work after seventy days of paid maternity leave and then applied for eight weeks of childcare leave at quarter pay, three days after her return. This allowed her to “*successfully*” continue EBF for six months. Although her experience with EBF at work lasted only three days before requesting the leave extension, her experience during this brief period was meaningful.

This was the “*first-time*” Mona “*insisted*” on EBF. Unlike with her first child, when she introduced formula to aid weight gain, Mona was now more confident, knowledgeable, and passionate about EBF. She “*educated*” herself by searching, reading, and watching “*videos on motherhood and breastfeeding*” on social media, gaining “*awareness*” of its importance. During her pregnancy, she decided to exclusively breastfeed for six months, believing breastfeeding is “*a child’s livelihood*” from Allah, and planned to continue for two years, as referenced in the Qur’an.

Despite challenges, such as her infant’s 16-day hospitalisation for treatment of jaundice, Mona described her EBF experience before returning to work as “*nice*.” She expressed breastmilk daily until her infant was discharged from hospital and continued exclusively breastfeeding during maternity leave. Mona faced criticism from others who claimed breastfeeding is “*hard*” and formula milk is better. She remained confident in the benefits of EBF and unfazed by their opinions, maintaining her “*insistency*” despite their views.

Upon returning to work, Mona attempted to express breastmilk, but her infant “*refused*” the bottle. She hadn’t persisted on her expressing plan; expecting a nursery to be available at her workplace. On her first day back, she brought her infant, hoping the nursery would be open, but found it still closed after COVID-19. Without a nursery or an alternative plan, Mona felt “*responsible*” for her infant’s safety and was hesitant to leave him in an unsafe environment. Upon returning to work, she struggled with separation from her infant. Due to the distance learning situation, the head of the department allowed her to bring her infant to work. However, with “*in-person exams*” taking place, Mona found this arrangement “*difficult*,” as the lack of a “*safe and prepared environment*” made it challenging to balance her responsibilities. While her colleagues provided some support, such as caring for the infant while she “*supervised students exams*”, she remained hesitant to keep her infant at work, feeling that his needs were not fully met.

Mona demonstrated strong work commitment while expressing a desire not to leave her infant alone. She noted that no one was aware of the “*breastfeeding hour*” policy and considered childcare leave the best option to continue EBF. She emphasised the need for a workplace nursery as essential support for breastfeeding mothers. Throughout the interview, Mona highlighted that “*trust in Allah*,” “*insistence*,” “*willpower*,” “*awareness*,” and “*knowledge*” are essential for EBF to continue and “*succeed*.”

6.4 Summary

This chapter presented the unique experiences of the 14 Saudi working mothers as they navigated EBF after returning to work. Each participant had a distinct story shaped by personal, social, and workplace factors, highlighting the complexity of this transition. While most initially intended to continue EBF, many faced challenges such as inadequate workplace facilities, lack of awareness about breastfeeding policies, and social expectations. Their decisions were influenced by faith, past experiences, social norms,

knowledge, timing of their return to work, and the availability of breastfeeding information and support.

Participants who were able to continue EBF after returning to work often had strong faith in Allah, well-prepared plans, supportive work environments, awareness of breastfeeding policies, family support, and access to flexible childcare leave. In contrast, others faced unexpected challenges that led to early discontinuation. Despite these varied experiences, many participants reflected on their journeys with immediacy and depth, offering rich insights into the lived realities of EBF in Saudi Arabian context.

By presenting each participant's account in detail, this chapter provided an in-depth understanding of the individual experiences of Saudi working mothers. This idiographic approach laid the foundation for the cross-case analysis in next Chapter 7, where shared patterns and divergences will be explored to further interpret the collective experiences of participants.

CHAPTER 7: A JOURNEY OF RESILIENCE: NAVIGATING EBF IN AN UNSUPPORTIVE ENVIRONMENT

7.1 Introduction

This chapter presents the shared experiences of EBF among Saudi working mothers after returning to work, highlighting both commonalities and differences in their journeys. The core category, '*A Journey of Resilience: Navigating EBF in an Unsupportive Environment*' reflects their struggles and persistence, acknowledging the multiple barriers they faced while emphasising their adaptability and determination. In this context, 'navigating' was not simply about managing practical challenges but also about coping with the emotional weight of the experience, balancing exhaustion, anxiety, and moments of isolation with a deep sense of purpose and commitment to their infants. Whether they continued or discontinued EBF, their experiences were shaped by workplace structures, lack of systemic support, social expectations, COVID-19 pandemic and personal resilience.

The chapter explores how participants navigated their initial commitment to continuing EBF with lack of official support and social expectations; the realities of EBF in their workplaces; and the resilience they demonstrated despite systemic constraints. For some, this meant finding their way through a difficult and changing situation, where decisions were shaped by stress, and the need to keep adjusting, yet also marked by moments of relief, pride, and achievements. While some benefited from supportive environments, others faced rigid policies that made EBF challenging. Their experiences highlight both barriers and enablers that shaped their EBF journeys. Appendix 21 provides an overview of the core category, final GETs, and subthemes, providing the prevalence of themes across the 14 participants.

The GETs are presented sequentially, with verbatim quotes illustrating both shared experiences and individual differences. Following Smith et al.'s (2022) guidelines, extracts are drawn from at least half of the participants contributing to each subtheme; however, most participants contributed to each subtheme. Despite having contributions from fewer than half of the participants, three subthemes were included due to their significance and relevance within the study's context and objectives, offering valuable insights into unique aspects of the participants' EBF experiences in the Saudi Arabian context.

Due to the large sample size and the volume of qualitative data, I carefully selected quotes following Smith et al.'s (2022) guidance. Quotes were chosen for their richness, clarity, and relevance, ensuring they effectively capture both shared patterns and individual variations in experiences. This approach maintains analytical depth while preventing redundancy, allowing a balanced representation of how Saudi working mothers navigate EBF in an unsupportive workplace. Extracts also demonstrate connections between subthemes (Smith et al., 2022), ensuring a cohesive analytical flow and a clear understanding of participants' lived experiences.

7.2 Group Experiential Theme 1: Navigating Exclusive Breastfeeding

The first theme identifies participants' commitment to EBF during and after maternity leave. This commitment was central to their decision to continue EBF after returning to work. Three subthemes emphasise the initial and continuous challenges they faced and the personal motivations that sustained their efforts: *i) Navigating the Saudi Healthcare System Shortfalls*, that reflected the gaps in healthcare support and education, affecting participants' preparation and continuation of EBF; *ii) Navigating the Social Crossroads* that highlighted social pressures and formula milk norms, reinforcing constant external challenges; and *iii) Driven Motivation to Continue EBF* reflecting how participants'

decisions to continue EBF are shaped by a combination of personal beliefs rooted in religious beliefs, and experiences. For many, they experienced moments of doubt, and feelings of disempowerment and isolation. Yet, a deep sense of purpose and determination often transformed these initial hardships into a source of strength, enabling them to decide to continue EBF despite lack of formal guidance and social obstacles.

7.2.1 Subtheme 1: Navigating the Saudi healthcare system shortfalls

Participants navigated and interpreted the complex interplay of the Saudi healthcare system and its limited formal breastfeeding resources before and after returning to work. Their experiences highlight significant inconsistencies in healthcare support, a prevailing formula-feeding culture, and a reliance on self-education to maintain EBF. While these Saudi healthcare-related challenges did not directly dictate their EBF continuation after returning to work, they contributed to a foundation of unpreparedness that made maintaining EBF in the workplace more difficult.

Several participants shared experiences indicating an institutional bias towards formula feeding in the Saudi maternity hospitals, where formula was often introduced without their consent. This contributed to feelings of disempowerment and frustration:

“I did not feel any support in this matter, [I] mean, even the nurse, she [was] surprised that I did not give her [the infant] the formula bottle,... she told me, ‘Sleep, take a rest, you are tired from giving birth, we will give her just one formula-feed’, I told her, ‘No, I am exclusive, I don’t want [that], I didn’t feel that there was any support.” (Sara)

“They told me, khalas [it’s done], we gave him an artificial [milk] because at first, he did not want to take my breast... I was shocked by their system, that it was normal [for them] to give him artificial [milk].” (Misk)

These experiences reflected the normalisation of formula feeding in the Saudi healthcare settings. These early experiences creating a sense of “*shock*,” dissonance and lack of support, as they had anticipated greater breastfeeding support.

Even when participants actively sought breastfeeding guidance, the quality and accuracy of healthcare advice varied widely, leaving some participants feeling misinformed or unsupported:

“On the second day, [she] came to me, this [Ms] for health education, (...), I told her ‘I want to breastfeed, and [but] I don’t know how’, she said, ‘The milk will not come out in the first two days, do not be afraid, and do not worry, (...) the milk will come later, but [for] the first two..... you won’t have milk’, I thought, I thought it was normal, (...).... I told [asked] her, ‘Ok, what does my daughter [being] fed now? Because I don’t want to give her formula’, [she said] ‘Nooo, you have to give her formula at first because you have no milk’, so I believed the words.” (Ola)

This misinformation undermined maternal confidence, steering participants toward formula despite their initial commitment to EBF. In contrast, some participants received strong breastfeeding encouragement, demonstrating the impact of institutional attitudes on EBF outcomes:

“I informed the staff..., ‘this is my plan’, and they were understanding because this hospital is supportive of this topic [EBF].” (Sama)

“I was tired (...) after giving birth and couldn’t breastfeed, so I said, let me just give her one formula, so I asked them, (...) [but] they refused [and] they told me to try (...) even just a little, but don’t give her [the formula], so, khalas [well], I mean, like, they woke me up.” (Maha)

These contrasting narratives illustrated how healthcare providers play a key role in shaping early EBF decisions; either empowering mothers to persist with EBF or reinforcing formula-feeding norms.

A critical gap in healthcare support was the absence of guidance on how to sustain EBF after maternity leave. Many participants reported not receiving practical advice on expressing, breastmilk storage, or managing breastfeeding alongside work responsibilities:

“No, never, never, no, she [the nurse] never taught me [about EBF].” (Rose)

“The hospital..., was not cooperating with me in this matter, they did not encourage me and did not make me understand.” (Ola)

These accounts illustrated inconsistencies in education and support. Those who continued EBF, like Ola, often did so by relying on personal determination over institutional support. Without structured healthcare support, many working mothers felt unprepared for the transition back to work:

“At first, I felt the topic [EBF] was difficult, how would I find it, and how would I get to it?” (Sama)

“I wish there was a reference..., like a manual, in hospitals..., about the importance of breastfeeding, how to pump (...) [how to] freezing [breast]milk..., the basics.” (Toqa)

Participants expressed a desire for knowledge and support for EBF after returning to work, underscoring the lack of accessible support and resources for breastfeeding working mothers. As a result, many participants sought alternative sources of breastfeeding knowledge, often relying on online platforms, social media, and informal networks to navigate the social and workplace challenges:

“I entered YouTube, I saw many clips, ... how the correct latching, and how the child grasps the breast correctly.” (Ola)

These narratives illustrated how participants took control of their own learning, filling the gaps left by the Saudi healthcare system. Despite the accessibility of online information, some participants independently sought external professional help, though these services were often private, costly, and not widely accessible:

“I consulted this breastfeeding [specialist] I just asked her... I am an employee, and I need to work while exclusively breastfeeding, (...) what would you advise me.” (Misk)

“[Regarding] this lactation specialist, I was the one who brought her; it was a paid [service], I brought her only to teach me [and] make me understand.” (Toqa)

These quotes highlighted empowerment and self-efficacy, as participants actively sought guidance to maintain EBF while working. Their actions indicated a broader cultural context where the Saudi formal support services may be inadequate, forcing them to seek paid or personalised services, yet with uncertainty about where to find them in Saudi Arabia:

“I feel now if I want to consult someone about breastfeeding, I do not know where the accredited body is here? Are there, for example, breastfeeding specialist in hospitals? Is there, for example, someone who educate me on this topic [EBF]? Who would I turn to? Is there a body that can educate me? I do not know, I don't know, honestly.” (Toqa)

This uncertainty reflected of the broader systemic failure in providing accessible and structured breastfeeding consultation services in Saudi Arabia. Despite these challenges

however, participants demonstrated strong commitment to continuing EBF by seeking out personalised support.

Early experiences within the Saudi healthcare system shape later struggles with the broader social context, as working mothers navigate workplace scepticism and social expectations/ pressures. The next subtheme further explores how social expectations influenced participants' experiences and the pressures they faced from family, colleagues, and society.

7.2.2 Subtheme 2: Navigating the social crossroads

The challenges of EBF extended beyond the healthcare system into the broader social landscape, where participants faced cultural norms and social expectations that often-favoured formula feeding. Participants identified social pressures, especially a preference for formula feeding, as key factors shaping their EBF experience and its continuation after returning to work. Many faced persistent pressure from family, friends, and colleagues, reinforcing formula feeding as the normative choice for working mothers. These external pressures reinforced emotional stress and feelings of self-doubt, making the decision to continue EBF more challenging.

Cultural norms prioritising formula feeding were embedded within familial interactions, amplifying feelings of inadequacy among participants:

“The society, they pressured me..., which was what made me collapse when they made me feel that they were more afraid of my daughter than I [was], that it was ‘haram’ the girl is hungry.” (Aya)

“Even in society, the first of them is my dad, I mean, every time my dad saw my son crying, [he told me to] introduce formula milk [for my son], [Saying], ‘Your

son is skinny, and he must be fattened', I felt this was too much pressure on me because I [kept] hearing this from several people, all the time." **(Noha)**

Here, the phrase "*haram*" did not reflect its religious meaning but rather an expression of distress regarding an infant's perceived hunger. Deep-rooted cultural beliefs linking formula feeding to better nourishment created emotional and psychological pressure on participants. Social reinforcement of formula as the ideal choice for working mothers further challenged their commitment to EBF, especially upon returning to work, where logistical and emotional obstacles intensified:

"Working hours are long... They got angry at me, [saying], 'You should feed her, it is haram' ... When I returned back to work, their words started to affect me, that I actually leave her the whole time with one feeding, 'haram', you know, when I was with her, their words never affected me, (...) [but] after I returned back to work, I really felt like I neglected her." **(Ayaa)**

However, some participants resisted these cultural assumptions, expressing frustration with social attitudes toward personal feeding choices:

"I feel these are personal matters that they are supposed to respect, I mean, respect the differences; our [Saudi] society has to learn this thing, respecting the difference." **(Sara)**

The phrase "*our [Saudi] society*" reflected the broader social struggle of navigating cultural expectations around infant feeding. These comments underscored the need for a cultural shift towards respecting maternal autonomy in feeding decisions. However, this challenge extended beyond personal circles and into the professional sphere. The workplace, as a microcosm of broader society, echoed similar sentiments, where many participants felt direct or indirect pressure to introduce formula feeding:

“The community, I mean, some were accepting, (...) [while] (...) [others] were a little disapproving, (...), [like], ‘What? you are a working mother, [so] you have to introduce formula feeding, and you must give formula feeding.’” (Sama)

The expectation that working mothers would inevitably introduce formula milk reflected a deep-seated belief that EBF and professional responsibilities are incompatible. These pressures, already reinforced by the healthcare system, further complicated their transition back to work. Participants not only had to manage the physical and logistical challenges of continuing EBF after returning to work but also had to constantly defend their decision against prevailing social attitudes.

For some, the pressure led them to attempt introducing formula milk, despite their strong initial commitment to continue EBF after returning to work:

“These pressures were always present, I mean, even at home, [it was] finished, [then] you go back to work and still heard, ‘Okay, why don’t you give them formula milk’?... they [my coworkers] told me ‘Bring this milk, no, this milk is better’. I swear to Allah, I did not leave any type of [formula] milk on my heart; [ones] for a year-old [infant], those from 0-6 months, and the ones [labeled] 1 2 3, [I tried] all of them, and all of them [ended up] in the trash, (...), (laughed)... I swear to Allah, I opened [each one], but [the infant] did not accept [them] all,... I made so many attempts, I mean, throughout [the previous] eight months, (...), when did I stop trying milk? Maybe three months ago, three or four months ago.”

(Noha)

Noha’s laughter here, signified a profound acknowledgment of the infant’s role in these decisions and a reassertion of the value of continued EBF. Despite external pressure, her infant’s refusal of formula reaffirmed her own belief in EBF. Her perseverance

underscored the resilience of mothers who, even when influenced by external expectations, ultimately returned to EBF. This narrative exemplified the push-and-pull between social norms and individual maternal convictions. Noha sought to make sense of the social norm favouring formula feeding among working mothers, highlighting the critical need for support and education:

“[They] need that help—the mothers—which is education, [about] its benefits and how they can continue.” (Noha)

In her reflection, she highlighted the need for structured guidance to support working mothers in managing healthcare, social, and workplace challenges, particularly in the face of external pressures. The absence of accessible information left many participants struggling to balance professional and maternal responsibilities, often feeling isolated in their commitment to EBF. This highlights the impact of inadequate healthcare support (Subtheme One) and social expectations (Subtheme Two), creating substantial challenges for participants who intended to continue EBF upon returning to work.

These findings highlight the resilience required to challenge formula-feeding norms and the ongoing need for greater social acceptance and education on EBF continuation for working mothers. Despite these pressures, most participants resisted external discouragement and remained committed to EBF upon their return to work following maternity leave. This theme naturally concludes with the next subtheme, which is crucial to participants' experiences. Motivation to continue EBF is where participants' deeply held beliefs, religious motivations, and personal experiences emerge as powerful forces sustaining their determination to continue EBF despite health system, social, and workplace challenges after resuming their professional roles.

7.2.3 Subtheme 3: Driven motivation to continue EBF

Despite the lack of formal support and persistent social pressures, participants made an informed and intentional decision to continue EBF upon returning to work. These working mothers were unique; while some were first-time mothers and others had previously formula-fed their older children, those with prior work experience were already aware that their workplaces lacked breastfeeding facilities or accommodations for their infants. However, despite this knowledge, they chose to navigate the challenges of balancing EBF with work. Many participants were aware of the potential obstacles ahead yet remained committed and motivated to EBF due to deeply held personal beliefs, spiritual convictions, and past experiences. This subtheme explores the internal motivations that sustained their determination, including their faith in breastfeeding's health benefits, religious perspectives framing it as a divine recommendation, and personal reflections on past and present experiences. These factors gave profound meaning to their commitment, shaping their persistence despite the difficulties that lay ahead.

Most participants were strongly motivated by the widely recognised health benefits of EBF. They viewed breastmilk as essential for their infant's immunity, cognitive development, and overall well-being, as well as beneficial for their own health:

“When I read about its benefits for the baby and [how], when he is sick, it maintains his immune system, [and] how it affects my child, I mean [from one] child to another child, cognitively, mentally, everything in itself was enough for me and more.” (Lila)

“Because I had a tumour in my left chest..... I saw the suffering of the people there, the doctor used to tell me ‘[breastfeeding] protect against these diseases’,...

After, praise be to Allah, Allah healed me from the [breast tumor] disease, and I got pregnant with my daughter, I said, 'I must breastfeed her naturally,' and thank Allah, I breastfeed her.'” **(Rose)**

These accounts illustrated how participants framed EBF as an investment in their infant's health. Breastfeeding was perceived not just as nourishment but as a means of long-term disease prevention, aligning with their belief that breastmilk offers unique and irreplaceable benefits beyond nutrition. The mention of immunity and cognitive advantages reinforced the idea that breastfeeding shapes a child's future well-being. For some, this awareness was heightened by personal experiences, such as illness or exposure to medical conditions, further solidifying their resolve to exclusively breastfeed. This also illustrated how participants integrate these beliefs into their decision to exclusively breastfeed their infants prior to returning to work, and how these beliefs are further reinforced as they continue EBF afterward.

Participants did not view breastfeeding solely in biological terms, it was also deeply spiritual, shaping their EBF decisions through religious beliefs and a sense of divine trust. They frequently referenced to 'Allah' and the notion of a divine right:

"I felt that this [breastmilk] is not something I consider a favour for him, this is [from] my Allah, who [he] has given him, [and] he has the right to take this [breast]milk that Allah provided for him...., I am not the one who gave it to him, [and] I do not see it as a favour for him, I swear to Allah." **(Noha)**

"'And mothers breastfeed their children for two whole years' [Qur'an verse], I mean, (...) I feel this milk is the foundation, especially before feeding [introducing] food to the child." **(Mona)**

For these participants, breastfeeding was not an ordinary choice but a divine endorsement, with Islamic teachings reinforcing their commitment. The reference to the Qur'an's endorsement provided spiritual validation for their decision, elevating EBF beyond a health choice to a religious and moral obligation. Noha's assertion that breastmilk is not "*a favour*" but an infant's right given by "*Allah*" highlighted the sense of sacred responsibility embedded in their decision-making. This deeply personal and spiritual meaning reinforced their commitment to EBF, framing it as part of their maternal duties and religious practice.

Participants frequently expressed the belief that breastfeeding is the 'natural,' instinctive, and biologically intended method of feeding infants, making formula an artificial and inferior alternative:

"I feel that this is the 'tabiei' thing, it is supposed to be, (...) innate." (Noha)

"It is impossible for something natural to be like something artificial, (...), [this is] something, my Allah put in you, [and] for sure, it has a benefit for the child."

(Misk)

The Arabic term "*tabiei*" meaning normal or ordinary, reinforcing the idea that breastfeeding is an instinctive part of motherhood. The contrast between "*natural*" and "*artificial*" further highlighted participants' belief that formula is inherently inadequate compared to breastmilk. This perception deepened their resolve to avoid formula, viewing EBF as the most natural way to feed an infant, continuing even after returning to work. For some participants, EBF was closely tied to a moral duty and emotional commitment toward their infant:

"The other thing, to be honest is this idea that I always had in my mind, that this is a livelihood from Allah for the child, why do I deprive him from it? I mean,

Allah gave me something that is the child's rights, I have no right to come and say no, just because it would be easier for me to make the formula milk.” (Toqa)

“Breastfeeding, I feel, is one of my duties on the child, (...) I have to breastfeed them, so it is impossible, (...) like, for example, prayer, (...), wherever you are, you know this is one of your duties, for me, breastfeeding was like this.” (Sara)

By likening breastfeeding to prayer, Sara emphasised its fundamental role, reflecting the emotional and spiritual commitment that sustained these mothers. These narratives framed EBF as a moral obligation, where withholding breastmilk felt like deprivation. This deeply embedded belief influenced participants' commitment to EBF, both before and after returning to work.

Participants past infant feeding experiences further reinforced their commitment to the current EBF experience decision, as observations, reflection and comparisons shaped their beliefs:

“I swear to Allah, I saw the difference, (...), I saw the difference among my children... It benefited me (...) through my experience with my previous children; it gives them good immunity.” (Ruba)

By witnessing the impact of formula feeding, participants gained a reinforced conviction in the superiority of breastfeeding. Observations of infant health, immunity, and well-being served as first-hand evidence, validating their decision to continue EBF despite challenges after returning to work.

GET One highlighted how the lack of institutional support not only left participants unprepared for balancing EBF with work but also reinforced social norms which in turn influenced workplace culture. This interplay shaped how participants approached EBF after returning to work. Without structured guidance, many participants relied on self-

education yet still faced widespread social pressures that normalised formula feeding for working mothers. Despite these external pressures, their deeply rooted personal beliefs motivated them to continue EBF despite these systemic barriers. However, returning to work became the true test, while some persisted, others struggled due to unsupportive workplace environments. This theme established the broader cultural and systemic context shaping participants' EBF experiences, demonstrating how pre-existing challenges directly influenced their ability to continue EBF after returning to work. The next theme explores how navigating workplace challenges and policies further impacted their continuation of EBF, in addition, reveals how certain obstacles became hidden blessings in maintaining EBF after returning to work.

7.3 Group Experiential Theme 2: The Realities of EBF After Returning to Work

This theme explores the lived realities of maintaining EBF after returning to work following maternity leave, highlighting the challenges, constraints, and structural barriers participants faced in the workplace. For many, this period was marked by a complex mix of determination and strain, a constant juggling act between professional responsibilities and the deeply personal commitment to exclusively breastfeed their infant. The return to work brought feelings of anxiety, guilt, frustration and, at times, isolation, as participants navigated environments that often failed to support their EBF goals. All participants identified the difficulty of balancing work return and EBF commitment as “*the biggest*” challenge, illustrated by four main subthemes, each addressing different aspects of the post-returning to work EBF experience: *i) Mixed Blessings of the COVID-19 Pandemic*, explores how the COVID-19 pandemic unexpectedly facilitated EBF continuation for some participants, while exacerbating challenges for others; *ii) A Struggle in Balancing EBF and Professional Commitments*, highlighted the impact of work nature on EBF; *iii) Unravelling the Complexities of Workplace Breastfeeding Support*, reflected the issues

with breastfeeding break policies and lack of facilities; and iv) *The Childcare Leave Dilemma*. These subthemes reflect how each participant constructed her understanding and her personal decision to continue or discontinue EBF, significantly shaped by her return to work.

7.3.1 Subtheme 1: “A blessing in disguise”: Mixed blessings of the COVID-19 pandemic

The COVID-19 pandemic reshaped workplace structures and significantly influenced participants' EBF experiences after returning to work, by presenting both challenges and unexpected advantages. While some participants struggled with heightened health concerns and workplace restrictions, others found that remote working and flexible attendance policies created a unique opportunity to maintain EBF. This subtheme explores these contrasting experiences and highlights how the pandemic functioned as both an enabler and a challenge to EBF upon returning to work.

For some participants, the pandemic introduced additional concerns regarding their infant's safety and their ability to continue EBF in the workplace. Fear of exposure to illness led to changes in EBF plan strategies and logistical decisions. For example, Noha explained how the pandemic influenced her decision to avoid bringing her infant to work:

“I am allowed... to bring the baby, but you see, at the time of Corona[virus] and like that, I was, frankly, afraid for him, diseases spread and something like that; outside the school is cleaner, so I [would] go out to him.” (Noha)

“I did not try [pumping], you know, now that we are in the COVID-19 pandemic and all that, I was, frankly afraid of a microbe or something would come to the [breast]milk, it was difficult.” (Misk)

This narrative demonstrated remarkable resilience in adapting to changing circumstances. Noha, who had previously brought her first child to school for breastfeeding, adjusted her routine by having her husband bring the current infant outside the school, allowing her to breastfeed in the car to minimise potential exposure. Similarly, Misk refrained from expressing breastmilk at work out of concern for contamination.

In contrast, other participants found the pandemic unexpectedly facilitated their EBF journey. Remote work arrangements, reduced in-office responsibilities, and a mix of working from home and the office allowed them to maintain EBF with greater ease:

“One of the possible (...) factors [that facilitated the breastfeeding journey], was ‘a blessing in disguise’, Corona[virus] and distancing... [we were] not all required attend [work], so this helped me... [For example], one day I attended, one day I did not, two days I attended, one day not, and like that, yeah, (...), the factors [circumstances] helped me.” (Sara)

The experiences during the COVID-19 pandemic highlighted the significant benefits of flexible work arrangements for EBF working mothers. The participants found that remote work and adaptable schedules allowed them to balance their roles as working professionals and EBF mothers. Some appreciated the logistical convenience and meaningful integration of their dual roles while Sara described the pandemic as a *“blessing in disguise”* for enabling a more flexible work schedule that supported her ability to continue EBF. However, the return to traditional work arrangements brought challenges, emphasising the importance of maintaining flexible work environments to support EBF:

“The responsibilities increased... we came back to full attendance, when we came back to full attendance, everything became in-person, (...), (...) for example, meetings that we used to hold remotely—now, no, it is all in-person.” (Sara)

Sara highlighted that flexible arrangements were only temporary, showing how workplace policies rather than personal motivation, often determined whether EBF could be sustained. This experience was the precursor for the second subtheme which explores balancing EBF with professional demands within traditional workplace structures. While some participants benefited from remote work, others, including Sara, struggled with rigid workplace structures that intensified that intensified the challenge of maintaining EBF after returning to work.

7.3.2 Subtheme 2: “The nature of the work”: A struggle in balancing EBF and professional commitments

Returning to work introduced significant challenges for participants, as they struggled to balance their professional responsibilities with their commitment to EBF. While all participants faced difficulties, the nature of their work played a critical role in determining whether they could continue EBF or were forced to discontinue. Long working hours, demanding workloads, rigid work environments, and institutional constraints often made maintaining EBF unattainable. Conversely, those with greater workplace flexibility found it easier to continue. The intensity of these struggles was particularly evident in the narratives of some participants with strict working hours and limited autonomy over their schedules:

“This is my suffering, I am telling you, long [working]hours, my child kept crying... I come here at 6 o'clock, and we leave at 2 [pm],... I can't ask for permission every day and leave school, this is my suffering.” (Rose)

“I am also lucky.. We are faculty members who are not obligated to a certain time, I mean, it is not like the others in schools, I expect if you asked a teacher, the speech [response] would be different because I am not working mandatory hours, for example, from seven to three pm, no, I come to give my lecture, [then] I go out, this thing makes it very easy for me.” (Toqa)

Rose’s frustration underscored the rigid constraints of her profession, which left no room for accommodating EBF, making discontinuation inevitable despite her initial intentions. Her phrase, *“this is my suffering”*, reinforced the emotional burden of being unable to meet her infant’s needs while fulfilling her work obligations. In contrast, Toqa’s flexibility as a faculty member enabled her to continue EBF, highlighting how workplace structures critically influence EBF outcomes. Her statement, *“this thing, makes it very easy for me”*, acknowledged her working conditions in comparison to schoolteachers, reinforcing the disparity in workplace accommodations for EBF working mothers.

For other participants, professional commitments and demanding workloads became overwhelming obstacles, forcing them to make difficult decisions between work and EBF:

“Because at that time, there was a project I was working on at work, and it was taking up a lot of my time, unfortunately, means (ummm), so I felt that if I adhered to the natural, exclusive [breastfeeding], I would not be able [to continue], and I would have to apologise for this project, that’s why I said ‘Ok Hamashi.’” (Sara)

“I hated work because it was the reason... my [work] position required me to return quickly, originally, sometimes I worked while I was at home, [I was] trying to finish work, tasks, salaries, and things like that.” (Ayaa)

The regret and hesitation in Sara's voice were apparent in her use of "*Ok Hamashi*" (meaning 'ok fine then' or 'I'll let it go'), signifying reluctant acceptance of discontinuing EBF to accommodate work demands. Ayaa's expression, "*I hated work because it was the reason*", reflected her resentment towards her work obligations, which forced her to abandon EBF earlier than intended. These experiences illustrated how rigid work environments and excessive responsibilities placed enormous pressure on working mothers, making it difficult, if not impossible, to maintain EBF.

However, Ruba's experience offered a different perspective, demonstrating how workplace flexibility and supportive environment allowed her to manage both responsibilities:

"No, pressure at work, (...) no, I mean, even if I did not finish the work here, I took it home and finished it, (...) I do not have any problem." **(Ruba)**

Unlike others who struggled under rigid workplace constraints, Ruba's ability to adjust her workload and complete tasks at home allowed her to maintain EBF without sacrificing her professional role. Her statement, "*I do not have any problem*", signified the crucial role workplace accommodations play in enabling EBF continuation.

This subtheme illustrated how workplace dynamics directly influenced participants' ability to maintain EBF. The narratives collectively conveyed conflict, frustration, and resignation, as some participants sacrificed EBF to meet professional commitments. This struggle shifted the discussion to a broader systemic issue, the lack of or inadequacy in breastfeeding support systems in the Saudi workplace settings, which will be explored further in next subtheme.

7.3.3 Subtheme 3: Unravelling the complexities of workplace breastfeeding support

The continuation of EBF after returning to work was significantly shaped by the availability, or absence of support structures and policies in participants' workplaces. Their narratives revealed a complex interplay of emotions, workplace realities, and policy gaps, highlighting how the effectiveness of workplace breastfeeding support played a decisive role in either enabling or hindering their ability to sustain EBF. This subtheme is divided into two key areas: *i) The Dilemma of "Breastfeeding Hour" Policy*, which explores the inconsistencies in policy implementation and its impact on working mothers' ability to maintain EBF; and *ii) Lack of Nurseries and Well-Equipped Breastfeeding Facilities*, revealing how the absence of adequate workplace infrastructure created additional barriers for working mothers attempting to continue EBF.

7.3.3.1 The dilemma of "breastfeeding hour" policy in the Saudi workplace context

Participants' experiences revealed a significant disparity in awareness, accessibility, and enforcement of the "breastfeeding hour" policy across different workplaces. In the Saudi context, participants referred to the breastfeeding break policy as the "breastfeeding hour". Some were well-informed and able to advocate for their rights, while others remained unaware or misled about policy existence and application. These inconsistencies not only shaped their ability to balance EBF with work but also influenced their broader perceptions of workplace support for EBF working mothers.

Awareness of the breastfeeding hour policy varied significantly, with some participants discovering it through colleagues or an official body, while others remained uninformed:

“[From] the [Saudi] Labour office, I mean, this is something I know about because my colleagues before me, all of them, I mean, all of them, had an hour for breastfeeding.” (Lila)

“No, rights! we do not have this.” (Rana)

While Lila’s narratives reflected empowerment through peer knowledge, while others such as Rana; her emphatic response highlighted the emotional toll of being uninformed, reinforcing the frustration and disadvantage faced by mothers who lacked access to recognised workplace rights. The stark contrast highlighted how unequal access to information perpetuates disparities in workplace breastfeeding support. These narratives underscored the absence of a standardised approach to communicating workplace policies, leaving some mothers well-informed while others, like Rana, remained unaware of their legal entitlements. The unequal dissemination of information maintains disparities in workplace breastfeeding support, ultimately influencing the ability of working mothers to maintain EBF.

Even among participants who were aware of the breastfeeding hour, its implementation was inconsistent, often hindered by misinformation or institutional resistance. Some encountered outright dismissal of their rights:

“They told me that it was cancelled a long time ago, I mean, it was a circulation [regulation] that [existed] for a long time, it existed, but now I don’t know if it [still] exists or not.” (Rose)

“Even I told them there was a breastfeeding hour, they said, ‘No, we are not a private sector, so there is no breastfeeding hour,’ then I found out that there was, ... But I knew [about] this topic too late” (Sara)

The reference to “*they*” in both accounts whether employers, school principals, or HR departments, revealed a widespread failure in policy communication and enforcement. Rose’s uncertainty and Sara’s delayed awareness highlighted how misinformation fosters confusion and ultimately contributes to early EBF discontinuation. The absence of clear guidance reinforces systemic workplace barriers, placing the burden on participants to advocate for rights they were not initially informed about. The claim that the breastfeeding hour applied only to the private sector reflected either a lack of awareness or deliberate obstruction by Sara’s employer, underscoring broader inefficiencies in policy dissemination.

Some participants sought to make sense of these policy gaps, highlighting unclear regulations within institutional settings:

“Absolutely, there is no policy in the university’s bylaws that is written literally for this thing.” (Sara)

“Well, maybe it was not widespread, [or] it is not available, this list of regulations for us... Even the head of the department has no knowledge of it.” (Mona)

These experiences emphasised a systemic lack of transparency, where even management were unaware of national policy guidelines, making it difficult for working mothers to assert their rights.

For participants in the healthcare sector, securing the breastfeeding hour required direct negotiation, reflecting broader organisational resistance to policy enforcement:

“At first, he was not willing to give it to me, and I told him that, I mean, I have the right, and he said, ‘khalas [okay, fine], you have it, [but] you [will] take it not continuously, you [will] take it for half an hour, half an hour, and these half-hours in the middle of working hours are the same as the lunch break and the prayer

break.’ [So] I complained, of course, and I told him, ‘No, the Ministry of Labour states that breastfeeding break is outside [separate from] the official breaks.’

(Ola)

Ola’s account underscored the power imbalance between employees and management, where working mothers were forced to fight for their legal rights. The attempt to merge breastfeeding time with existing breaks reflected institutional reluctance to support EBF. The pronoun “*he*” highlighted how some male supervisors, distanced from breastfeeding realities could impose rigid interpretations of policies that failed to consider the unique needs of working mothers. Conversely, participants in the education sector under female leadership described more supportive environments:

“I swear by Allah, this is a favour (...) I will never forget for her, she helped me a lot, yes, so I go out after the sixth [period]... to breastfeed.” **(Noha)**

Noha’s experience demonstrated how empathetic leadership can ease the EBF journey, ensuring both emotional and practical support. The contrast between “*he*” and “*she*” in these accounts symbolised the impact of gender dynamics in policy implementation, where female supervisors were more likely to prioritise the needs of breastfeeding mothers.

However, workplace flexibility remained highly inconsistent across all Saudi workplace settings in this study, as seen in the differing levels of autonomy and flexibility regarding when the breastfeeding hour could be taken:

“I’m allowed to take it at any time; I take it at the end of the day.” **(Soha)**

“They consider the breastfeeding hour only at this time; the end of the workday, not either in between; [or for example, if] you want take it in the middle [of the day] or (...) at the beginning [of the day].” **(Sama)**

“Even the breastfeeding hour is not flexible, she told me, ‘Take it in the morning, [or] take it at the end of work, [but] no, khalas[that’s it], you must specify when you want it.’” (Ayaa)

Soha’s ability to choose when to take her break enhanced her work-life balance, contributing to a more positive EBF experience. Conversely, Sama and Ayaa’s rigid schedules reflected a strict, inflexible system that overlooked the natural demands of breastfeeding, adding extra stress on working mothers. Ayaa later recognised that this lack of flexibility was a structural issue rather than just a workplace decision:

“It is a system from the [Saudi] labour office. You must specify the breastfeeding hour, whether you want it at the beginning or at the end of the workday, so; they are following the labour office’s system.” (Ayaa)

This underscored how labour regulations themselves may contribute to restrictive workplace cultures, failing to acknowledge the realities of breastfeeding and the diverse needs of EBF working mothers. This discussion naturally transitions to the next category, which explores the availability (or lack) of nurseries and physical spaces for EBF, adding to the systemic workplace barriers for EBF mothers.

7.3.3.2 Lack of nurseries and well-equipped breastfeeding facilities for working mothers

The absence of dedicated nurseries and breastfeeding facilities at the workplace emerged as a significant challenge for many participants. In the context of this study, nurseries refer to dedicated spaces within workplaces where working mothers can leave their infants during working hours. Breastfeeding facilities can include private, equipped spaces within these nurseries or separate rooms allocated for breastfeeding or expressing breastmilk. The lack of these essential facilities forced many participants to navigate these

challenges independently, often compromising their comfort, privacy, and, ultimately, their ability to sustain EBF.

Many participants highlighted the lack of nurseries in their workplaces:

“I even asked, I remembered that (...) I told them, ‘Is there, for example, a breastfeeding room in this place?’ ... but there were no facilities.” (Sara)

“No, a dedicated place? (...) a nursery? No.” (Maha)

These narratives illustrated the absence of basic institutional support, leaving working mothers without essential facilities that could enable EBF continuation. This lack of infrastructure forced participants to rely on alternative, often inadequate solutions or reconsider their EBF goals.

While the availability of workplace nurseries was valued by many, one participant raised concerns about the quality of such facilities. She emphasised the need for well-prepared environments that support both infant care and maternal needs:

“The topic of nurseries, to be honest, it is very, very important, especially in some [workplace] environments where the nursery is unavailable or not enough equipped. This is what prevented me from enrolling my child in a nursery this time, because the number [of children] is large, the sitters are limited, and the nursery is not well-prepared, so this made me say no, I do not want to bring my child in this nursery.” (Toqa)

Although this perspective was not shared by participants, it reflects an important consideration about the adequacy of workplace childcare options. Even when nurseries are available, their quality and staffing can significantly influence a mother’s ability to maintain EBF upon returning to work.

The absence of designated private spaces for breastfeeding or expressing breastmilk further complicated participants' ability to maintain EBF while fulfilling their professional roles. Many participants expressed frustration at the lack of basic accommodations:

"No (surprised) There is no, there is no specific place where I [can] go to pump or [anything] like that, (...) it is difficult because I need a [dedicated] place."

(Rana)

"After returning to work, it became more difficult than before because, sometimes, there was no private room at [my] workplace except for the patient room... no [dedicated] place... At the [very] least, a comfortable place should be provided at work to pump [breast]milk." **(Lila)**

For many, the lack of dedicated spaces forced them into difficult choices, either endure discomfort, find makeshift solutions, or stop EBF entirely. The absence of suitable spaces was not merely an inconvenience but a structural barrier that directly affected their ability to maintain EBF after returning to work.

Some participants found themselves resorting to extreme measures, highlighting both their determination to continue EBF and the systemic failure to accommodate their needs:

"Unfortunately, I do not have [a place], we don't have a [dedicated] place.... [so] I decided to pump inside my car, I bought full car umbrellas, [and] when I go [to the car], I lock [it], put [up] these umbrellas, and pump inside." **(Sama)**

Sama's adaptation, creating a makeshift private space in her car, demonstrated both resilience and the systemic neglect that left working mothers with no alternative but to devise their own solutions. This sheds light on the broader issue of workplace support for

Saudi EBF working mothers, and the necessity for dedicated spaces that respect their dignity, comfort, modesty and privacy.

These experiences collectively illustrated how the absence of nurseries and private breastfeeding spaces at work posed a major challenge for participants, with significant emotional and psychological consequences. The rigid breastfeeding hour policy (Category One) and the lack of physical breastfeeding support systems (Category Two) compounded the difficulties of maintaining EBF while working. These structural barriers left many participants feeling unsupported, forcing them to either compromise their EBF goals or navigate these challenges independently. While some participants devised their own solutions, others faced insurmountable obstacles that led to early discontinuation of EBF. The next subtheme explores the alternative strategies considered by some participants, shedding light on the new dilemmas in their EBF journey following their return to work.

7.3.4 Subtheme 4: The childcare leave dilemma

This subtheme explores the challenges participants faced in accessing childcare leave, a policy available in the government educational sector but not explicitly designed for breastfeeding support (refer back to Section 2.6.1). While this leave enabled Mona to successfully complete her EBF journey for the first six months, others faced institutional barriers or financial constraints that made it an unfeasible option. For some, the inflexible workplace system prioritised operational demands over employees' needs:

“Thank Allah, it was officially approved smoothly and quickly, a childcare leave; it is [granted] with a quarter of the salary, not with a full salary.... [it is] for three years throughout entire working period to care of a newborn..., [and] can be

taken either separated, or continuous... but I returned to work when my child became six months old.” (Mona)

“I would have immediately extended the maternity leave; this was my first option, I expected it would be available and [thought] it [would be] so easy to take since it is considered an employee’s right (...)... the shock was [realising] that no extension was possible because the field of work needed you... and [so] you couldn’t [take it].” (Noha)

These narratives highlight a disparity between policy intent and workplace realities. Their expectation of securing extended leave was disrupted by institutional priorities, leaving them feeling powerless in the face of rigid policies. The phrase “*there is a need*” was repeatedly used, highlighting the systemic prioritisation of workforce demands over individual rights. In contrast, private sector employees, faced even stricter limitations on childcare leave:

“Even that one [the leave], without a salary, which is called childcare. I mean, the first thing [part] is ten weeks, which is maternity leave, followed by a month, four weeks of childcare [leave], after that, I can’t, I can’t extend it, not even childcare leave, I can’t extend it.” (Ayaa)

This experience emphasised the restrictive policies in the private sector, where options for extended leave were even more limited, leaving working mothers with fewer choices to continue EBF after returning to work. Financial constraints further restricted some participants’ ability to apply for childcare leave:

“I wanted to take leave to care for my infant, but I have bank loans, [when] I asked the bank [if] I could [manage with] only a quarter of my wage, [but] they told me, ‘No, it would not cover the [monthly] instalment.’” (Rose)

“My situation did not allow me to take leave at that time.... I had just returned from a scholarship and was [facing] financial problems, with the material is few, [so] it was not an option.... I am sure that if I had taken the leave, [I could] have completed six months [of EBF], (...), but it was not [possible] option because I would not receive [full] pay.... so, it was not an option for me.” (Sara)

Financial obligations, such as loan repayments and reduced income during unpaid leave, forced some participants to abandon plans for extended leave. Sara’s phrase, “*the material is few*” likely referred to money, conveying financial insecurity as a decisive factor in her inability to prolong EBF after returning to work.

Collectively, for some participants, this theme marked the early end of their EBF journey upon their returning to work. Despite their initial commitment and perseverance and facing social pressures and the lack of official resources, the absence of an effective breastfeeding support system at work created challenges. The inability to access a breastfeeding hour, the lack of workplace nurseries, inadequate breastfeeding facilities, and the restrictive nature of childcare leave, forced some participants to discontinue EBF earlier than they had intended, highlighting the significant role that workplace policies play in shaping EBF outcomes. However, while these barriers forced some participants to end their EBF journey prematurely, others found ways to navigate these challenges and continue the EBF journey through alternative strategic plans and extra support, which is explored further in the next theme.

7.4 Group Experiential Theme 3: Resilience in Longer EBF Journeys

This theme explores how some participants maintained EBF despite unsupportive environments. For these participants, resilience was not simply persistence, it was an emotional lifeline, bolstered by faith, and the quiet determination to sustain what they

believed was best for their infant. Moments of doubt and exhaustion were common, but the encouragement of their social circle, the relief offered by unexpected policy benefits, and the mastery of breastmilk expression gave some of them renewed confidence to continue. Their experiences highlight how a combination of initial internal motivation and external enablers shaped longer EBF journeys after returning to work. This GET is structured into three subthemes, each addressing a distinct aspect of the support and strategies that facilitate the EBF journey: i) *A Holistic Support System*, which examines how faith, family, and social support played a crucial role in sustaining EBF; ii) *“Long Weekends”: Unexpected Benefits of Saudi Education Policy Changes*, which highlights how recent adjustments in the education system unintentionally facilitated EBF continuity; and iii) *Strategic Plans: Mastering Breastmilk Expression*, which explores the deliberate strategies participants developed to maintain breastmilk supply while managing their professional responsibilities.

7.4.1 Subtheme 1: A holistic support system

At the core of this support system lies the intertwined role of spiritual faith and social support, each playing a crucial role in enabling participants to maintain EBF after returning to work. Unlike the earlier finding on spiritual motivation, where faith influenced participants’ decision to commit to EBF before and after returning to work, this subtheme highlights how faith functioned as an enabler, helping participants navigate real workplace challenges and maintain their EBF journey in an unsupportive environment.

For many participants, faith in Allah was central to their resilience, shaping their perception of EBF difficulties and reinforcing the belief that divine support eased their struggles. This faith was not passive but actively sought through prayer and personal conviction:

“I felt that Allah helped me.” (Noha)

“By Allah, [I] seek help from Allah first and foremost.” (Mona)

These statements highlighted the deep reliance on divine intervention as a source of strength, perseverance, and empowerment. Their belief in Allah’s assistance was a fundamental coping mechanism, allowing them to push through systemic barriers in the Saudi workplace settings.

Some participants explicitly sought spiritual reinforcement in moments of hardship, turning to faith as an active tool to maintain their EBF journey:

“I asked the Lord of the worlds and said, Allah willing, my Lord will help me... Praise be to Allah, so, any, any problem faced me, I feel even more determined to continue.” (Misk)

“I asked Allah to strengthen me and help me on this path and the long journey, [so] that I do not falter or become lazy one day, (...) and to continue [exclusive] breastfeeding.” (Sama)

These narratives revealed an ongoing dialogue with Allah, where participants actively sought strength and guidance in overcoming workplace and breastfeeding difficulties. Their persistence in EBF was rooted in a belief that Allah would provide the necessary endurance.

Conversely, some participants’ offered an alternative perspective, where faith framed both perseverance and acceptance of EBF discontinuation or even longer breastfeeding continuation beyond six months:

“If Allah had decreed for me to continue, I would have definitely continued.”
(Sara)

“I will remain with the same determination for [exclusive] breastfeeding, or I do not know, but Allah willing, the intention is there, (...), may Allah make it easy, Allah willing.” (Toqa)

For Sara, the inability to maintain EBF was not a personal failure but rather a matter of divine decree. This belief in Allah’s ultimate control over outcomes provided a coping mechanism for mothers who were unable to continue EBF despite their best efforts. Similarly, Toqa’s words reflected a deep reliance on Allah, where perseverance in EBF was driven by spiritual conviction, but the ultimate success remained in Allah’s hands.

Alongside spiritual reliance, social support, particularly from husbands, family members, colleagues, and supervisors, played a fundamental role in participants’ ability to navigate EBF while fulfilling their professional responsibilities. Husbands played an instrumental role in easing participants’ transition back to work, providing logistical, emotional, and psychological support:

“My husband played a big role; I [felt] reassured about my daughter because her father was at home... her father [used to] take her for a ride in the car, [trying] to calm her until I returned.” (Soha)

The physical and logistical support some husbands offered, such as caring for the infant while the mother was at work, mitigated the challenges of returning to work and facilitated a more stable EBF journey.

Extended family also emerged as a critical support system, but with contrasting influences. Some family members actively encouraged participants to maintain EBF, providing essential motivation:

“She is the mother I told you [about], who was insisting on [exclusive] breastfeeding; she supported me.” (Misk)

“From my sisters’ experiences, for example, one of them was very supportive of (...) [exclusive] breastfeeding... she had to return to work and tried pumping, I felt that it was a nice topic [approach], and worked [well], so I also started doing the same.” (Toqa)

These experiences within the family shaped participants’ perceptions of EBF continuation, fostering a culture of encouragement and role modeling. However, familial support was not always empowering. Some participants faced direct pressure from family members to stop EBF after returning to work, demonstrating the dual nature of family influence:

“[My] mother got upset.... she begun to get annoyed at [the infant’s] voice, [the infant] was crying a lot, (...) she started to complain, and I said, ‘Okay’ go back to the formula [milk], make it for her, buy it for her (...), and start giving her.”

(Rana)

Unlike participants with supportive family experiences, some primary caregivers in absence of the mother, struggled with the infant’s distress, leading to frustration and eventual disapproval of continued breastfeeding. This lack of support may have reinforced participant’s decision to discontinue EBF after returning to work, highlighting how familial influences, particularly from caregivers, can either strengthen or weaken a working mother’s commitment to EBF.

In addition to spiritual and social support, employer and colleague support significantly influenced participants’ EBF experiences:

“Any time I needed, whenever they saw me [like] that, for example, I was confused, or there was something... honestly, they went above and beyond for me,

they immediately gave me the freedom to leave... the [school] administration was supportive.” (Maha)

Maha’s deep gratitude was evident in her statement that her employer demonstrated how institutional support could reduce workplace stress and empower working mothers to continue EBF:

“The school principal (...) helped me, I was working with my infant with me... she did not prevent this thing; you know there are principals who do prevent this thing.” (Ruba)

Ruba’s experience contrasted with the inflexible workplace policies described in (GET Two), illustrating how administrative support could make a decisive difference in a mother’s ability to balance work and EBF.

Collectively, these narratives identified the necessity to have a holistic support system to maintain EBF after returning to work. Divine support was viewed as central, acting as a foundation that strengthened participants’ psychological resilience. Alongside faith, social support, particularly from husbands, family, and colleagues, acted as a key enabler, determining whether a working mother could successfully navigate the demands of EBF and employment. However, the next subtheme identifies that structural and policy changes also played an unexpected role in shaping participants’ ability to sustain EBF.

7.4.2 Subtheme 2: “Long weekends”: Unexpected benefits of Saudi education policy changes

Modifications in the Saudi education system, though unrelated to breastfeeding, created unintended benefits for working mothers navigating EBF upon their return to work in the education sector. These policy changes, designed to ease academic pressure on students,

unintentionally provided working mothers with additional time to maintain EBF, as Misk explained the structure of these long weekends:

“[A] new [Saudi education] system; they made the education system three terms, [with] a long weekend within it, [which occurs] every two or three weeks, followed by a long weekend; [for example] Wednesday and Thursday in addition to Friday and Saturday.” (Misk)

For some participants, these extended weekends allowed for more uninterrupted breastfeeding, helping to balance work demands with their EBF commitment:

“This helped me a lot... So, I used these [long weekends] to stay [spend] as much time as possible with my infant.” (Misk)

“The [long] weekend honestly helped me; I mean, it allowed me to leave [school] and be at home.... it helped me a lot.... to [continue] breastfeed like this.” (Rana)

These reflections highlighted how long weekends allowed mothers to maintain a stronger breastfeeding routine by spending more consecutive days with their infants, reducing the disruption caused by returning to work. While Misk was able to maintain EBF for a longer period, Rana, despite discontinuing earlier, still found long weekends beneficial in providing temporary relief and facilitating more direct breastfeeding before eventually stopping. This indicated that even among those who discontinued EBF earlier, flexible work arrangements could ease the EBF experience, even without fully mitigating the challenges that ultimately led to early cessation.

Beyond direct breastfeeding, some participants strategically used the additional time to express and store breastmilk for the workdays ahead:

“The long weekend, (...) of course, is very excellent because it gives us time to pump enough milk for them when we are not around.” (Maha)

The phrase “*very excellent*” suggested a sense of relief and satisfaction, indicating that extended weekends helped alleviate some of the logistical difficulties associated with working and maintaining EBF.

However, not all participants viewed this policy change as a meaningful facilitator. Ruba, who worked in the same sector, expressed scepticism about its impact, calling for more structural workplace policies, such as longer maternity leave, would provide greater and more consistent support for EBF:

“We hope, by Allah, the least, they give us the first six months as a leave.” (Ruba)

Ruba’s use of “we” signals a collective sentiment, reflecting the broader frustration among breastfeeding working mothers who find that short-term solutions, such as long weekends, are insufficient. Her perspective highlights the challenges of maintaining EBF within the current workplace structure and the limitations of short maternity leave policies.

The experiences shared in this subtheme illustrated how workplace policies, whether intentional or incidental, can play a crucial role in shaping the EBF experiences of working mothers. While long weekends offered temporary relief and facilitated EBF for some, they did not replace the need for comprehensive breastfeeding-supportive policies, such as extended maternity leave and workplace accommodations. The next subtheme explores other enablers and practical strategies working mothers employed to navigate their EBF journey within unsupportive environments.

7.4.3 Subtheme 3: Strategic plans: Mastering breastmilk expression

A spectrum of personalised strategies emerged among participants, ranging from adjusting infant sleep and feeding schedules to time and task management, bringing infants to work, and relying on breastmilk expressing. Among these strategies, breastmilk

expression was the most commonly adopted approach to maintain EBF after returning to work for longer period:

“Before going to school, I woke up early before dawn, pumped my breast[milk], and put it in the feeding bottle, so that while I was at work, they [could] give him this milk until I come[back].” (Misk)

While breastmilk expression was widely adopted, its effectiveness and feasibility varied. Success depended on pre-planning, personal knowledge, and available support. Crucially, the timing of when mothers-initiated breastmilk expressing significantly influenced their ability to maintain EBF for longer period after returning to work:

“Before I started working, I tried once, and the second time was after I returned to work I mean (...) I started the night before, I pumped so that in the morning they would give it to her.” (Rana)

“Before (...) returning to work, I kept trying to pump or collect [breast]milk to ensure that I would have sufficient stocks after returning to work.” (Sama)

Rana and Sama took different approaches, last-minute versus early preparation. Sama's advance planning helped her build a milk supply, making the transition back to work smoother. In contrast, Rana's attempt to express breastmilk just one night before returning to work highlights the challenges of relying on an unplanned, last-minute approach, which ultimately contributed to her decision to discontinue EBF.

Additionally, introducing a feeding bottle before resuming work and training caregivers played a crucial role in determining whether infants accepted expressed breastmilk, which was a challenge for many participants after returning to work:

“I let my son from the third week after birth to get used to taking the feeding bottle” (Sama)

“He did not accept it because, from the beginning, I did not get him used to it[feeding bottle].” (Misk)

These reflections demonstrated that early exposure to bottle-feeding expressed breastmilk and caregiver training could ease the transition back to work, mitigating feeding challenges. However, not all mothers had access to this information in time to implement it effectively. Despite its potential, breastmilk expression was not universally understood or accepted among participants. Several participants lacked awareness of the process, limiting their ability to consider it as a viable strategy:

“It never crossed my mind at all..... I know that if, for example, her [a mother’s] breasts become hard or something, she can pump and discard the milk....., but do they [actually] store it in the fridge?” (Rose)

“When I thought about my first child, [I wondered] why did I give him a formula? Why wasn’t I pumping? I did not know (...) at all, I mean, (...) we do not have much awareness about the topic of breastfeeding, and I did not understand the topic of pumping and storing [milk] in the freezer.... but now ‘Ooooooh’ I discovered that there is something named pumping... and the matter is very easy (...) it is possible.” (Toqa)

The initial lack of understanding about breastmilk expression and storage, as expressed by some participants, illustrated how informational gaps can limit the perceived strategies available for maintaining EBF. However, participants also demonstrated that access to information could shift their perspectives, enabling them to explore breastmilk expression as a sustainable option. Their experiences collectively underscore the transformative role of education in supporting longer EBF continuation. However, knowledge about

breastmilk expression was not acquired through formal Saudi healthcare channels but through self-education:

“I feel that I must educate myself more on the topic of pumping, but to be honest, I do not know, the sources are scattered, I mean, I log in to the Instagram accounts (.....) [for] information on pumping. There is no destination where [I] can find the information clearly, nicely, and sufficiently. I rely on YouTube clips, (...) and [various] internet sites, [but] even then, I do not feel they are trustworthy.” (Toqa)

“No, no one has ever talked to me about the topic of pumping.” (Mona)

This reference to “*scattered*” sources illustrated the challenge of navigating fragmented and unreliable information online, while Mona’s experience reinforced the complete absence of professional guidance on breastmilk expression. This directly linked back to GET One (Subtheme One), where participants highlighted gaps in healthcare education and formal support for breastfeeding mothers. The lack of structured education left many working mothers to trial-and-error learning or unaware of breastmilk expressing as a viable strategy, reinforcing systemic failures in EBF support.

Collectively, while expressing breastmilk enabled some participants to prolong EBF after returning to work, its success depended on prior knowledge, early preparation, caregiver support, and a supportive workplace. However, the systemic failure to provide breastfeeding education (GET One) and the absence of workplace support (GET Two) made this strategy unreliable for many, reinforcing how structural shortcomings shaped participants’ EBF experiences after returning to work.

7.5 Summary

This study explored the lived experiences of Saudi working mothers navigating EBF continuation upon returning to work, revealing a deeply interconnected journey shaped

by healthcare structures, social norms, workplace realities, and personal resilience. The findings highlight that barriers to EBF are not isolated but form an intertwining cycle of institutional and social challenges that shape maternal decision-making and experiences.

Group experiential theme one illustrated how early healthcare gaps and social norms created a foundation of unpreparedness, leaving many mothers without essential knowledge or institutional support for sustaining EBF after returning to work. While this theme focused on early EBF experiences, it identified systemic issues, healthcare misinformation, lack of lactation education, and cultural attitudes toward formula feeding, that influenced later struggles in the workplace. The transition to work was not an isolated event but rather an extension of pre-existing gaps that made sustaining EBF increasingly difficult.

Group experiential theme two exposed the harsh realities of returning to work, where rigid policies, the absence of dedicated breastfeeding spaces, and limited flexibility forced some mothers to end their EBF journey prematurely. Others encountered temporary enablers, such as COVID-19-related remote work or childcare leave, though these were not universally accessible. The findings emphasise that workplace barriers were not just logistical but also deeply intertwined with broader social expectations that positioned formula feeding as the default for working mothers.

Group experiential theme three highlighted the resilience of mothers who continued EBF despite systemic barriers, relying on divine assistance, strong social support, and personalised strategies such as mastering breastmilk expression. However, the success of these strategies was often undermined by the same institutional failures identified in GET One and GET Two, gaps in lactation education, workplace constraints, and inconsistent policies. The interplay between individual agency and structural barriers demonstrated that personal commitment alone may be insufficient without systemic reforms.

These findings revealed that addressing a single EBF challenge, whether in healthcare, workplace policies, or social attitudes, will not be effective in isolation. The EBF journey is a continuous process, where each stage was shaped by preceding experiences. Improving workplace support without fixing healthcare education gaps will leave mothers unprepared, just as strengthening lactation education without workplace accommodations will still force many to discontinue EBF. A holistic, multi-level approach is required, ensuring that healthcare systems, workplace policies, and social attitudes collectively support EBF continuation after maternity leave.

The next chapter builds upon these themes discussing the findings within existing literature and theoretical perspectives to critically analyse their implications.

CHAPTER 8: DISCUSSION

8.1 Introduction

This study explored the lived experiences of working mothers in Saudi Arabia who intended to continue EBF after returning to work following paid maternity leave. The study adopted an inductive approach grounded in the IPA framework, which centers on capturing participants' voices and interpreting their experiences without preconceived assumptions or frameworks. Unlike previous studies in the Saudi context, which primarily adopted a positivist perspective focusing on trends and biomedical outcomes, this study offers a constructivist lens that delves into the subjective, lived experiences of working mothers. By exploring their journeys in depth, the findings provide novel insights into the cultural, social, environmental, workplace and systemic factors influencing EBF continuation after returning to work, an aspect that was largely unexplored in the Saudi context.

This chapter develops the discussion by situating the findings within existing and contemporary literature, exploring how workplace breastfeeding policies, social support systems, and maternal coping mechanisms shape the lived experiences of Saudi working mothers. While the literature review primarily examined studies up to 2021, this chapter integrates more recent research to provide a contemporary contextualisation of the findings, offering a deeper understanding of how structural and cultural factors influence the continuation of EBF after returning to work.

The discussion of themes is structured to reflect the participants' journey: beginning with workplace barriers and systemic challenges, followed by the influence of external factors such as the COVID-19 pandemic and social support, and concluding with the facilitators and strategies that enabled some working mothers to maintain EBF after returning to

work. This structure aligns with the study's objectives, which aimed to explore both the challenges and enablers of continuing EBF after returning to work.

In addition to drawing upon empirical literature, the discussion is enriched by integrating Resilience Theory and the Theory of Planned Behaviour (TPB). While the use of theoretical frameworks is not routinely associated with IPA, in this study they complement the idiographic interpretation by offering structured insight into emergent concepts such as resilience, empathy, intention and commitment, and adaptation strategies. This approach supports a deeper understanding of how Saudi working mothers experience EBF in complex and unsupportive environments. A full methodological justification for this integration is provided in the next Section.

8.2 Orientation and justification for integrating the Resilience and TPB theory

The integration of Resilience Theory and the TPB with IPA provides complementary insights that deepen the understanding of Saudi mothers' experiences with EBF after returning to work. While IPA captures rich, context-driven narratives, it does not inherently offer explanatory mechanisms (Tuffour, 2017), rather it depends on narratives. Additionally, Smith et al. (2022) emphasises the value of linking IPA findings with other experiential research, both empirical and theoretical, where it is appropriate. This study integrates Resilience Theory and TPB to further interpret mothers' adaptation strategies, decision-making processes, and perseverance within the unique Saudi cultural and workplace context.

Moreover, the integration of supplementary theories with IPA is a recognised method in qualitative research, facilitating a more profound investigation of complex phenomena (Al Abo Nassir, 2024). Similarly, in this study, the concepts of resilience, intention, and commitment, constructed from the participants' narratives, have particular significance in

the Saudi context due to the distinctive interplay of cultural, religious, workplace and social factors influencing mothers' EBF experiences after returning to work. These concepts, which remain mostly unexplored in Saudi Arabian context; offer novel perspectives on how the Saudi working mothers navigated the workplaces obstacles, unsupported Saudi health systems, and social norms while upholding deeply rooted Islamic teachings that recommending breastfeeding.

8.2.1 Rationale for applying both theories

Kumpfer's Resilience framework (1999) was employed as the theoretical lens for discussing this study's findings because it conceptualises stressors and challenges as catalysts for the development of resilience, with internal resiliency characteristics strengthening under pressure. The framework emphasises the dynamic interaction between environmental factors and the individual, whereby environmental stimuli disrupt an existing balance, prompting reciprocal adaptations that enhance resilience traits. This approach aligns with the view that resilience involves navigating challenges by leveraging personal, cultural, and social resources (Southwick et al., 2014; Theron et al., 2016; Theron et al. 202). In the context of this study, resilience is operationally defined as the capacity of working mothers in Saudi Arabia to sustain EBF after returning to work, despite systemic and workplace barriers, through the mobilisation of embedded resilience strategies such as religious faith, familial support, and proactive problem-solving. Unlike individualistic resilience models, Kumpfer's (1999) framework accommodates the collectivist nature of Saudi society, where extended social networks play a central role in enabling continued EBF. This definition is consistent with resilience as conceptualised in the perinatal and early motherhood literature. Hannon et al. (2022), in their principle-based concept analysis, describe resilience in this context as a dynamic, multidimensional, and context-dependent process involving emotional, cognitive,

behavioural, and social adaptation. They highlight that resilience is facilitated by protective factors, such as social support, coping strategies, and culturally embedded practices that enable positive adaptation to challenge during early motherhood. In reflecting on the present study, these perspectives align with how Saudi working mothers draw on both individual coping and culturally specific supports, highlighting resilience as rational and context-dependent.

TPB, on the other hand, explains why certain social and professional forces influence mothers' EBF decisions. It considers attitudes, subjective norms, and perceived behavioural control (Ajzen, 1991) to understand how personal convictions, workplace norms, and policy enforcement interact to shape EBF continuation or discontinuation. For example, strong personal intentions to EBF may be reinforced by supportive workplace policies (perceived control) or undermined by social norms prioritising formula feeding.

Neither theory alone is sufficient. Resilience Theory provides insights into how mothers adapt and persist but does not address why social and workplace pressures impact decision-making. TPB offers an explanation of the cognitive and behavioural determinants of EBF decisions but lacks a focus on adaptive strategies and resilience mechanisms. Therefore, integrating both theories allows for a more holistic interpretation, bridging personal agency with broader systemic challenges.

Resilience Theory and TPB are therefore applied exclusively in the discussions of the second, third, and fourth themes, where working mothers' adaptive strategies, the impact of COVID-19, and the role of social support are explored in-depth. However, they are not applied in the first discussion theme, which discusses workplace and systemic challenges. This is because the first theme focuses on structural barriers and policy gaps that affect all working mothers, regardless of their resilience or intentions. By contrast, the latter themes explore how individual working mothers responded to and navigated these

challenges after maternity leave, making Resilience Theory and TPB particularly relevant for those discussions.

By integrating these theories, this discussion chapter extends the interpretative depth of IPA findings while preserving coherence with the lived experiences of Saudi participants. This approach enhances the understanding of EBF resilience, intention, and commitment, offering novel insights into EBF research both locally and globally.

8.3 Discussion of the key findings

This section discusses the key findings by exploring the challenges and facilitators shaping Saudi working mothers' EBF experiences after returning to work. Each theme is explored in turn, beginning with the workplace and systemic barriers that significantly influenced participants' ability to continue EBF after returning to work.

8.3.1 Challenges to EBF for working mothers returning to work in the Saudi Arabian context

8.3.1.1 Workplace barriers and insufficient breastfeeding accommodations

The workplace played a crucial role in determining the success of EBF for participants. Despite Saudi Arabia's progress in integrating women into the workforce, systemic obstacles and inadequate support persisted, hindering EBF continuation. Returning to work after a short maternity leave was a decisive factor in whether participants could sustain EBF (Al-Katufi et al., 2020; Bai et al., 2015; Dachew & Bifftu, 2014; Desmond et al., 2016; ILO, 2012; Masoud, 2023; Smith et al., 2017). In Saudi Arabia, both government and private-sector employees are entitled to 12 weeks of maternity leave (Saudi Gazette, 2024). However, participants' accounts in this study indicated that the primary barrier was not the duration of maternity leave but rather the lack of workplace support and facilities upon return, diverging from prior studies. While previous studies

identified short maternity leave as a key barrier (Al-Katufi et al., 2020; AlSedra & AlQurashi, 2022; Alyousefi, 2021), this study found that the primary challenge to EBF was the lack of workplace support upon return. However, a few participants also expressed a desire for longer maternity leave to better facilitate EBF continuity. Systemic workplace gaps, restrictive breastfeeding policies, and inadequate accommodations, rather than maternity leave duration, posed significant obstacles, leaving Saudi mothers unprepared and unsupported. This study went beyond the issue of maternity leave to highlight how these structural limitations and policy gaps created substantial barriers to EBF. While global research has extensively documented the impact of inadequate facilities, rigid policies, and inconsistent leave provision, this study uniquely contextualised these barriers within Saudi Arabia, focusing on working mothers who intended to continue EBF despite these challenges.

The absence of private lactation spaces and quality childcare facilities emerged as significant barriers. Participants reported using unsuitable locations for breastfeeding, aligning with international findings that inadequate facilities force working mothers to stop EBF earlier than intended (Dun-Dery & Laar, 2016; Franzoi et al., 2024; Masoud, 2023; Soomro et al., 2016). In her doctoral thesis, Masoud (2023) argued that modesty was a fundamental aspect of Islamic culture in contexts like Qatar, where working mothers required private spaces for breastfeeding to align with Islamic principles. Building on Masoud's findings, this study highlighted how similar cultural norms in Saudi Arabia, particularly modesty, intensified the need for private and well-equipped breastfeeding facilities. Despite its relevance, this concept had not been fully explored and understood in Saudi research. However, some participants continued EBF despite these challenges, supporting Sulaiman et al.'s (2016) findings that strong maternal intention can override external obstacles. This study further extended that perspective by

highlighting the emotional toll of navigating EBF in unsupportive environments, a factor overlooked in previous research.

The lack of workplace nurseries further hindered EBF, corroborating findings from earlier studies (Alhabas, 2016; Dun-Dery & Laar, 2016; Uddin et al., 2022; Wolde et al., 2021). Even where nurseries were available, ongoing concerns about overcrowding, inadequate caregiver ratios, and a lack of dedicated breastfeeding spaces discouraged working mothers from utilising them. Prior research associated nursery availability with higher EBF rates (Harirotul & Asis, 2017; Soomro et al., 2016), but this study challenges that assumption, highlighting that availability alone is insufficient, as insights from a few participants suggest that facilities must also meet EBF working mothers' needs, particularly in terms of trust in the care provided and the presence of designated, private spaces within nurseries for breastfeeding or expressing breastmilk. This study adds a novel perspective to existing literature, emphasising the need to address both structural and psychological barriers to encourage the effective use of workplace nurseries.

8.3.1.1.1 Policy and legislative gaps

This study also provided novel insights into the deep-rooted systemic gaps affecting working mothers in Saudi Arabia, highlighting the critical role of policy and legislation in shaping their EBF experiences after returning to work. Article 159 of the Saudi Labour Law mandates that employers with at least 50 female workers provide childcare facilities with babysitters if there are ten or more children under six, while those with 100 or more female employees must establish or contract with a nursery (HRSD, 2023). However, these regulations focus primarily on childcare rather than breastfeeding accommodations, with no explicit mandate for designated breastfeeding rooms, leaving their provision at the discretion of employers. This gap was evident in the findings, as only two participants had access to workplace nurseries, and none were provided with dedicated breastfeeding

spaces. While the data on this issue is limited, these accounts point to the potential value of better-equipped childcare facilities that specifically support breastfeeding, including private spaces for breastmilk expression.

Saudi Arabia's lack of enforcement mechanisms further exacerbated these challenges, leading to inconsistencies in breastfeeding support, mirroring findings from Qatar, where similar legislative gaps exist (Masoud, 2023). In contrast, countries like Brazil, India, Kenya, and United States legally require breastfeeding facilities or nurseries, ensuring standardised workplace support for mothers (Fraga & Sorj, 2018; Ministry of Law and Justice, 2017; The Breastfeeding Mothers Bill, 2017; U.S. Department of Labour, 2010). These regulatory frameworks demonstrate the role of policy in creating breastfeeding-friendly workplaces.

Despite similar maternity leave durations, twelve weeks in Saudi Arabia and 13 weeks in Kenya; Kenya's EBF rate is significantly higher. While multiple factors contribute to EBF continuation, Kenya's stronger breastfeeding protection laws, such as the Health Act mandating workplace breastfeeding stations (Government of Kenya, 2017), may play a role in supporting working mothers' ability to maintain EBF. In contrast, Saudi Arabia's labour law mandates only childcare facilities under specific conditions and lacks explicit provisions for breastfeeding spaces, leaving their implementation to employers' discretion. This highlighted the crucial role of workplace breastfeeding policies in shaping EBF outcomes, beyond just maternity leave duration.

8.3.1.1.2 Issues around implementation breastfeeding policies

Participants frequently expressed frustration and isolation when their requests for breastfeeding facilities were dismissed. This mirrored findings from Qatar (Masoud, 2023) and Saudi Arabia (Murad et al., 2021), where workplace neglect contributed to EBF

discontinuation. However, this study extended Murad et al.'s findings by moving beyond individual experiences to examine the structural and systemic factors that underpinned these barriers. Specifically, it highlighted how the absence of legal mandates in Saudi Arabia exacerbated these challenges, leading to inconsistencies in workplace accommodations and potential disparities across sectors.

Workplace breastfeeding breaks were a significant issue for participants in this study. While Saudi law entitles working mothers to one paid hour for breastfeeding (HRSD, 2023), participants encountered ambiguity and inconsistent application across different Saudi workplaces, with varying awareness of breastfeeding hour policies. Notably, this lack of clarity extended beyond working mothers to employers, supervisors, managers, and school principals. Many employers, supervisors, and HR personnel were unaware of the policy, reflecting poor dissemination. Similar issues have been documented in Saudi Arabia, Qatar, Pakistan, China (Alhabas, 2016; Masoud, 2023; Soomro et al., 2016; Wu et al., 2021). However, this study uniquely highlighted how employers' lack of engagement forces working mothers to independently advocate for their rights, exacerbating workplace challenges.

Additionally, workplace policies were often rigid. Participants reported unsuccessful attempts to negotiate shorter, more frequent breaks to accommodate expressing breastmilk needs. Similar findings have been reported in Ethiopia, Malaysia, Ethiopia, Qatar, China where breastfeeding breaks are often treated as equivalent to standard work breaks, ignoring the unique needs of breastfeeding mothers (Amin et al. 2011; Chekol et al. 2017; Gebrekidan et al., 2021; Masoud 2023; Wu et al., 2021). A likely explanation for these issues is that breastfeeding breaks are modelled on other standard workplace breaks, such as lunch or smoking breaks, which were established before women's widespread integration into the workforce and do not account for the distinct needs of

breastfeeding mothers (Masoud, 2023). Alternatively, these policies may reflect a historical lack of female input in workplace legislation and policy design, resulting in regulations that overlook the realities of EBF and working motherhood in Saudi Arabia. Without female perspectives in shaping these policies, workplace accommodations may fail to consider the practical challenges working mothers face when trying to maintain EBF after returning to work.

This study confirmed the rigidity of workplace breastfeeding policies and found that even when breastfeeding breaks were properly administered, the one-hour duration was often impractical for some working mothers. Article 154 of the Saudi Labour Law entitles mothers to a one-hour breastfeeding break as part of their paid working hours but does not specify whether it must be taken at the beginning or end of the workday. Participants reported that managerial decisions and organisational norms often imposed additional constraints, limiting the flexibility intended by the law.

Such rigidity further compounded the challenges for breastfeeding mothers, as it left little room for shorter, more frequent breaks, which would better accommodate breastfeeding needs. These restrictions were not only logistical but also emotional, as mothers unintentionally relied on their resilience to balance workplace demands with their commitment to EBF. However, to date, no Saudi-specific studies have examined breastfeeding breaks or working mothers' satisfaction with these policies, highlighting a significant gap in the local literature. Addressing this gap through targeted research on women's satisfaction with workplace breastfeeding facilities and supports would provide evidence to guide culturally and contextually relevant policy reforms. By documenting these challenges, this study underscores the misalignment between policy and workplace implementation in Saudi Arabia, offering a novel contribution to understanding how policies fail to meet the practical and cultural needs of breastfeeding working mothers.

This misalignment reflects broader issues in policy communication and enforcement, limiting the effectiveness of workplace breastfeeding provisions.

This study also found that breastfeeding break policies varied in their implementation, reflecting differences in policy enforcement among employers, HR personnel, and supervisors. Participants reported that female employers were generally more accommodating, while male employers were more likely to dismiss or restrict breastfeeding breaks, similar to findings by Masoud (2023). The absence of a matricentric feminist framework in workplace policies means breastfeeding working mothers are treated as any other employees, without tailored accommodations.

8.3.1.1.3 Challenges in childcare leave policies

Childcare leave provides crucial support for EBF, but this study uniquely revealed significant disparities between the facilitation of such leave between government and private-sector employees. Government workers, particularly in education sector, could take up to three years of unpaid childcare leave (HRSD, 2019). However, private-sector employees lacked comparable options, highlighting a broader inequity within Saudi policy frameworks, which fail to provide equal support for all working mothers. Similar findings were reported in Qatar's policy context (Masoud, 2023). Even where childcare leave was theoretically available, managerial discretion influenced approval, creating uncertainty. Similar findings were reported in Saudi Arabia, Qatar, and Ethiopia (AlSedra & AlQurashi, 2022; Masoud, 2023; Wolde et al., 2021), where employers denied or restricted additional leave, often viewing such policies as a loss of productive time. This study builds on these findings by highlighting how policy inconsistencies disproportionately affected the participants, particularly in the private sector, where no comparable childcare leave options existed, leaving them with limited choices and a higher risk of early EBF discontinuation due to lack of flexibility and support. While

Masoud (2023) linked employers' refusal to implement accommodations to concerns over productivity, this study suggests a more nuanced explanation. Participants reported that refusals were often driven by workforce shortages and reliance on specialised expertise, particularly in sectors where replacements were scarce. This reflects a structural issues, where organisational priorities and staffing constraints conflicted with policies designed to support working mothers, further marginalising them in the workplace.

Financial constraints further restricted childcare leave for participants in this study. This study provided novel insight into the financial and institutional barriers preventing Saudi working mothers from taking childcare leave to extend maternity leave for EBF. Some participants could not afford extended unpaid leave, forcing early returns to work and disrupting EBF plans. Financial constraints, combined with institutional factors, further exacerbated the challenge of balancing work and EBF. This highlighted the disconnect between maternity policies and the actual needs of participants, mirroring findings from Ethiopia and Qatar (Masoud, 2023; Wolde et al., 2021). However, this study further contextualised these barriers within Saudi Arabia's distinct cultural and institutional framework.

Collectively, this study revealed that systemic workplace barriers, weak policy enforcement, and rigid organisational cultures significantly hindered EBF continuation. Although legislation exists, poor enforcement and inconsistent application exacerbated these challenges.

8.3.1.2 Saudi healthcare systems and lack of accessible formal support

This study identified systemic challenges in Saudi healthcare institutions that hindered breastfeeding mothers, particularly working mothers, from achieving their EBF goals after returning to work. Despite Saudi Arabia's adoption of global breastfeeding

promotion policies, such as the BFHI, significant gaps persisted in policy implementation and access to formal lactation support services.

A key challenge reported by participants was lack of support and guidance from healthcare providers in Saudi Arabia, which left working mothers unprepared for managing EBF after returning to work, worsening the challenges posed by unsupportive workplaces. These findings align with previous studies highlighting systemic failures in healthcare guidance for breastfeeding mothers (Chantry et al., 2014; Murad et al., 2021; Piwoz & Huffman, 2015). However, this study extended prior research by demonstrating how the early lack of breastfeeding education directly impacted working mothers' ability to maintain EBF after maternity leave, often forcing them to rely on trial-and-error strategies with sometimes limited success.

Participants reported that healthcare providers failed to equip them with knowledge or practical skills for expressing milk or managing EBF while working. Instead, many participants recalled instances where formula was either offered without consent or recommended as the more practical choice postpartum. This approach contradicts WHO's BFHI guidelines, which advocate for informed maternal choice and discourage formula supplementation unless medically necessary (WHO & UNICEF, 2022). The normalisation of formula as the default option undermined maternal confidence in EBF and shaped social attitudes that discouraged workplace breastfeeding accommodations.

Beyond formula promotion, many participants struggled with perceived milk insufficiency, which was exacerbated by workplace demands, expressing breastmilk difficulties, and social misconceptions associating infant crying with inadequate milk supply. This aligned with The Lancet Series on Breastfeeding (2023), which emphasised how formula marketing exploits maternal anxieties, positioning formula as a solution rather than addressing underlying breastfeeding challenges (Rollins et al., 2023).

Participants encountered healthcare professionals, including GPs, and nurses, who routinely encouraged formula use instead of offering practical strategies to sustain EBF while working. One participant, Sama, explicitly expressed frustration with this systemic failure, calling for GPs and pharmacists to stop marketing formula milk as the automatic solution for working mothers and instead provide accessible, evidence-based support throughout antenatal, postpartum, and return-to-work periods. This aligns with recommendations from the WBTi Saudi Arabia Report (2015) and The Lancet Series (2023), which advocated for stricter enforcement of the International Code of Marketing of Breastmilk Substitutes to reduce formula dependency and improve breastfeeding support.

Formula norms not only reflected policy noncompliance but also highlighted institutional deficiencies in EBF advocacy and education. While prior research linked EBF cessation to a lack of support and unhelpful advice in healthcare settings such as Saudi Arabia (Murad et al., 2021), this study identified a deeper issue: systemic failures in the Saudi healthcare system that left working mothers without the necessary knowledge, skills, and support to continue EBF after returning to work. Global best practices, including BFHI and The Lancet Series, emphasise the critical role of healthcare systems in providing tailored lactation support and anticipatory guidance, free from commercial influence (Pérez-Escamilla et al., 2023; WHO & UNICEF, 2018). However, none of the participants reported receiving structured guidance during maternity hospital stays or even being asked about their feeding preferences, highlighting a potential gap in maternity care. Instead, healthcare providers persisted in encouraging formula feeding. This could be attributed to insufficient training among health professionals, which, despite recognising the importance of breastfeeding, limits their ability to provide effective support (The Lancet Series, 2023). This perceived gap in support may create opportunities for

commercial milk formula (CMF) companies to influence education and paediatric nutrition policies, potentially contributing to conflicts of interest that undermine EBF advocacy (The Lancet Series, 2023). However, this gap requires further exploration in the Saudi Arabian context to better understand the factors influencing postpartum feeding guidance and support.

These challenges are further exacerbated by the incomplete implementation of BFHI and non-compliance with the International Code (The Lancet Series, 2023). The WBTi Saudi Arabia Report (2015) reinforced these concerns, revealing that only 6.2% of Saudi hospitals meet BFHI standards and calling for stronger enforcement of the International Code, improved monitoring, and greater awareness of breastfeeding provisions. It also recommended enhanced training for healthcare providers to strengthen EBF support. While the report did not specifically focus on working mothers, its findings have significant implications for this group, as the lack of guidance on breastmilk expression, storage, and workplace adaptation further compounds the challenges of maintaining EBF after returning to work.

Without institutional support, many participants relied on informal community networks and social media for breastfeeding information. This aligned with global findings that highlight the growing role of digital platforms in providing peer support (Asiodu et al., 2015; Grant et al., 2018; Morse & Brown, 2022; Redshaw & Henderson, 2012). However, this study added a unique Saudi perspective, demonstrating how formula norms, limited breastfeeding advocacy, and workplace pressures drove participants to seek alternative sources of support.

Participants turned to Instagram, YouTube, and online forums for practical guidance on breastmilk expression, storage, and managing work-life balance. This exposed systemic neglect, leaving them with no alternative but to rely on online sources to maintain EBF

after returning to work. While social media offered accessible peer-driven support, it also poses risks of misinformation, inconsistent advice, and commercial exploitation (Lebron et al., 2020; Srivastava et al., 2022). Despite its benefits, it has been suggested that social media is not a reliable substitute for comprehensive, healthcare-driven breastfeeding support systems (Lebron et al., 2020; Srivastava et al., 2022). This study highlighted how Saudi healthcare inadequacies combined with workplace challenges, and cultural barriers contributed to reliance on these sources. Digital platforms enabled participants to access practical guidance, connect with others who had successfully balanced work and EBF, and find motivation to persist despite workplace and social pressures (Lebron et al., 2020; Marcon et al., 2019; Orchard & Nicholls, 2020; Srivastava et al., 2022; Yamada et al., 2016, 2019). Social media not only supplements formal breastfeeding support but also helps to normalise EBF in unsupportive environments (Marcon et al., 2019). The Saudi perspective offered in this study uniquely demonstrated the dual role of social media as both an informational and motivational tool for navigating EBF challenges after returning to work. This study built on previous research, emphasising how digital communities reinforced participants' EBF commitment post-maternity leave, counteracting workplace constraints and social expectations that often-undermined EBF continuity.

The lack of local formal support, including lactation specialists, exacerbated other issues, fostering a reliance on private, often costly consultations via social and online media, as evidenced by participants' experiences. This resulted in inequity, as those who could afford private consultations benefited from tailored guidance, while others were left to navigate workplace breastfeeding challenges with minimal professional support. This mirrored concerns raised by Grant et al. (2018) and Lebron et al. (2020), who identified similar disparities across various international contexts, where inconsistent healthcare access and the absence of uniform peer support services created inequalities, particularly

for mothers unable to afford private or online consultations. For Saudi mothers in this study, this disparity was particularly stark, as the lack of inclusive formal lactation support services created a dual burden: mothers not only faced systemic challenges but were also left to fill gaps in EBF guidance through unregulated, informal channels.

In addition, this study uniquely identified significant knowledge gaps regarding breastmilk expressing and storage among Saudi working mothers, highlighting the absence of structured lactation education as a barrier to maintaining EBF. While breastmilk expression is widely recognised as an effective strategy for working mothers globally (Attahiru et al., 2018; Basrowi et al., 2023; Febrianingtyas et al. 2019), this study found that it was not widely adopted in Saudi Arabia due to limited awareness and practical guidance. Unlike countries where structured healthcare education supports breastmilk expression (ILO, 2012; Hilliard, 2017; Topothai et al., 2022), participants reported minimal understanding of expression techniques, scheduling, and storage, leading to uncertainty about its feasibility.

Research on breastmilk expression in Saudi Arabia is scarce. While Qutah et al. (2019) highlighted general awareness gaps, they did not examine how these deficits intersect with workplace challenges or impact EBF continuation post-maternity leave. This study provides new insights by demonstrating how informational gaps limit mothers' ability to perceive and adopt expressing as a feasible strategy, especially in workplaces lacking dedicated facilities or nurseries.

Globally, structured breastfeeding programmes have significantly supported working mothers in maintaining EBF (ILO, 2012). Evidence from the UK showed that breastfeeding education has a greater impact on EBF continuity than physical workplace provisions (Hilliard, 2017). These initiatives illustrate the transformative role of education in empowering mothers to overcome breastfeeding barriers, even more so than

physical facilities alone. However, there was an absence of such programmes for the participants, leaving them without institutional support. Unlike Bangladesh, where employers and healthcare systems collaborated to support breastfeeding mothers at work (UNICEF, 2020), or the US, where lactation consultants provide hands-on guidance (Vilar-Compte et al., 2021), participants navigated these challenges independently. Hence, the absence of formal lactation education in Saudi Arabia not only limited mothers' knowledge but also exacerbated their inability to adopt expressing breastmilk as a viable strategy for continuing EBF after returning to work.

Consequently, this study offered a Saudi perspective, highlighting how the lack of structured Saudi healthcare guidance left participants unprepared to navigate workplace challenges, while inadequate workplace accommodations further exacerbated the difficulties of maintaining EBF after returning to work following short maternity leave.

8.3.2 The impact of COVID-19 on EBF experience

The COVID-19 pandemic introduced profound changes to daily life, such as reshaping employment dynamics. It brought both challenges and unexpected opportunities for breastfeeding mothers. Prior research explored its general impact on breastfeeding, often including working mothers within broader samples (Agrina et al., 2022; Badr & Alghamdi, 2022; Dutheil et al., 2021; Gebremedhin et al., 2022; Hui et al., 2023; Jiravisitkul et al., 2022; Kwan et al., 2022; Nanishi et al., 2022; Nuampa et al., 2022; Patnaik, 2020; Piankusol et al., 2021; Snyder & Worlton, 2021; Tigka et al., 2022; Walker et al., 2022). This study offered novel insights into how the pandemic shaped individual experiences in the Saudi workplace context.

8.3.2.1 Adaptive strategies surrounded by fear of contamination

Findings revealed that the pandemic disrupted previously used EBF strategies, particularly bringing infants to the workplace, forcing working mothers to reassess their options. Studies have shown that fear of virus transmission and misinformation discouraged mothers from breastfeeding or expressing breastmilk in workplaces, public spaces, and healthcare settings, contributing to reduced breastfeeding rates (Badr & Alghamdi, 2022; Gebremedhin et al., 2022; Tigka et al., 2022). Similarly, Jiravisitkul et al. (2022) found that many healthcare workers avoided expressing breastmilk due to hygiene concerns. This study offered a more nuanced perspective, highlighting how Saudi working mothers adapted by employing creative solutions, such as breastfeeding in personal vehicles, a reflection of both resilience and behavioural adaptation.

From the perspective of Resilience Theory, the maternal behaviours observed in this study exemplified adaptive resilience, the ability to navigate adversity while striving to achieve desired outcomes (Yilmaz, 2017). Resilience Theory underscored the interplay between individual agency and systemic support as critical for successful adaptation during natural disaster (Yilmaz, 2018). Participants demonstrated personal resilience, devising solutions like breastfeeding in cars or avoiding workplace expressing breastmilk to mitigate COVID-19-related risks.

While previous research explored resilience as a broad coping mechanism during the pandemic, it did not specifically address breastfeeding. Jones et al. (2022) found that parental resilience during COVID-19 was shaped by family-level coping mechanisms in the absence of external support systems. Polizzi et al. (2020) further emphasised that value-driven actions, such as those observed in this study, were essential for navigating crises, reinforcing the role of personal agency in overcoming adversity. Similarly, Thomson et al. (2022) reported that new mothers relied on active coping strategies but

faced increased emotional and logistical stress due to a lack of institutional support, such as childcare services or workplace accommodations. This study contributed to resilience literature by demonstrating how maternal resilience operated within the EBF context, emphasising the dual necessity of individual adaptability and systemic support in overcoming maternal challenges during crises.

The TPB further contextualised these adaptations by examining the role of attitudes and perceived behavioural control. TPB posits that behaviour is shaped by attitudes, subjective norms, and perceived behavioural control (Ajzen, 1991). The pandemic disrupted participants' perceived behavioural control, introducing heightened fears of contamination while expressing breastmilk at the workplace or bringing infants into potentially unsafe environments.

For example, pandemic-era subjective norms promoted rigorous hygiene practices and limited virus transmission. While participants remained committed to EBF, external constraints influenced their choices, ultimately shaping their chosen strategies. No studies to date have explicitly applied TPB to breastfeeding behaviours during COVID-19. Instead, prior research has focused on broader health-related decisions, such as preventive behaviours (e.g., handwashing, social distancing, vaccine), demonstrating TPB's relevance in crisis decision-making but leaving a gap in its application to breastfeeding-specific contexts (Fan et al., 2021; Gue et al., 2024 ; Wollast et al., 2021). Through a TPB lens, this study provided novel insights into how external crises disrupted normative behaviours, compelling participants to reassess and adapt their EBF strategies.

8.3.2.2 Remote work, flexibility, and challenges of returning to in-person work

The pandemic introduced unexpected benefits, particularly remote work and flexible arrangements, which supported EBF after maternity leave. This finding aligned with

global research, indicating that remote work enabled working mothers to breastfeed on demand, eliminating the logistical difficulties of expressing breastmilk and rigid breastfeeding breaks (Agrina et al., 2022; Badr & Alghamdi, 2022; Nuampa et al., 2022; Tigka et al., 2022). From a Saudi perspective, remote work empowered participants to seamlessly integrate EBF into daily routines, improving work-life balance. This study corroborated prior findings, demonstrating that remote work facilitated frequent EBF sessions and eliminated workplace-related EBF challenges (Badr & Alghamdi, 2022; Kwan et al., 2022). Notably, it contributes to global discourse by highlighting how pandemic-era flexibility empowered participants to adopt new strategies that were previously not allowed such as bringing infants to the workplace. These adjustments demonstrated how systemic changes during the pandemic directly supported EBF, showcasing the transformative potential of workplace flexibility in supporting maternal behaviours.

However, findings also revealed that the return to traditional in-person work disrupted EBF continuation, reinforcing the need for workplaces to retain flexible policies. When workplaces offered flexibility, participants were able to maintain EBF after returning to work. This supported recent calls for retaining remote work policies to accommodate breastfeeding mothers (Hui et al., 2023).

Through the lens of TPB, findings illustrated how remote work enhanced perceived behavioural control, empowering mothers to maintain EBF without traditional workplace constraints (Ajzen, 1991). Participants maintained strong positive attitudes toward EBF, which remote work reinforced by eliminating logistical barriers and facilitating continuation of EBF after returning to work. This aligned with TPB's assertion that positive attitudes, coupled with supportive environments, enhance the likelihood of maintaining desired behaviours (Ajzen, 1991). This study found that the pandemic

temporarily shifted subjective norms, normalising practices such as bringing infants to work during distance learning. Perceived behavioural control, a key TPB component, was significantly enhanced during remote work. Increased flexibility strengthened participants' ability to manage EBF, allowing them to continue breastfeeding without relying on expressing breastmilk or navigating restrictive workplace policies, thereby reinforcing their commitment to EBF after returning to work. However, as in-person work resumed, rigid workplace structures reintroduced barriers, reducing perceived behavioural control. Participants faced unsupportive environments and heightened stress, which ultimately undermined EBF continuation. Through the TPB lens, this study offered new insights into how external crises (COVID-19) influence maternal decision-making and systemic support, addressing a gap in the literature on maternal behaviours regarding EBF practice in the work context.

Through a resilience lens, individual adaptability must be supported by workplace flexibility, social networks, and communication strategies, enabling working mothers to sustain resilience in high-pressure conditions (Turner et al., 2022). Despite its disruptions, the COVID-19 pandemic fostered resilience by serving as a stress buffer, reducing logistical barriers through workplace flexibility and allowing participants to develop adaptive behaviours that aligned their EBF goals with remote work conditions. However, as in-person work resumed, systemic gaps in Saudi workplace policies became evident, undermining maternal resilience. Increased workloads, rigid schedules, and inadequate accommodations placed a dual burden on mothers, challenging their ability to continue EBF. Some working mothers adapted by modifying their strategies, while others were forced to discontinue EBF due to mounting stress and lack of support.

Findings underscored the limitations of individual resilience without systemic resilience, such as supportive workplace policies. This aligned with Shahwan's (2024) study that

resilience is not only an individual trait but also requires structural and social support to improve resilience and sustain adaptation in adverse conditions. Broader research also highlighted that resilience strategies depend on external resources and accommodations (Thomson et al., 2022). This study extended resilience literature by introducing a new resilience lens to the EBF context, illustrating how the interplay between individual adaptability and systemic deficiencies shaped participants' ability to maintain EBF before and after the pandemic. It highlighted that while maternal resilience was crucial, its effectiveness was significantly constrained without workplace support, underscoring the need for systemic resilience to sustain EBF practices.

8.3.3 Dual impacts of social support on EBF experience after returning to work

The impact of social support on EBF continuation is multifaceted, with family and workplace networks playing both supportive and obstructive roles. Existing literature highlights the critical role of family, particularly spouses, in encouraging breastfeeding, but also acknowledges how workplace norms and social expectations can inadvertently discourage EBF, especially for working mothers (Hanser & Li, 2017; Ickes et al., 2021; Ratnasari et al., 2017; Silva et al., 2023; Tangsuksan et al., 2020; Widianoro et al., 2024). This study extends these findings by illustrating how family dynamics, workplace expectations, and social norms within Saudi Arabia shaped participants' EBF experiences after returning to work.

Spousal support was predominantly positive, reinforcing working mothers' commitment to EBF (Widianoro et al., 2024). However, some husbands' misconceptions and negative attitudes, shaped by formula-feeding norms, hindered EBF continuation, as noted in prior research (Harirotul & Asis, 2017). A recent systematic review and meta-analysis found that mothers who lacked moral or physical support from their husbands were less likely to practise EBF than those who received consistent support (Widianoro et al., 2024).

Masoud (2023) argued that, in the Muslim context of Qatar, women are expected to follow their husbands' leadership, extending to EBF decisions. By contrast, African studies found no significant correlation between spousal support and breastfeeding since fathers were primarily seen as breadwinners rather than active participants in childcare (Agudile et al., 2020). These cultural differences underscore how spousal influence on EBF varies across contexts. This study adds to the discourse by demonstrating how formula-feeding norms shaped spousal attitudes, either reinforcing or undermining EBF after mothers returned to work, an aspect that remains underexplored.

Extended family members, such as mothers and sisters, played dual roles in shaping EBF experiences. While they provided emotional and practical support, cultural misconceptions about breastmilk sufficiency often led them to advocate for formula feeding, reinforcing maternal doubts. Similar findings were observed in Malaysia, Saudi Arabia, and Thailand, where family members promoted formula feeding, believing it to be nutritionally equivalent to breastmilk, which contributed to the early cessation of EBF (Harirotul & Asis, 2017; Murad et al., 2021; Topothai et al., 2022). This study corroborates these patterns, showing how Saudi family pressure normalised formula feeding, often undermining mothers' confidence in continuing EBF after returning to work, contributing to the normalisation of formula feeding, particularly among working mothers.

Workplace norms also contributed to shaping participants' feeding choices. As reported in Malaysia and Qatar, formula feeding was often framed as more compatible with employment (Masoud, 2023; Sulaiman et al., 2017). These assumptions, rooted in the belief that EBF disrupted productivity, led some mothers to introduce formula milk (Topothai et al., 2022; Masoud et al., 2023; Kubuga et al., 2023). However, unlike previous studies, participants in this study actively resisted workplace pressures,

demonstrating resilience in maintaining EBF while fulfilling their professional responsibilities.

Despite these challenges, continuous and empathetic support from family, colleagues, and supervisors has been shown to enhance EBF success (Ahmad et al., 2022; Gue et al., 2022). This study reinforces these findings, demonstrating how supportive dynamics contributed to participants' resilience, prolonging their EBF after returning to work. Workplace empathy, particularly when colleagues and supervisors demonstrated understanding, was a key enabler. While this was not universal, when present, it positively influenced EBF experiences. This contrasts with Masoud's (2023) findings, where Qatari workplaces stigmatised EBF mothers. The difference may stem from varying analytical perspectives or workplace settings, while Masoud's study, using feminist and intersectional frameworks, highlighted systemic constraints, this study's IPA approach facilitated an inductive, experience-focused perspective, highlighting individual supportive interactions, including those with male colleagues. In contrast, Masoud's analysis, rooted in Third World feminist theories and intersectionality, focused on systemic constraints and structural inequities rather than informal supportive dynamics. By emphasising workplace empathy, this study contributes to the understanding of how informal support can buffer against the absence of formal breastfeeding-friendly policies in Saudi workplaces.

From a TPB perspective, social support influenced subjective norms, perceived behavioural control, and maternal determination to continue EBF after returning to work. TPB posits that individuals are more likely to engage in a behaviour if they perceive support from their social circles (Ajzen, 1991). This aligned with Sulaiman et al. (2016), who found that, consistent with TPB, while strong beliefs and intentions were significant motivators, a supportive and affirmative environment was essential for successful EBF

among working mothers. Participants in this study who received encouragement from family members, workplace peers, and supervisors felt more empowered to maintain EBF despite workplace challenges. Spousal support was particularly influential, with positive attitudes and practical assistance reinforcing subjective norms and commitment to EBF. Extended family members, especially supportive mothers and sisters, played a key role by sharing EBF strategies and offering emotional support, consistent with Prameswari & Kurnia (2018). In Saudi workplaces, empathetic attitudes from colleagues and supervisors strengthened subjective norms, helping normalise EBF within workplace settings.

These subjective norms were deeply rooted in Islamic teachings, which emphasise community support, care, and empathy, particularly towards women and children. The Hadith of the Prophet Mohammad (peace be upon him) states: “The believers, in their mutual kindness, compassion, and sympathy, are just like one body. When one of the limbs suffers, the whole body responds to it with wakefulness and fever” (Al-Bukhari, 870, Hadith 6011), highlighting the importance of empathy support within the community, urging both families and society to actively provide care and assistance to those in need, in this context of breastfeeding mothers. Another Hadith states: “The best of you is the one who is best to his wife” (Ibn Majah, Hadith 1977), underscoring the duty of husbands and families to create a supportive environment. These teachings closely aligned with TPB’s concept of subjective norms, shaping positive attitudes and behaviours that significantly impacted the participants’ decision to continue EBF after returning to work.

Additionally, Islamic teachings align with broader philosophical perspectives, such as Ethics of Care and Phenomenology, which emphasise addressing others’ needs and understanding lived experiences through empathy (Gilligan, 1982; Noddings, 1984; Stein, 1989). This study demonstrated that social and workplace support not only

prioritised the well-being of mothers and children but also fostering solidarity and resilience among EBF working mothers, enabling EBF working mothers to navigate workplace challenges. However, these perspectives do not fully capture the cultural, systemic, and religious dimensions shaping empathetic support in Saudi Arabia context as TBP and Islamic teachings do.

Resilience Theory posits that empathetic support serves as an external protective factor, helping individuals adapt to disruptions (Kumpfer, 1999). In this study, support from colleagues, supervisors, and flexible workplace arrangements helped participants navigate the ‘disruption’ phase of returning to work and transition into ‘adaptation’ and ‘recovery’ by sustaining EBF despite workplace pressures. Informal workplace support reduced stress, reinforced resilience, and compensated for inadequate formal policies. These findings aligned with Silva et al. (2023), who highlighted employer support as a key factor in prolonged breastfeeding in Brazil. However, this study extended resilience literature by demonstrating how informal and empathetic support, deeply rooted in cultural and Islamic values, fostered adaptability among participants who intended to continue EBF after returning to work.

8.3.4 Embodied commitment and resilience: Facilitators of EBF continuation post-return to work

8.3.4.1 Faith in Allah as internal resilience behavioural

The connection between spirituality and breastfeeding practices is widely recognised across various religious and cultural contexts, where faith-based values often strengthen maternal commitment to initiate and maintain breastfeeding (Burdette & Pilkauskas, 2012; Farhadi, 2020; Kamoun & Spatz, 2018; Masoud, 2023; Murad et al., 2021; Williamson & Sacranie, 2012). In Islamic cultures, particularly in Saudi Arabia,

breastfeeding is encouraged not only for health benefits but also as a maternal and spiritual duty recommended by the Qur'an and Hadith (Adepoju et al., 2019; Jessri et al., 2013). This study built on these insights by exploring an underexamined aspect, how faith in Allah served not only as a motivation for EBF but also as a resilience mechanism that helped Saudi working mothers navigate challenges after returning to work.

8.3.4.1.1 Faith as a motivation for EBF commitment

Islamic teachings recommend breastfeeding for up to two years, aligning with WHO guidelines and reinforcing maternal attitudes toward EBF as both a divine obligation and an infant's right (Kamoun & Spatz, 2018; Murad et al., 2021). Previous research, such as Masoud (2023) in Qatar, found that working mothers viewed breastfeeding as a sacred duty, inspiring long-term commitment after returning to work. Similarly, Farhadi (2020) observed that Islamic values closely aligned with global health recommendations, further solidifying maternal dedication. However, that research primarily focused on how faith influences the initiation and duration of breastfeeding. This study uniquely extended the discussion by illustrating how spirituality shaped not only initiation but fostered resilience among Saudi working mothers, reinforcing their initial intent to continue EBF when they returned to work despite anticipated workplace obstacles, and strengthening their ability to persist when real-world challenges arose.

Faith in Allah emerged as a deeply rooted internal motivator, strengthening participants' commitment to EBF following maternity leave. From a TPB perspective, this faith reinforced a strong positive attitude toward EBF, as mothers viewed it as both the healthiest option for their infants and a religious duty (Ajzen, 1991). Additionally, religious beliefs functioned as powerful subjective norms, reinforcing breastfeeding as a divinely endorsed practice (Gyamfi et al., 2024). These findings aligned with research

from Saudi Arabia (Ogbeide et al., 2004) and Lebanon (Al-Sahab et al., 2008), where religious motivations positively influenced maternal breastfeeding decisions.

8.3.4.1.2 Faith as a resilience and coping mechanism in EBF challenges

Faith played a dual role in shaping participants' EBF experiences, acting both as a motivator and a coping mechanism during workplace challenges. While previous studies primarily examined faith's influence on breastfeeding initiation, this study highlighted how belief in Allah provided emotional strength and perseverance when workplace challenges arose. Many participants turned to faith in moments of stress, embodying the Islamic principal of *tawakkul* (reliance on Allah with effort), trusting in divine assistance while actively seeking solutions. This aligns with the Qur'anic teaching: "Whoever puts their trust in Allah, then He alone is sufficient for them." (Qur'an, 65:3). Participants demonstrated this principle through structured breastmilk expressing schedules, negotiating flexible work arrangements, and seeking alternative support systems, reinforcing faith as a source of endurance rather than passivity.

From a Resilience Theory perspective, faith in Allah functioned as an internal protective factor, strengthening EBF mothers' ability to persist through workplace challenges. Resilience Theory suggests that individuals facing adversity adapt and recover through intrinsic and extrinsic support systems (Sisto et al., 2019). In this study, faith served as a powerful intrinsic motivator, equipping participants with emotional strength to overcome EBF obstacles after returning to work. While traditional resilience frameworks highlighted external protective factors, such as workplace accommodations or social support, this study uniquely demonstrated how spiritual resilience maintained EBF intentions despite limited systemic support. These findings aligned with Kumpfer's (1999) assertion that resilience is not solely about external interventions but also about personal meaning-making, which helps individuals navigate hardships with purpose.

Faith also acted as an emotional coping mechanism for those who discontinued EBF earlier than intended. Some participants framed their cessation as part of *Qadar* (divine decree), which alleviated guilt and fostered acceptance. Likewise, those who continued EBF beyond six months viewed their perseverance as guided by Allah's will, reflecting the Qur'anic teaching: "Indeed, we have created everything in due measure." (Qur'an, 54:49). However, belief in Qadar did not imply passivity; rather, it coexisted with *du'ā* (supplication) and proactive efforts. The Prophet Mohammad (PBUH) stated: "Nothing can change the Divine decree except supplication (du'ā)." (At-Tirmidhi, Hadith 2139). This proactive reliance on faith helped maintain motivation while providing emotional relief, whether in overcoming workplace barriers or accepting an earlier cessation.

Resilience Theory posits that adaptive coping mechanisms mitigate stress and foster long-term well-being (Macía et al., 2021; Mayordomo et al., 2016). In this study, faith-based coping enabled participants to reframe their experiences, shifting from frustration or guilt to acceptance and perseverance. While previous research often focused on external resilience factors, this study introduced a novel perspective by demonstrating how spiritual resilience, grounded in Islamic teachings, sustained EBF commitment beyond the initiation phase. Unlike Burdette and Pilkauskas (2012), who found that church attendance correlated with breastfeeding initiation but not duration, this study highlighted how faith provided ongoing strength to navigate workplace barriers. Thus, this study expands the discourse on EBF and resilience, demonstrating that faith can not only drive the initial decision to exclusively breastfeed but also sustains commitment and emotional well-being throughout the EBF journey and upon return to work.

By integrating spirituality into resilience strategies, it highlights how participants exhibited a distinctive faith-driven adaptability that had not been explored in prior breastfeeding literature.

8.3.4.2 Proactive planning and EBF resilience

This study found that breastmilk expression was the most commonly adopted strategy among participants who intended to continue EBF after returning to work. Mothers who proactively established structured breastmilk expressing routines before returning to work experienced smoother transitions, maintaining their milk supply and integrating EBF into their professional responsibilities with minimal disruption. Early preparation, including consistent breastmilk expressing schedules and proper milk storage, reinforced maternal confidence and control over their EBF journey, contributing to EBF continuity. These findings aligned with global research, which demonstrated that pre-planning supports breastfeeding persistence and minimises workplace-related disruptions (Attahiru et al., 2018; Harirotul et al., 2017; Prameswari & Kurnia, 2018).

By contrast, reactive approaches, such as initiating breastmilk expressing only after returning to work, were linked to significant breastfeeding challenges, including insufficient milk supply, infant bottle refusal, and eventual EBF discontinuation. Without structured preparation therefore, inconsistent breastmilk expressing routines hindered EBF sustainability after returning to work. These findings extend previous research (Topothai et al., 2022) by illustrating the direct influence of proactive planning on EBF success, particularly in unsupportive work environments. Notably, this study was the first to explore how Saudi working mothers independently developed and refined breastmilk expressing strategies in response to workplace challenges, offering new insights into the role of proactive planning in EBF continuation within this under-researched context.

Beyond timing, logistical adaptations, such as structured breastmilk expressing intervals, milk storage, early bottle introduction, and caregiver training, played a crucial role in prolonging EBF after returning to work. Previous studies highlighted that proactive strategies, including caregiver education and early bottle introduction, minimised

breastfeeding disruptions by helping infants adapt smoothly to maternal absences (Ickes et al., 2021; Vilar-Compte et al., 2021). This study extended these findings, demonstrating that participants who implemented these strategies experienced greater success in maintaining EBF routines. Additionally, when faced with unexpected challenges, such as infant refusal of bottle feeding, participants adapted by exploring alternative feeding methods, showcasing resilience and problem-solving skills to maintain EBF after returning to work.

From a TPB perspective, participants who engaged in structured breastmilk expressing routines exhibited greater control over their EBF journey, reinforcing their confidence in maintaining EBF despite workplace barriers. Sulaiman et al. (2016), previously found that higher perceived control among ‘passionate mothers’ fostered persistence in EBF behaviours, even in challenging environments. Their study highlighted that finding practical solutions to overcome workplace obstacles enabled continued breastfeeding. This reflected the experiences of participants in this study, as they demonstrated strong behavioural control and consistently sought solutions rather than discontinuing EBF.

Resilience Theory supports these findings, emphasising that anticipating potential obstacles and developing structured solutions facilitate adaptation (Kumpfer, 1999). Mothers who planned for workplace challenges, such as limited lactation accommodations and time constraints, navigated their return to work with reduced stress and increased self-efficacy. Silva et al. (2023) and Liao et al. (2023), also noted that working mothers who engaged in proactive, organised planning demonstrated greater resilience and persistence in maintaining EBF despite external pressures. Effective preparation and coping strategies alleviated stress associated with returning to work, reinforcing maternal agency and control over EBF continuation. Ultimately, proactive planning appeared to play a key role in supporting prolonged EBF duration among

participants after returning to work. Mothers who returned with a structured breastmilk expressing strategy tended to maintain EBF for longer compared to those who adopted more reactive approaches. However, this relationship requires further exploration in greater depth.

By integrating TPB's concept of perceived control and Resilience Theory's adaptation process, this study advanced the understanding of how strategic preparation enhanced maternal resilience, offering deeper insights into the mechanisms that enable Saudi working mothers to sustain EBF in structurally unsupportive workplaces.

8.3.4.3 The role of knowledge in maintaining EBF after returning to work

Knowledge not only shaped participants' initial motivation and commitment to continue EBF after returning to work but also served as a critical tool for navigating unexpected challenges. Intentions are more accurate predictors of behaviour when they are based on substantial knowledge rather than minimal information, as individuals with greater knowledge about an attitude object demonstrate higher attitude-behaviour consistency (Davidson et al., 1985). Having sufficient knowledge is essential for working mothers to develop positive attitudes, perceptions, and practices toward EBF after returning to work (Harirotul & Asis 2017). This study corroborated these claims, as working mothers who were well-informed about the benefits of EBF for infant health and well-being exhibited stronger commitment and determination to maintain EBF, even in the face of systemic and social pressures. However, this study highlighted that beyond simply possessing knowledge, the ability to apply it in a structured and adaptive manner was key to overcoming both anticipated and unexpected challenges.

Previous research linked breastfeeding knowledge to positive attitudes and EBF duration (Gebretsadkan et al., 2022; Harirotul & Asis 2017). This study extended these findings,

demonstrating that knowledge functioned not only as a motivational driver but also as a strategic enabler. Participants who actively prepared for EBF challenges by researching expressing schedules, storage techniques, workplace adaptations, displayed greater resilience and problem-solving abilities. By relying on learned strategies rather than reacting to difficulties unprepared, these working mothers maintained EBF for longer periods despite rigid workplace policies, social expectations, and systemic constraints.

From a theoretical perspective, these findings aligned with the TPB, which suggested that attitudes toward a behaviour are reinforced when individuals associate it with clear benefits (Ajzen, 1991). In this study, participants who understood both the benefits of EBF and the strategies needed to maintain it in a work environment exhibited stronger intentions and determination to continue EBF, even in unsupportive environments. Gue et al. (2022), observed that working mothers who internalised breastfeeding knowledge were more empowered to balance professional responsibilities while maintaining EBF.

Resilience Theory supports these findings, emphasising that individuals who anticipate potential disruptions and equip themselves with adaptive skills are more likely to sustain their goals (Kumpfer, 1999). Mothers in this study who actively sought breastfeeding knowledge in advance and supplemented it by hiring lactation specialists developed structured plans that stabilised their EBF routines after returning to work. Their ability to adapt was not solely dependent on external support but was significantly influenced by their capacity to seek out and apply knowledge effectively in real-world scenarios.

By situating these insights within a Saudi context, this study contributed a nuanced understanding of the role of knowledge in EBF sustainability. Unlike studies that primarily examined the correlation between breastfeeding awareness and duration, these findings demonstrated that knowledge was not just an informative asset but a functional tool that enabled working mothers to assert control over their EBF journey. Through

enhanced knowledge application, participants reinforced their resilience and long-term commitment to EBF after returning to work.

8.3.4.4 New Saudi education non-breastfeeding policy: ‘Long weekends’

The findings of this study revealed a novel and unexpected facilitator of EBF among Saudi working mothers: the introduction of long weekends under the new Saudi education policy. Long weekends were embedded into the Saudi education system as part of the three-semester system introduced by the Saudi Ministry of Education in 2021 (Ministry of Education, 2021). While not originally designed to support breastfeeding, this policy provided participants with more time to spend with their infants, thereby facilitating EBF and contributing to their emotional and psychological resilience. This finding adds a novel dimension to policy-level interventions in EBF by demonstrating how systemic changes, even those unrelated to breastfeeding, can indirectly enhance maternal behaviours.

Within the lens of TPB, the extended weekends positively influenced EBF determinants. By reducing time-related barriers, the policy enhanced perceived behavioural control, reinforcing mothers’ intentions to continue EBF while managing professional responsibilities (Ajzen, 1991). Previous studies focused on general maternal breastfeeding behaviours, emphasising individual predictors (Bajoulvand et al., 2019; Dodgson et al., 2003; Giles et al., 2015; Guo et al., 2016; Zhu et al., 2017). This study extends TPB by examining working mothers, demonstrating how systemic factors (non-breastfeeding policy) enhance perceived behavioural control for continuing EBF.

The additional time at home during long weekends also fostered positive attitudes toward EBF, strengthening maternal-infant bonding and reducing logistical pressures. TPB posits that behavioural intentions are reinforced by enabling conditions (Ajzen, 1991), and this

policy's unintended benefit for breastfeeding underscores how workplace flexibility influences decision-making and commitment to EBF.

Similarly, from a Resilience Theory perspective, this policy functioned as an external protective factor, allowing working mothers additional time to recover, adjust, and integrate EBF into their schedules. Resilience Theory posits that positive adaptation to stress depends on the presence of supportive environmental factors (Gue et al., 2022). These findings aligned with broader research, which demonstrated that supportive environments enhance behavioural resilience. Studies on work-life balance indicated that flexible work arrangements enhance adaptation and integration by reducing work-life conflict and fostering resilience (Bernuzzi et al., 2022; Munjal et al., 2021). This finding also supports Guo et al.'s (2022) argument that systemic support strengthens behavioural resilience. Collectively these studies reinforced the idea that resilience is not solely an individual trait, but a dynamic process can deeply be influenced by various contexts such as workplace and policy conditions (Kuldas & Foody, 2022; Rutter, 2012).

Additionally, these findings resonated with prior research, which emphasised the role of structural and emotional support in fostering resilience under high-pressure conditions (Hart et al., 2014). By doing so, this study addressed a critical gap in resilience literature within the EBF context, highlighting the broader impact of seemingly unrelated policy changes. However, this study also highlighted varied responses to the policy among participants. While some found the long weekends beneficial for bonding and EBF, others felt that these benefits were insufficient without broader systemic support measures, such as extended maternity leave or workplace breastfeeding accommodations.

These factors collectively highlighted the interplay between spirituality, practical strategies, knowledge, and systemic influences in enabling Saudi working mothers to maintain EBF as effectively as possible. Together, they reinforced their determination to

continue EBF despite workplace challenges. However, the extent to which participants maintained EBF varied; some discontinued earlier than intended, others managed to continue with difficulty, while some remained fully committed. These variations reflected the ongoing impact of unsupportive environments on working mothers' EBF journeys.

8.4 Summary

This chapter critically discussed the key factors shaping the lived experiences of Saudi working mothers who intended to continue EBF after returning to work. It highlighted the interplay between individual resilience, workplace and healthcare system challenges, policy gaps, the impact of COVID-19, and social influences. Additionally, the discussion offered several novel contributions to Saudi and non-Saudi literature and extended the global breastfeeding discourse by providing new insights into the key enablers and barriers influencing EBF sustainability upon the return to work for mothers following maternity leave.

The discussion demonstrated that while maternal determination, proactive planning, knowledge, positive role of social media, faith-based resilience, and social support facilitated EBF continuation, several barriers, including inadequate workplace accommodations, weak policy enforcement, lack of formal support and resources, social norms favouring formula feeding, and the return to traditional work structures post-COVID-19, significantly hindered EBF sustainability.

From a theoretical perspective, the application of TPB and Resilience Theory illustrates how perceived behavioural control, subjective norms, and protective factors influenced working mothers' EBF decisions and persistence. Findings also revealed the unexpected role of indirect policies, such as the introduction of long weekends under the Saudi education system, in facilitating EBF, highlighting the broader impact of systemic

interventions even when not explicitly designed to support breastfeeding. Despite these enablers, the discussion in this chapter emphasised that individual resilience alone is insufficient without holistic structural support. The findings reinforced the need for workplace policies that actively facilitate EBF, healthcare systems that provide evidence-based lactation support, and cultural shifts that normalise and protect EBF for working mothers. The next chapter synthesises these insights into a consolidated conclusion, offering practical recommendations for policy, workplace settings, and Saudi healthcare practice. It also outlines the broader implications of these findings and further future research.

CHAPTER 9: CONCLUSION AND RECOMMENDATIONS

9.1 Conclusion

This study provided an in-depth exploration of the lived experiences of Saudi working mothers who intended to continue EBF after returning to work following paid maternity leave. As the first qualitative study in Saudi Arabia focusing on this area, it applied IPA to understand both the complexities and facilitators of their journeys, revealing how institutional, cultural, environmental, and personal factors collectively shaped their decisions to either continue or discontinue EBF. Unlike previous Saudi positivist research, which largely quantified barriers, this study uncovered the deeply embedded social, workplace, environmental and healthcare systemic challenges that working mothers encountered, offering a more nuanced understanding of their experiences in Saudi Arabian's workplace settings.

The findings confirm that returning to work was overwhelmingly; described by participants as a “*nightmare*,” a “*tragedy*,” and a form of “*suffering*,” highlighting the severe difficulties faced by working mothers attempting to continue EBF in unsupportive environments. While literature identified in Chapter Two noted workplace policies, legislation, and breastfeeding facilities as key determinants of EBF duration, much of the previous research focused on the later decision to discontinue EBF as a result of workplace barriers. This study, however, provided a more comprehensive understanding by highlighting both the early decision to continue EBF and the later decision regarding whether to persist or discontinue. This distinction is crucial, as participants entered the workforce with prior knowledge of the anticipated challenges but remained committed to maintaining EBF. Understanding the shift from intention to actual practice upon facing workplace barriers, sheds light on the specific factors that influenced whether mothers maintained or ceased EBF.

This study further revealed that obstacles extended well beyond limited maternity leave and the absence of breastfeeding spaces, issues widely acknowledged in global research, to include inflexible workplace policies, managerial indifference, inadequate enforcement of existing breastfeeding laws, and a fragmented healthcare system that failed to equip working mothers with the necessary guidance to balance EBF and employment. The absence of structured breastfeeding education further contributed to the normalisation of formula feeding in workplace settings, reinforcing social expectations that returning to work necessitates EBF cessation. The pandemic also had its impact on these experiences, playing both roles as an enabler and a challenge. Crucially, this study highlighted that not all policies within Saudi workplaces were stagnant. Other workplace policies, unrelated to breastfeeding, had undergone recent changes and improvements in response to broader workforce reforms, demonstrating that workplace policies are adaptable when prioritised. Critically, this study demonstrated how these challenges influenced EBF outcomes. Many mothers faced overwhelming institutional barriers, such as rigid schedules, lack of lactation spaces, and negative managerial attitudes, which ultimately led them to discontinue EBF earlier than intended. The emotional toll of this discontinuation was evident, as many framed their cessation as a distressing compromise forced by external constraints rather than a voluntary decision. However, the study also revealed a contrasting narrative: some mothers, despite encountering such workplace barriers, were able to continue EBF. The factors enabling their perseverance included proactive planning, self-education, empathetic social and workplace support, and, crucially, their deeply rooted faith. Their resilience was not merely a personal trait but a response to structural inadequacies, where they actively sought solutions in the absence of formal support systems or navigating the realities of returning to work.

By integrating Resilience Theory and the TPB into the discussion, this study advanced the understanding of EBF decisions among Saudi working mothers upon their return to work after maternity leave. Resilience Theory perspectives provide a nuanced understanding of how participants adapted and persisted despite systemic challenges, showing that resilience was shaped by personal efforts, Islamic faith and values, and social support. Meanwhile, TPB helped explain how workplace policies and subjective norms influenced EBF intentions and continuation, demonstrating that strong personal conviction could maintain EBF even in unsupportive environments. The integration of these theories enriched the discussion by bridging individual decision-making with broader structural and social constraints, offering a more comprehensive interpretation of how working mothers navigated EBF within the Saudi context.

This study's findings reinforced the urgent need for systemic reforms to support exclusively breastfeeding working mothers. Addressing these challenges requires more than simply extending maternity leave or providing lactation rooms. A holistic, multi-sectoral approach is necessary, one that involves policymakers, employers, healthcare professionals, families, and society at large. Legislative enforcement of breastfeeding rights, improved workplace accommodations, healthcare provider training, public education to dispel cultural misconceptions, and a stronger integration of religious and cultural values into EBF promotion are essential. The impact of COVID-19 had a dual effect on EBF among Saudi working mothers, however; it provided unprecedented flexibility that enabled some participants to prolong EBF. The shift to remote work, demonstrated that flexible work policies can serve as a viable long-term support mechanism for working mothers.

By illuminating the experiences faced by Saudi working mothers, this study contributed valuable evidence to drive policy reforms and encourage supportive workplace

environments. It also laid the groundwork for future research into the intersection of EBF, employment, spiritual and social norms in Saudi Arabia and beyond. Ultimately, these findings have the potential to inform meaningful change, ensuring that EBF is not just a personal choice but a socially and institutionally supported practice that benefits mothers, children, and society as a whole.

9.2 Strengths and limitations of study

Like any research, this study has both strengths and limitations that shape its contributions and scope. The strengths lie in its unique qualitative approach, diverse participant sample, and theoretical depth, while the limitations highlight the contextual constraints and concerns around IPA methodology.

9.2.1 Strengths of the study

This study provided valuable insights by offering one of the first qualitative explorations of EBF experiences among Saudi working mothers. By presenting both individual and collective perspectives on the challenges and facilitators of EBF continuation after returning to work, the study filled a significant gap in the literature. Given the lack of in-depth research on this topic in the Saudi context, the findings served as a foundational resource for future researchers and policymakers seeking to improve breastfeeding support for working mothers.

A key strength of the study was its heterogeneous sample, which included participants from both public and private sectors in education and healthcare, with varying educational backgrounds and professional roles. This diversity enhanced the breadth and applicability of the findings, offering a comprehensive understanding of the structural and professional challenges affecting EBF in two key employment sectors for working mothers in Saudi Arabia. By incorporating perspectives from multiple employment settings, the study

captured the varied experiences of working mothers and highlighted the complexities of balancing EBF with professional obligations.

Beyond commonly discussed factors such as maternity leave and workplace breastfeeding facilities, this study delved deeper into systemic and cultural barriers affecting EBF continuation. It revealed how workplace policies, employer attitudes, social norms, impacts of COVID-19, and institutional structures influenced EBF decisions, providing a more nuanced understanding of the multifaceted challenges faced by Saudi working mothers. Additionally, the study introduced previously underexplored dimensions, including maternal resilience, commitment, and empathy, which emerged as critical motivators in maintaining EBF despite workplace pressures. Faith-based resilience played a prominent role in shaping participants' persistence, underscoring the interplay between religious beliefs and maternal decision-making.

The study also made a significant contribution to both Saudi and global literature by addressing previously overlooked factors such as the impact of COVID-19 on EBF practices, financial constraints, knowledge and attitudes toward breastmilk expression, gaps in childcare leave and breastfeeding break policies, the indirect influence of the Saudi education non-breastfeeding policy (long weekends), and the role of social media in supporting EBF working mothers after their return to work. By integrating these novel insights, the study broadened the scope of EBF research and highlighted emerging challenges and opportunities that could inform future policy adaptations.

Another notable strength was the integration of the TPB and Resilience Theory in the discussion chapter, which enhanced the study's theoretical depth. By applying these frameworks, the research provided an enriched discussion of maternal decision-making, resilience-building strategies, and the role of perceived behavioural control in maintaining EBF despite workplace challenges. This dual-theoretical approach offered

actionable insights for researchers, policymakers, and employers, supporting the development of evidence-based interventions that could facilitate breastfeeding-friendly work environments. Ultimately, this study established a strong foundation for future research and policy reforms aimed at improving EBF sustainability among working mothers in Saudi Arabia.

9.2.2 Study limitations

Despite this study providing new insights into the experiences of Saudi working mothers who continued EBF after returning to work, certain limitations need to be acknowledged. While this study was one of the first qualitative explorations of EBF among Saudi working mothers in the education and healthcare sectors, it did not fully capture the experiences of those working in other industries or employment settings. Mothers in different sectors may have encountered distinct challenges or received varying levels of support, which could have influenced their ability to sustain EBF. Therefore, the findings should not be assumed to be representative of all working mothers in Saudi Arabia, as they primarily reflected the experiences of participants within these specific employment sectors.

Another potential limitation of this study concerned its methodological approach, IPA. While IPA provided a valuable framework for capturing the lived experiences of participants who continued EBF after returning to work, it has faced certain critiques in the literature. Scholars have highlighted ambiguities in its theoretical positioning, its reliance on language as a tool for meaning-making, and its dependence on participant articulation skills (Tuffour, 2017). Additionally, as IPA focuses on how individuals interpret their experiences, some argue that it may prioritise subjective meaning over deeper exploration of external influences (Tuffour, 2017; Smith, 2018). Although IPA does not claim generalisability, concerns have been raised about its ability to encapsulate

experiences beyond participants' interpretations. However, this study proactively addressed these challenges by ensuring methodological rigour and depth in interpretation. Measures such as conducting interviews in the participants' native Saudi dialect, piloting the interview guide, and engaging in reflexive analysis strengthened the validity of the findings, allowing participants to express their experiences authentically. Additionally, integrating TPB and Resilience Theory in the discussion chapter provided an enriched discussion that enhanced the understanding of cognitive, behavioural, and systemic influences on EBF decision-making. Furthermore, as detailed in Chapter Five (Methods), each stage of the research process underwent peer review by expert supervisors to ensure rigour and credibility. Thus, while IPA's methodological considerations should be acknowledged, this study effectively mitigated potential challenges, producing rich, meaningful insights that contribute to Saudi and global literature on working mothers' EBF experiences after returning to work.

9.3 Recommendations and implications for Saudi healthcare practice

The findings of this study highlighted the need for enhanced healthcare support to enable Saudi working mothers to initiate breastfeeding and maintain EBF after returning to work. Strengthening healthcare policies, professional lactation support, and public health education could be helpful in normalising EBF, reducing social norms favouring formula feeding, and providing practical solutions for working mothers facing systemic challenges. The following recommendations based on the findings from this study and align with international best practices, including the BFHI and the International Code of Marketing of Breastmilk Substitutes, suggesting a structured approach to improving EBF support within Saudi healthcare settings.

1. Strengthening the implementation of BFHI guidelines and national breastfeeding policies

A key recommendation is to enhance the implementation of BFHI guidelines across all Saudi healthcare facilities to ensure standardised and high-quality breastfeeding support. This is particularly important given that as, as noted in Chapter 2, a limited number of Saudi hospitals are currently accredited (please refer to Section 2.5), highlighting the need for broader and more consistent adoption of these guidelines. This could also involve greater regulatory oversight to monitor compliance with the BFHI's 10 Steps to Successful Breastfeeding and reduce commercial formula marketing influences in hospitals and pharmacies and improve knowledge of how to maintain breastfeeding if mother and infant are separated. Strengthening these policies may help ensure that working mothers receive unbiased, evidence-based guidance on EBF, minimising external pressures that normalise formula feeding. Further research should examine the effectiveness of BFHI policy implementation in both public and private Saudi healthcare facilities, with particular attention to its impact on not just initiation rates but on longer term impacts such as mothers' EBF experience and satisfaction with postnatal support.

2. Enhancing national breastfeeding coordination and awareness

While a national breastfeeding committee and training programmes exist, many working mothers remain unaware of these services, thereby limiting their impact. Additionally, although educational breastfeeding clinics in government hospitals and health centres are available, they are not widely recognised or effectively implemented to support mothers. In addition, many mothers in Saudi Arabia rely on private hospitals, where such structured breastfeeding support is often lacking. This inconsistency highlights the need for uniform implementation of breastfeeding initiatives across both government and private healthcare sectors. To address this, efforts should focus on:

- Raising awareness during hospital and health center visits to ensure all mothers are informed of available services.
- Ensuring that breastfeeding clinics in both government and private hospitals are fully operational, accessible, and effectively support mothers.
- Standardising workplace-focused breastfeeding education across all healthcare settings, covering breastmilk expression, storage, and work adaptation.

Expanding lactation support services could further assist working mothers post-maternity leave. Increasing the availability of lactation consultants in hospitals, community clinics, and maternal health centers could provide structured EBF guidance, addressing expressing logistics, breastmilk storage, and workplace challenges. Dedicated breastfeeding clinics offering hands-on support could be implemented uniformly in both government and private hospitals, ensuring equal access for all mothers regardless of their healthcare provider.

3. Integrating EBF education into antenatal and postnatal care

Integrating structured breastfeeding education into antenatal and postnatal care could better prepare mothers for balancing EBF and work. Healthcare professionals should provide guidance on expressing, breastmilk storage, and workplace adaptation during routine visits. Alongside this practical guidance, emotional and psychological support should be incorporated as a standard component of care. Antenatal and postnatal education should include strategies for managing stress, building confidence in EBF continuation, and fostering a sense of connectedness with available support systems. Providing this dual focus, practical and emotional, ensures that working mothers are equipped to manage both the logistical and emotional demands of combining EBF with employment.

Additionally, while the Ministry of Health established Hotline 937 in 2013 to provide health consultations and expanded it in 2016 to include maternal and child health support, this service needs further development and promotion to effectively assist EBF mothers, particularly working mothers. Ensuring certified lactation consultants who are equipped to address EBF challenges, workplace-related difficulties, and breastmilk expression concerns could improve the quality and accessibility of this support system. Strengthening the hotline's effectiveness and service delivery could offer a reliable, easily accessible resource for EBF working mothers seeking both technical advice and emotional reassurance.

Further investment in community-based breastfeeding support may also be beneficial. Expanding peer-support networks, home-based lactation counselling, and healthcare-driven digital resources could ensure continuous breastfeeding support beyond hospital settings.

4. Ensuring breastfeeding education for healthcare providers

To ensure consistent, evidence-based breastfeeding support, healthcare professionals (Midwives, Nurses, GPs, Pharmacists) should receive comprehensive training on EBF, lactation management, and workplace-related breastfeeding challenges. Training programmes could help healthcare providers:

- Offer accurate, unbiased information about breastfeeding benefits.
- Provide clear guidance on expressing and storing breastmilk for working mothers.
- Avoid formula promotion unless medically indicated, ensuring compliance with the International Code of Marketing of Breastmilk Substitutes.

By equipping healthcare professionals with practical knowledge on EBF and workplace adaptation, they could better support working mothers in making informed feeding choices without commercial influence.

5. Enhancing public health awareness and community education

The Saudi Ministry of Health need to develop targeted campaigns to promote EBF as a social norm, challenging misconceptions that formula is the ‘easier’ or ‘more practical’ choice for working mothers. Community-wide initiatives could focus on:

- Educating families about the benefits of EBF compared to formula feeding.
- Addressing cultural myths surrounding breastmilk insufficiency.
- Encouraging workplace acceptance of EBF through employer-targeted campaigns.

Developing trusted, healthcare-backed digital platforms could also reduce misinformation and provide reliable, evidence-based guidance for EBF mothers particularly working mothers.

Strengthening healthcare legislation, expanding lactation services, and integrating workplace-relevant breastfeeding education could help Saudi working mothers maintain EBF after returning to work. Ensuring systemic support through BFHI compliance, structured lactation guidance, and widespread public health education may contribute to normalising EBF, reducing formula dependency, and fostering a more breastfeeding-friendly environment in Saudi workplaces and communities.

9.4 Recommendations and implications for Saudi workplaces and policymakers

To create a supportive workplace environment for Saudi breastfeeding mothers, employers and policymakers should refine and develop targeted policies that address the distinct challenges EBF mothers face across both public and private sectors.

- A key priority is to enhance awareness of breastfeeding rights across all employment sectors. Employers should ensure that supervisors and staff are informed of existing regulations, including the legally mandated one-hour breastfeeding break, while policymakers should require clear dissemination of this information to all employees. This step could help foster workplace environments that acknowledge and accommodate the breastfeeding needs of working mothers.
- Additionally, labour laws should be revised to clarify and extend entitlements to breastfeeding breaks, ensuring flexibility and accessibility. On-site working mothers should have the option to divide the breastfeeding hour into shorter, more frequent breaks rather than being restricted to a fixed time slot. Further re-evaluation of the break duration to accommodate mothers who require multiple expressing breastmilk sessions would provide enhanced support.
- Flexibility in work schedules is another essential factor in facilitating EBF. Governments and employers should explore flexible working arrangements, including staggered hours or remote work options where feasible. Universally and locally, lessons from the COVID-19 pandemic demonstrated that greater workplace flexibility significantly improved EBF continuity for working mothers, indicating that such policies could be sustained to better support maternal well-being.
- The provision of private lactation spaces in workplaces is vital for supporting EBF mothers. It is recommended that legislation be introduced requiring workplaces meeting a specified employee threshold to provide dedicated lactation spaces. These facilities should adhere to established standards of privacy and comfort, including adequate seating, electrical outlets, and refrigeration for breastmilk storage. Additionally, clear compliance criteria should be set, with routine monitoring and enforcement mechanisms to ensure consistent implementation across sectors.

Legislating for such measures would help normalise breastfeeding in professional settings and reduce barriers for working mothers seeking to continue EBF after returning to work.

- Workplace nurseries are another critical measure that could enable mothers to bring their infants to work, reducing stress and facilitating EBF continuity. Employers should ensure that these nurseries are staffed by qualified caregivers and include dedicated breastfeeding or breastmilk expression areas. Policymakers should also mandate and enforce existing regulations requiring nurseries in workplaces that meet eligibility criteria to ensure uniform support across sectors.
- Reviewing and extending statutory maternity leave to six months could strengthen EBF sustainability by allowing mothers sufficient time to establish breastfeeding before returning to work. Aligning Saudi maternity leave policies with global standards could reduce early weaning and support long-term EBF goals. Additionally, clearer and more standardised childcare leave policies should be implemented to ensure fair access across both public and private sectors. This could allow mothers to extend their leave based on their needs rather than workplace interests. Finally, control mechanisms should be developed to ensure the consistent application of maternity and breastfeeding policies across different work sectors, reducing disparities in policy implementation and enforcement. This could help create a more equitable and supportive work environment for all breastfeeding mothers in Saudi Arabia.

9.5 Recommendations and implications for further research

This study highlights several gaps that future research can explore to deepen understanding of some aspects and improve support for EBF among working mothers after returning to work in Saudi Arabia:

- Conduct national-level longitudinal research on breastfeeding rates beyond birth to enable more accurate evaluation of the impact of maternity and workplace policies on EBF duration.
- Investigate the long-term interplay between cultural and religious values and their impact on EBF practices over time. While this study highlights the influence of Islamic values in shaping attitudes and behaviours, further research can provide deeper insights into how these factors foster emotional, moral, identity- related dimensions beyond behaviour and resilience.
- Exploration of EBF experiences among mothers working in diverse industries, such as banking, corporate companies, hospitality, retail, and self-employment, to identify sector-specific barriers and enablers compared to healthcare and education.
- A national mixed-methods study should evaluate workplace breastfeeding policies, accommodations, and awareness across sectors in Saudi Arabia. It could explore the provision of lactation rooms, nurseries, breastfeeding breaks, employer-employee awareness, and sector-specific challenges beyond healthcare and education. A longitudinal component could examine the impact of workplace support and indirect policies, such as long weekends, on EBF continuation and maternal satisfaction, providing data to refine national breastfeeding policies.
- A national study is required to evaluate the availability and effectiveness of lactation services in Saudi Arabia while identifying knowledge gaps and challenges related to breastmilk expression and storage among working mothers. It could also examine maternal attitudes, and workplace influences on expressing breastmilk to inform policies and improve breastfeeding support.

- Conduct comprehensive national research to quantify the availability, assess the quality, and evaluate the effectiveness of lactation services provided across regions in Saudi Arabia.
- Further studies to explore the impact of social media on EBF practice.

9.6 Reflection on my personal journey throughout doctoral programme

My Ph.D. journey started with my own personal breastfeeding challenge: I found it difficult to continue EBF as a working mother who returned to her workplace only two months after giving birth. My research interest was sparked by this personal experience. It made me realise that if I, who had access to resources, clear policies and support, was having these challenges, what about other Saudi Arabian working mothers? My curiosity served as the inspiration for my research. My research sought to explore what EBF working mothers encountered and what assisted them on their EBF journeys after returning to work. Little did I know that this Ph.D. journey would not only enhance my knowledge on EBF experiences among working mothers but would also reshape me as both a researcher and as an individual.

The beginning of my doctoral journey

My doctoral journey began in March 2020, filled with excitement and hope for what lay ahead. But just as I was ready to take my first steps, the world was struck by the COVID-19 pandemic. The sudden lockdown brought everything to a standstill, filling life with fear and uncertainty, and I was no exception. Amidst the global crises, a royal decree from Saudi Arabia in May ordered the evacuation of all Saudi students abroad. This brought mixed emotions: relief at returning home to be close to my big family, but also deep disappointment that my academic journey was disrupted so soon after it had begun.

I spent almost five months back in Saudi Arabia. Thankfully, my supervisors were incredibly supportive, and my studies continued through online meetings. Still, it was a stressful time, balancing the pressure to stay on track academically while dealing with constant uncertainty.

Things became even harder when COVID-19 reached my family. My parents and several close family members were infected, adding fear and emotional strain to an already difficult period. Managing my studies while worrying about my family's health was one of the toughest challenges I faced. Yet, despite the fear and setbacks, this period shaped my resilience. It taught me that growth often comes through hardship and that perseverance sometimes means simply holding on when everything feels uncertain.

Stumbling before the first step in my journey

Before even taking the first real step in my research journey, I faced a setback that felt deeply discouraging at the time, when changes to my proposed methodology were suggested by the reviewers at my first confirmation interview. It was a moment that shook my confidence, leaving me questioning my choices and direction. However, as I reflect now, I realise that this challenge was not a failure but a hidden opportunity.

Had I progressed easily through that interview and continued with my original methodological choice (Husserl's descriptive phenomenology), I might not have achieved the depth of understanding I later gained. That experience forced me to pause, reflect, and reconsider my approach. It ultimately led me to IPA, a methodology that provided richer insights and a deeper connection with my research.

What initially seemed like a setback became the very turning point that anchored me. It strengthened my resilience, pushed me to persevere, and guided me towards the right path. Progressing after the submission of revisions without any corrections was a

powerful validation of the lessons I had learned. It boosted my confidence, reaffirmed my growth, and reminded me that setbacks are often stepping stones to greater success. This was the true beginning of my research journey, the first step taken after stumbling.

Delays before the first step

Even after overcoming my initial hurdle, I faced another challenge before I could officially begin my research: the lengthy administrative process of securing approval for my data collection. My institution had reservations about the study, and applying for the return to Saudi Arabia took approximately three months; months filled with stress, uncertainty, and waiting.

Rather than letting that time slip away, I chose to use it productively. During this period, I worked on drafting my thesis chapters, refining the structure of my study, and conducting mock interviews to enhance my interviewing skills. Despite the external pressures, this phase became an opportunity for both academic and personal growth.

It reinforced the value of adaptability, learning to make the best of situations beyond my control. When the approvals finally came through, I felt prepared to take the first real step in my research journey, though I soon realised that new challenges awaited me in the participant recruitment phase.

The recruitment participants challenges: A resilience test

The recruitment of participants presented the first significant step and obstacle in my journey. I aimed to include working mothers who continued EBF with infants under six months old, but reality rapidly set in. Gatekeepers at hospitals and schools were dismissive, with some laughing and questioning how I could possibly find working mothers who met my inclusion criteria. My initial reliance on just one hospital also didn't work out because these settings either didn't respond or cooperate. I had to decide whether

to adapt or give up when faced with these challenges. After meeting with my supervisors, I decided to be flexible in my recruitment strategies by expanding the eligibility criteria to include working mothers with infants under one year and adopting a snowball sampling strategy by recruiting participants through social media platforms (WhatsApp working mothers' group). Social media became my ally, opening new doors for me to reach the eligible participants. This amendment proved successful, and I eventually achieved recruitment targets within the strict 90-day timeframe set by my sponsorship policy. Although it was difficult, I learned from this challenge the effectiveness of flexibility and creative problem-solving.

A race against time: Navigating logistical barriers

Recruiting participants from the education sector added another layer of difficulty, as gaining access to participants working in the sector required direct interaction with school principals in each school, who acted as gatekeepers. In just 90 days under the restrictions set by my sponsor policy, I visited more than 130 schools, waking up at the crack of dawn every day. This period also coincided with Ramadan, adding the challenge of long fasting hours, shorter working days, and the intense Saudi heat. I persisted despite these circumstances by organising my timetable and relying heavily on social media recruitment to maximise productivity during Ramadan. I remained determined by reminding myself of the significance of my study and drawing strength from the belief that challenges could be overcome with perseverance. Through careful planning and commitment, I successfully recruited and interviewed all 14 working mothers within the 90-day period. This phase of the journey reinforced my resilience and deepened my appreciation for the importance of this research.

Learning to listen: The craft of interviews

Conducting interviews was another challenging task, which initially made me nervous. As a novice in qualitative research, I was concerned about bias and found it difficult to use the bracketing approach to reduce my impact on participants. I still remember my first interview with Soha; it was a transformative point for learning and improving my skills. After I finished this interview, I reflected on how my expectations, shaped by prior reading, could have influenced the interview if I hadn't practiced restraint.

However, during that interview, I consciously refrained, reminding myself of the importance of bracketing and allowing Soha's perspective to emerge naturally, without my expectations influencing her narrative. Upon reviewing the recording, I identified areas where I had unintentionally led the discussion and resolved to refine my approach in subsequent interviews.

I shifted my thinking process, treating the interviews as friendly conversations. This method allowed me to connect with participants, creating a safe space for them to share their experiences openly. I found then a sense of joy in listening to their personal and unique stories which were sometimes heartwarming and other times heartbreaking, this sense replaced my previous anxiety. From Soha's interview, I also learned to be a better listener, giving participants the chance to speak without interrupting them. I focused on allowing them to share their thoughts fully before asking follow-up questions. To avoid forgetting important points raised by the participants, I documented them as they spoke and waited until they finished to revisit and ask about those points.

The linguistic barrier: Translating participants' voices with care.

Accurately and sensitively translating participants' transcripts from Arabic to English presented another significant challenge during this work. Some participants used their

regional dialects, rich with nuance and cultural context. I recognised early on the necessity to truly preserving their voices while accurately delivering their meanings. To accomplish this, I sought assistance from friends fluent in various dialects and consulted a bilingual professional to validate any phrases I was unsure of in the translations. Despite being labour-intensive, this method was crucial for preserving the integrity of the participants' stories. By the end of this phase, I had not only enhanced the translations but also expanded my own linguistic and cultural understanding.

Mastering data analysis

As a beginner in IPA, I initially found it challenging to progress from descriptive narratives to deeper analytical analysis. Initial feedback from my supervisors indicated that my analysis was overly descriptive and too focused on describing the data rather than interpreting it. This phase was an overwhelming experience, filled with confusion, tears, and uncertainty. I spent a lot of time during that phase trying to find my footing in IPA by attending workshops, asking previous students conducting IPA studies, and immersing myself in relevant literature, including examples of high-quality IPA studies.

Reflection (During that time when I felt uncertainty and frustration):

Today is the 3rd of October. I met my supervisors, and we had a discussion about the findings chapters. To be honest, I did not expect IPA analysis to be as difficult as it has turned out to be. The analysis is very difficult, and writing the findings is difficult too. I feel stuck, unable to fully understand what my supervisors want from me to enhance the analysis. I try as much as I can to meet the level of analytical depth they expect, but at the same time, I still don't fully understand the IPA approach.

I have read a lot of theses and talked to many students conducting IPA, but even now, I cannot grasp the exact level of analysis I need to achieve. Oh, my Allah, this is

overwhelming. On top of that, there's the pressure from my sponsor about the extension year, I need to start applying for it now, but I haven't even decided whether to extend the fifth year or not. At this moment, my mind is busy, busy, busy, thinking, thinking, thinking about the participants and their narratives.

Maybe my mistake is that I'm focusing too much on the themes, thinking about themes instead of reflecting on the participants' experiences. I mean, I want to reach the final themes and finish this task quickly. But remember Manar, your friend advised you to stop thinking about themes and instead put myself in the participants' shoes. Be in their place, see their experiences from their perspective, and try to capture the meaning of their experiences. She told me to try and illuminate the embodied factors in their narratives. Only then, she said, will I reach the endpoint and fulfil what my study aims to achieve.

Today, I couldn't hold back my emotions, I was crying. I felt so stupid because I still don't understand this method and keep repeating the same mistakes. Oh Allah, I trust in You. Thank You, Allah, for everything. I trust in Allah, yes, Manar, keep going, keep going, keep going. I will reach the end with Allah's permission. Just keep going. I will reach the end after Allah's permission.

Gradually, I gained confidence in interpreting the data and identifying meaningful themes that connected the participants' narratives to broader concepts. Also, a crucial milestone occurred when I met Prof. Smith, whose gave me a confidence that I met the criteria of IPA steps and the acceptable level of interpretation.

Balancing analysis during this phase with my personal responsibilities was also demanding. As a mother of three, including an infant, I frequently felt overwhelmed. My

husband's concurrent master's studies increased the pressure, placing the majority of home responsibilities on me. Progress during this period was slower than in earlier years, and I began to feel frustrated with myself. Ultimately, I recognised the need for additional time to manage my workload and complete the analysis to a high standard, so I applied for an extension. Initially, I struggled with feelings of inadequacy, comparing myself to peers who completed their degrees on time without an extension. Over time, however, I came to see this phase in a different light. I realised that my journey was unique and that I had faced challenges many others had not encountered. The decision to request an extension provided me with the essential time to complete my analysis and finalise my entire thesis. This experience highlighted the importance of patience and self-compassion, encouraging me to focus on the uniqueness of my own journey rather than comparing myself to others.

An extension year: Not the outcome I hoped for, but a journey of growth, resilience, and acceptance

After mastering data analysis using IPA, I reached a deep understanding of the process. However, the journey was far from easy, especially when it came to managing transcription, translation, and data analysis. IPA requires significant time to immerse oneself in the data, and I spent countless hours transcribing interviews, translating them myself, and then analysing the data in depth. During this demanding period, I was also pregnant with my third child, which added another layer of difficulty. My pregnancy was not smooth, I faced several health challenges, and the hormonal changes made it even harder to focus. Thankfully, I did not require hospitalisation, but working felt like walking through snow, slow, exhausting, and frustrating. My productivity was low, and I often felt discouraged, especially when I saw my fellow Ph.D. colleagues making steady progress.

At that time, I was supposed to submit my final thesis by March 2024, with only the second findings chapter, discussion, and conclusion left to complete. However, I struggled to make meaningful progress. Following my supervisors' advice, I applied for an extension. The approval process with my sponsor in Saudi Arabia took nearly three stressful months, filled with anxiety about whether my request would be granted. Fortunately, I received the approval, extending my submission deadline to March 2025.

While this extension was not the outcome I had hoped for, I wanted to finish alongside my peers, I eventually realised that every Ph.D. journey is unique. An extension doesn't signify failure or weakness. On the contrary, it is an opportunity to complete my work thoughtfully and submit a high-quality thesis. This shift in perspective freed me from the pressures of perfectionism and helped me embrace my own academic path with acceptance and resilience.

Writing: Crafting my voice

As a non-native English speaker, writing my thesis posed challenges in grammar, sentence structure, and articulating complex ideas in an academic tone. Early drafts often required revisions for clarity and a more critical approach. The discussion chapter, in particular, was difficult, as it demanded synthesising findings, integrating theory, and distinguishing my contributions beyond summarisation.

To overcome these hurdles, I actively engaged with academic resources, analysed well-structured theses, and implemented various strategies, such as peer feedback, iterative drafting, and self-editing techniques; to refine my writing, ensuring clarity, coherence, and grammatical accuracy. Reflective practice also played a key role, discussing my findings aloud helped clarify arguments and identify connections. Supervisory feedback further strengthened my ability to critically engage with my work. Over time, I became

more confident in presenting my research effectively, demonstrating both academic growth and resilience in navigating the writing process.

Transformation through research

This research journey has been a profound learning experience, shaping my understanding of EBF and my growth as a researcher. IPA's idiographic approach taught me to appreciate diverse perspectives, recognising that while experiences may share similarities, each mother's journey is unique.

Their insights broadened my understanding of the complex interplay between systemic, social, spiritual, and personal factors influencing EBF, beyond the commonly discussed barriers of maternity leave and breastfeeding facilities.

I developed deep admiration for the resilience and determination of Saudi mothers, whose faith in Allah often played a crucial role in their EBF journey. Their experiences opened my eyes to how Islamic beliefs subtly shape daily practices, including breastfeeding, something I had not fully recognised before. As I reflected on my own experiences, I realised that my own resilience and determination were similarly rooted in my trust in Allah. This newfound awareness highlighted the often-unconscious role of faith in sustaining motivation and perseverance.

Upon finishing the findings chapters, I reaffirmed my conviction in the constructivist and interpretivist perspectives, that truth is diverse and formed by individual experiences. This study has further solidified my conviction in the efficacy of qualitative research to capture the depth of human experiences. It has also given me the self-efficacy to perform IPA research and use theoretical frameworks. I am now confident in my ability to communicate IPA approaches to others, and I am determined to incorporate cultural and

religious perspectives into my future studies. The lessons learnt throughout this study will continue shaping my scholarly initiatives and teaching strategies.

On a personal level, this experience has taught me resilience and adaptability. Over the past five years, I have developed my critical thinking abilities, my ability to interact with others, and my social network of specialists and colleagues, all of which present prospects for future research collaboration. This experience gained from my Ph.D. journey will enhance my academic career and equip me to teach nursing students in Saudi Arabia with deeper knowledge and comprehension. Above all, this Ph.D. journey has strengthened my conviction that research can lead to meaningful change.

9.7 Dissemination plan

To maximise the impact of this study and ensure accessibility for diverse audiences, the following dissemination strategies will be employed:

- Findings will be submitted to high-ranking, peer-reviewed Nursing and Midwifery journals in both English and Arabic to contribute to global and regional discussions on children health and wellbeing, workplace policies, and EBF research.
- Findings will be presented at national and international conferences related to children health and well-being, women's employment, and breastfeeding advocacy to engage with policymakers, scholars and practitioners.
- Briefs summarising key findings and recommendations will be shared with relevant government bodies, such as the Saudi Ministry of Health and the Ministry of Human Resources, as well as healthcare institutions and workplace policymakers.
- Collaboration with healthcare professionals, lactation consultants, and employers through workshops to enhance workplace breastfeeding support and breastfeeding health education and policy.

- Participants and relevant institutions, including the UQU and the General Administration of Education in Makkah Region, SA from which participants were recruited, will have the option to receive an Arabic copy of the study findings. This ensures accessibility and aligns with the ethical commitment stated in the ethics form.
- Articles and research summaries will be translated into Arabic to facilitate wider dissemination among Arabic-speaking communities, policymakers, and healthcare professionals.

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APPENDICES:

Appendix 1: EBF rates and other breastfeeding classification in Saudi Arabia.

Study year & Location	Study design	Sample size	EBF definition based on WHO	EBF rate during first 6 months of infants' age	Other classification of BF rate during first 6 months of infants' age
Kordy et al. (1992) Makkah	Cross-sectional	476	No definition	--	Any BF 57%
Al-Shahri et al. (1995) National	Cross-sectional	3608	"Breastfeeding only refers to those infants who were breastfed exclusively without any reconstituted powdered milk or any other infant formula". (p. 41)	52%	MF: 34% AF: 13%
Al-Ayed et al. (1998) Al-Riyadh	Cross-sectional	347	"Infants were grouped into the following broad categories for analysis: exclusively breastfed (breast + semisolids); exclusively bottle fed (bottle + semisolids), and infants on mixed feeding (breast + bottle + semisolids)". (p. 114)	22.1%	AF: 48.4%
Qadri et al. (1998) Dammam	Cross-sectional	1185	24-hour recall period of EBF.	33.8% up to 4 months.	PBF: 11.4%
Khattab (2000) Abha	Cross-sectional	100	No definition	37%	MF: 47% AF: 16%
Al-Amoud (2003) Al-Riyadh	Cross-sectional	922	"Infant feeding practices were categorized according to WHO infant feeding terms: EBF, PBF, MF & bottle feeding". (p. 22)	2.9%	MF: 19.6% PBF: 25% AF: 44.7%
Fida and Al-Aama (2003) Jeddah	Cross-sectional	128	No definition	--	Any BF: 83%
Shawky and Abalkhail (2003) Jeddah	Cross-sectional	400	"If the mother lactated only or breast fed together with bottle or solid foods, breast feeding was considered to be still continuing". (p. 92)	--	Any BF: 54
Al-Jassir et al. (2004) Al-Riyadh	Cross-sectional	21507	No definition	0.8%	Any BF: 34.4%
Al-Jassir et al. (2006) National	Cross-sectional	4872	No definition	23.9% at 3 rd months	AF: 47.1%

Al-Hreashy et al. (2008) Al-Riyadh	Cross-sectional	578	“The WHO definitions for breastfeeding were adopted for classification of infant feeding patterns”. (p. 428)	1.7%	MF: 87.8%
El-Mouzan et al. (2009) National	Cross-sectional	5339	According to the WHO definition, “exclusive breastfeeding means no other food or fluids (including plain water and juices)”. (p. 21)	--	MF: 88.6% at birth, 10.8% at 6 to 1.8% at 12 months
Amin et al. (2011) Al-Hassah	Cross-sectional	641	“Breastfeeding definitions used in this study were according to the infant feeding recommendations of the 2001 WHO Expert Consultation and the 55 th World Health Assembly”. (p. 60)	76.1% at birth. 32.9% at 2 nd months 12.2% at 6 th months	
El-Gilany et al. (2011) Al-Hassah	Cross-sectional	1904	“According to the World Health Organization definition, exclusive breastfeeding means no other food or fluids (including plain water and juices), and the infant consumes human milk with no supplements of any type except for vitamins, minerals, and medications”. (p. 209)	24.4%	
Al-Binali (2012) Abha	Cross-sectional	384	No definition	8.3%	
Alhabas (2016) Al-Riyadh	Cross-sectional	273	No definition	25%	
Alshebly and Sobaih (2016) Al-Riyadh	Cross-sectional	517	No definition, but BF pattern classified based on children age.	37.5%	
Mosher et al. (2016) Al-Riyadh	Prospective longitudinal study	277	“We regarded babies receiving only breastmilk to be receiving exclusively breast feeding and those receiving breastmilk plus a supplement to be receiving mixed feeding”. (p. 2)	21.8%	MF: 82.1% AF: 96.1%
Nafee-Elsayed and Al-Dossary (2016) Dammam	Cross-sectional	100 Saudi mothers	“Early initiation of breastfeeding within the first hour of infant life - The infant only receives breast milk without any additional food or drink, not even water. - Breastfeeding on demand - often as the child wants, day and night. - No use of teats, bottles, or pacifiers”. (p. 5)	0.14%	MF: 86%

Al-Mutair et al. (2017) Al-Riyadh	Cross-sectional	252	No definition	--	MF: 51.6% AF: 29.4%
Alzaheb (2017) Tabuk	Cross-sectional	589	“EBF for the first 6 months of life) is defined by the WHO’s recommendation as an infant being fed only human breast milk without any other solids or liquids, including water, with the exceptions of drops and syrups that provide minerals, vitamins, and necessary medications at 6 months of age”. (p. 2)	31.4%	
Banjar et al. (2017) Jeddah	Cross-sectional	153	“We defined breastfeeding as a source of nutrition for the healthy or unhealthy child for any duration, whether it was exclusive or mixed with formula”. (p. 34)	--	Any BF: 43.38% at 1st-2nd months, 24.18% at 6th or more.
BinAbd et al. (2017) Arar	Cross-sectional	400	“Exclusively breastfed for at least 4 months of life and if possible, for 6 months, as recommended by WHO and UNICEF”. (p. 262)	11.8%	MF: 39.7% AF: 48.5%
Raheel and Tharker (2018) Al-Riyadh & Dammam	Cross-sectional	614	Breastmilk only	37%	
Alsulaimani (2019) Taif	Cross-sectional	202	No definition	16.3%	
Hegazi et al. (2019) Rabigh	Cross-sectional	420	“EBF (the dependent or outcome variable) was defined according to World Health Organization (WHO) recommendation considering that the infant should receive only human milk for a duration of 6 months and no other solids or liquids except medicine and vitamin/mineral supplements”. (p. 602)	27.6%	
Aldalili and El.Mahalli (2021) Al-Hassa	Cross-sectional	372	“Mothers who exclusively breast fed their babies at 1 st , 2 nd and 6 th months were considered as EBF and mothers who did not breastfeed their babies since birth (only formula feeding) or who used partial BF (formula + BF) from the start were considered as non-EBF”. (p. 242)	16.9% at 1 st months 21.5% at 2 nd months 22% at 6 th months	

Alshammari and Haridi (2021) Hail	Cross-sectional	450	No definition	50.7%	
Al-Yousefi (2021) Al-Riyadh	Cross-sectional	322	“EBF defined as breastfeeding only, with no other food, liquid, or water, except drops or syrups consisting of vitamins, mineral supplements, or medicine. The used definition of mixed feeding is as follows: the infant was fed with breast milk, infant formula, and other types of food. The used definition of exclusive infant formula feeding is as follows: the infant was fed with infant formula but without any breast milk”. (p. 2)	28%	MF: 53.7% AF: 18.3%
Al-Ghasham and Al-Feraidi (2023) Al-Qassim	Cross-sectional	265	No definition	25.3%	
Elgzar et al. (2023) Najran	Correlational Cross-sectional	403	“EBF until six months of life”. (p. 7)	40% on demand 38.7%	
Aljawoan et al. (2024) Al-Riyadh	Cross-sectional	118	“Exclusive breastfeeding for six months was defined as receiving only breast milk without other food or water in the initial six months of life.” (p. 3)	28%	
Alsada et al. (2025) Khobar, Dammam, Dhahran, Qatif	Cross-sectional	402	“Only human milk”. (p. 4)	24.8%	MF: 65.6% AF: 9.6%

Appendix 2: Search strategy using key words and Boolean operators record one and two.

Table 1: Search strategy record one.

Terms used	PubMed	CINAHL	SDL	Cochran	ProQuest	PsycInfo
(Barriers OR determinants OR circumstances OR Characteristic) OR factors	14,845,862	25203	63,327,412	5287	22,863,380	1,475,248
(Impact* OR Affect* OR Influence*)	4,346,625	27783	67,316,736	3907	28,737,477	1,311,207
("Breast Feeding"[Mesh]) OR ("Exclusive breastfeeding" OR Breastfeeding OR Sole breastfeeding OR only breastfeeding OR full breastfeeding OR absolute breastfeeding OR complete breastfeeding OR single breastfeeding OR Exclusive lactate* OR exclusive breast milk OR exclusive nursing)	64,084	15683	685,358	144	414,186	5,243
(Work* wom?n OR Work* mother* OR employ* mother* OR employ* wom?n OR work* OR Nurse* OR doctor* OR physician OR teacher* OR Medical staff OR childcare work* OR Maternal employment)	3,132,961	856	54,475,554	2270	70,495,087	1,197,201
Combined with AND	2,516	554	5323	19	101	308
Filtered applied (2010-2020 and English language)	657	373	185	17	62	205
Filtered applied (2020-2021 and English language)	272	1565	3	2	6	12

Continue Appendix 2,

Table 2: Search strategy results through databases and other sources.

Database and Year	Terms	Citations	Rejected on title and/ or abstract	Duplications	Selected for full-text review
PubMed 2010-2021	Please refer to previous appendix 2	929	903	0	26
CINAHL 2010-2021		374	364	6	4
SDL 2010-2021		188	179	3	6
Cochran 2010-2021		19	0	0	0
ProQuest 2010-2021		68	62	4	2
PsycINFO 2010-2021		217	203	2	0
Other Sources					
International breastfeeding journal 2010-2021	Please refer to previous appendix 2	43	37	1	4
Open Grey literature 2010-2021		41	39	0	0
WHO		37	35	0	1
ILO		192	191	0	1
MOH of SA		13	13	0	0
Reference's list 2010-2021		42	5	20	17

Appendix 3: The Search outcomes.

Table 1: Citations of final of thirty-four academic papers included in this review.

Articles (n= 31)	Thesis (n=2)	Booklet (n=1)
Abekah-Nkrumah et al. (2020)	Alhabas (2016)	International Labour Organization (2012)
Abou-ElWafa & El-Gilany. (2019)	Harirotul and Asis (2017)	
Aikawa et al. (2015)		
Al-Katufi et al. (2020)		
Amin et al. (2011)		
Bai et al. (2015)		
Chen et al. (2019)		
Chekol et al. (2017)		
Chhetri et al. (2018)		
Chuang et al. (2010)		
Dachew & Biftu (2014)		
Desmond et al. (2016)		
Dun-Dery et al. (2016)		
Ersen et al. (2020)		
Febrianingtyas et al. (2019)		
Gebrekidan et al. (2021a)		
Gebrekidan et al. (2021b)		
Heymann et al. (2013)		
Hirani and Karmaliani (2013)		
Jabari et al. (2015)		
Kebede et al. (2020)		
Mazengia and Demissie (2020)		
Muda et al. (2016)		
Nkrumah (2016)		
Sabin et al. (2017)		
Smith et al. (2017)		
Soomro et al. (2016)		
Suliman et al. (2016)		
Tangsuksan et al. (2020)		
Tiyas et al. (2016)		
Xuan and Nguyen (2018)		

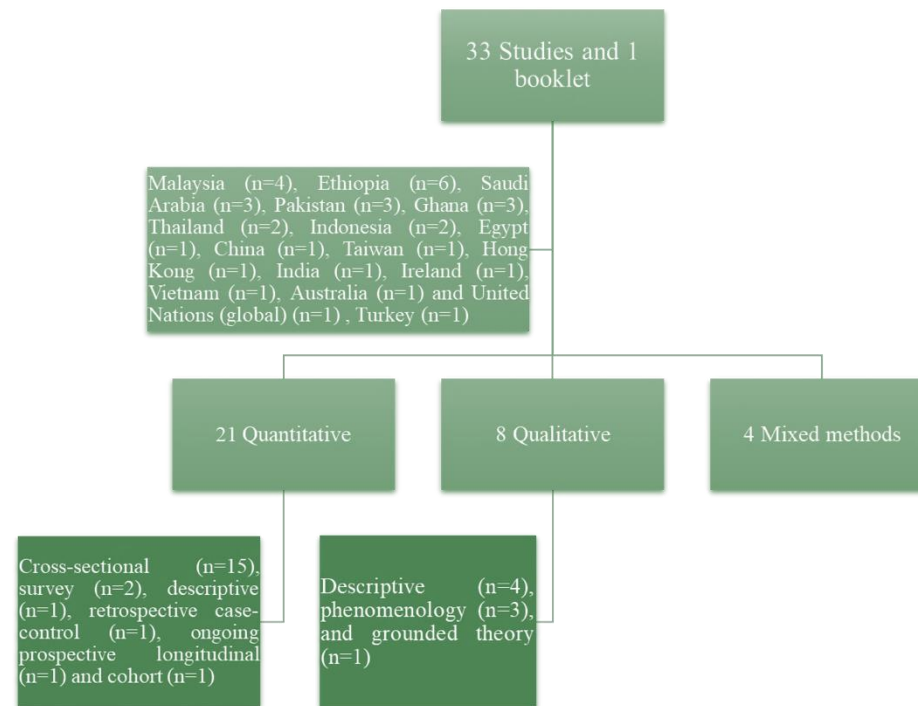


Figure 1: Search result of thirty-four academic papers and study design distribution.

Appendix 4: Data extraction summary, and the aim of each study.

Table 1: Data extraction summary for studies

Author name, Year, Country	Study title & Aim	Method	Main outcomes & Key findings
Chuang et al. (2010) Taiwan	Maternal return to work and breastfeeding: A population-based cohort study Aim: To explore the relationship between maternal return to work and breastfeeding.	Study design & setting: -On-going prospective longitudinal based on cohort study in 2007. -Interviewed women at home. Two times at 6 and 18 postpartum. Data collection tools: Interview based on structured questioner for 40 minutes. Sampling & ethical approval: -20,172 postpartum women with newborn recruited from Taiwan national birth register in 2005. -Selected randomly from 90 town based on inclusion criteria -Ethical approval and informed consent are taken.	Main Outcomes: -EBF practice. -work related factors. Key findings: -Lowest initiation of BF when mothers return to work ≤ 1 month (77.5%). -25.4% breastfed for 6 months (EBF or mixed feeding) and 12.7% BF for 12 months. But not defined EBF properly -Short maternity leave less than 6 months associated with late initiate and early cessation of BF. -Long maternity more than 6 months associated with prolonged duration of BF.
Amin et al. (2011) Malaysia	Work related determinants of breastfeeding discontinuation among employed mothers in Malaysia Aim: To assesses factors that contribute to discontinuing breastfeeding among employed mothers in Malaysia.	Study design & setting: -Cross-sectional. - 4 governmental health clinics in Petaling, Selangor. Sampling & ethical approval: -Data collected with a structured self-administrated questionnaire. -290 working mothers based on inclusion & exclusion criteria. -Ethical approval and consent are taken.	Main outcomes: -EBF practice. -Sociodemographic related factors. -work related factors. -Workplace support, policies and facilities related factors. Key findings: - 54 % BF less than 3 months, 35% bt 3 and 6 months, 12% discontinue BF after 6 months. -Ethnicity associated with continuation of BF. -Non Maly discontinue BF compare with Maly mothers. -57%mothers work in private sector discontinue BF than 40% mothers work in government sector.

			-Light duty and flexible working hours not associated with BF. -Lack of Flexible time to express BM and refrigerators associated with dis. BF. -Long maternity leave not associated with continue BF. -Paternity leave not associated with BF.
Heymann et al. (2013) (WHO) Global	Breastfeeding policy: a globally comparative analysis Aim: To explore the extent to which national policies guaranteeing breastfeeding breaks to working women may facilitate breastfeeding.	Study design & setting: Cross-sectional. Sampling & ethical approval: -Data from national policies, original legislation. -Secondary sources on 182 of the 193 Member States of the United Nations. -National labour legislation collected by the ILO. -182 nations. -41 % women sharing in workforce labour.	Main outcomes: Workplace legislation & policies. Key findings: -The guarantee of paid breastfeeding leave for at least 6 months was associated with an increase of 7.7 % in the rate of EBF among 41% of working mothers. -BF paid breaks at workplace associated with prolonged EBF.
Hirani and Karmaliani (2013) (Abstract) Pakistan	The experiences of urban, professional women when combining breastfeeding with paid employment in Karachi, Pakistan: A qualitative study. Aim: To describe the experiences of urban, professional women who breastfeed and are employed, as related to facilitators and barriers of breastfeeding.	Study design & setting: -A qualitative descriptive study. -Primary tertiary health care. Sampling & ethical approval: A pre-tested, semi-structured interview guide, interview each woman for 40–45 min -9 full time working mothers. -purposive sample method. -Ethical consideration and informed written consent not cleared from abstract	Main outcomes: -Maternal factor. -Social factor. -work related factors. Key findings: -Knowledge about BF, pre planning for BF and self-commitments to work are positive associated with BF practice. -Family and husband support associated with BF practice. -Workplace support such as employers and facilities.
Dachew & Biftu (2014) Ethiopia	Breastfeeding practice and associated factors among female nurses and midwives at North Gondar Zone, Northwest Ethiopia: a cross-sectional institution-based study. Aim: To evaluate breastfeeding practices and the	Study design & setting: Cross-sectional - 12 randomly selected health institutions in North Gondar Zone, Northwest Ethiopia. Sampling & ethical approval: - Semi structured self-administered questionnaires. -178Midwives and Nurses . -Volunteers sample method.	Main outcomes: -EBF practice -Sociodemographic factor. -Maternal factors. - Work related factors. Key findings: -Only 35.9 (64/178) exclusively BF for six months. It is low.

	associated factors amongst female nurses and midwives.	-Ethical approval and consent are taken.	-Older mothers BF more than younger mothers. -participants from rural area more BF practice than in urban area. -Mothers who had normal delivery BF more than CS. Multiparous mothers were two times more likely to practice EBF than primiparous mothers. -21% of nurses and midwives did not know the EBF should be continue for 6 months. -Midwives BF more than nurses. -Inadequate maternity leave, lack of childcare facilities at or near workplace. -Rigid time work and no breaks.
Aikawa et al. (2015) Thailand	Maternal Return to Paid Work and Breastfeeding Practices in Bangkok, Thailand . Aim: To explore the association between mothers' work-related factors and breastfeeding practices.	Study design & setting: Cross-sectional -Nursery goods exhibition in Bangkok under the auspices of the Thai Breastfeeding Centre. Sampling & ethical approval: Structured questionnaires based on interview 84 mothers selected based on inclusion criteria. Ethical approval and consent not reported.	Main outcomes: EBF practice Work related factor Key findings: %78.6-of the mothers exclusively breastfed first 3 months then decreased to 38.1% complete BF until 6 moths. -No significant between EBF and employment type. -Long maternity leave associated with long duration of EBF.
Bai et al. (2015) Hong Kong	Factors Associated with Breastfeeding Duration and Exclusivity in Mothers Returning to Paid Employment Postpartum. Aim: To investigate the factors influencing the continuation of any or EBF among mothers returning to formal employment postpartum.	Study design & setting: Two Cohort study. First one based on the old cohort study longitudinal cohort study. Cohort 1 2006- 2007 . Cohort 2 2011-2012. -Obstetric units of four geographically distributed public hospitals in Hong Kong. Sampling & ethical approval: Sociodemographic data collected by questionnaires. -Follow up data by telephone interview at 1-2-3- 4-5-6-9- 12 until infant weaned. -Total of 1,783/1907 mother infant pairs based on inclusion criteria. (Cohort 1= 953, Cohort 2= 785).	Main outcomes: Sociodemographic factors Social factors Work related factors Key findings: 32% continue BF after returning to work. -Higher education level associated with continuation of BF. -Childcare provided by either a family member or paid domestic helper increases the likelihood of weaning -Short working hours associated with prolonged duration of BF.

		4.6% dropped sample <u>Cohort 2:</u> -Mothers return to paid employment within 6 months. *Ethical approval and written consent are taken.	-Return to work from 8 to 10 weeks associated with continuation BF than mothers return within 6 weeks.
Jabari et al. (2015) Saudi Arabia	Breastfeeding Practices among Employed Saudi Mothers. Aim: To assess breastfeeding practices of employed Saudi mothers in Riyadh City, Saudi Arabia.	Study design & setting: -Descriptive study -Children the paediatrics clinics of a tertiary health care center in Riyadh City Sampling & ethical approval: Questionnaires based on interview. 518 mothers based on inclusion criteria. Consecutively sample method Ethical consideration and consent are not disclosed.	Main outcomes: -EBF practice -Maternal factors. -Infant factors. - work related factor -work policy and support Key findings: 34.4% start feeding after delivery, 50.1% within 1-6 hours and 15% more than 6 hours. -EBF for 6 months only 17%, 67% mixed method and 16 % formula feeding. -48% insufficient milk. 8.9 % sick mothers receiving medication excreted to breast milk. -15.4% child refusal breast milk. -25% work related factors -Inflexible working hours. -Inadequate time to breastmilk pumping. -Lack of privacy -Workplace do not allow mothers to bring their infants to work (no regulation)
Alhabas (2016) (Thesis) Saudi Arabia	Breastfeeding Among Working Mothers in Saudi Arabia. Aim: To examine the relationship of not having breastfeeding support policy in workplace such as employees pumping breastmilk or breastfeeding their infant while at work policy to early initiation of formula and cessation of breastfeeding.	Study design & setting: Cross-sectional 12 different organizations in Riyadh Sampling & ethical approval: An electronic questionnaire surveys Monkey. 210 working mothers based no inclusion criteria. 63 not working mothers. Sample method nor disclosed Ethical consideration and consent are taken	Main outcomes: EBF practice Sociodemographic factor. Work related factors Work policy Key findings: 48.5% initiate BF after delivery 25% continue BF for 6 months. Older mothers more likely to continue BF than younger mothers Return to work after two months associated with discontinue BF.

			Lack of private place, no bf breaks hours for breast milk extraction associated with stop BF. Knowing about policy also positive associated with BF
Desmond et al. (2016) Ireland	A qualitative study investigating the barriers to returning to work for breastfeeding mothers in Ireland. Aim: To explore women's experiences of breastfeeding after their return to work in Ireland.	Study design & setting: Qualitative. breastfeeding support website (friendsofirishbreastfeeding.ie) and a private lactation consultant Sampling & ethical approval: -15 structured interviews by telephone and 1 interview face to face 16 working mothers volunteer to participate. -12 ask them if they want to participate and 5 snowballing sample method Consent are taken. Ethical consideration not reported.	Main outcomes: Cultural factors Social factors Work policy Key findings: Cultural attitude toward BF. No family and college support. Lack of facilities, support and Bd breaks, and unpaid maternity leave associated with discontinue BF
Dun-Dery et al (2016) Ghana	Exclusive breastfeeding among city-dwelling professional working mothers in Ghana. Aim: To assess the prevalence, and predictors of EBF among professional working mothers	Study design & setting: A cross-sectional descriptive Formal sector (18,021) in the Wa Municipality region Sampling & ethical approval: A structured interviewer administered questionnaire. -369 working mothers selected randomly from formal sector. Based on inclusion and exclusion criteria Ethical consideration and consent are taken	Main outcomes: EBF practice Sociodemographic factors Maternal factors Work related factors Work support and policies Key findings: Lower EBF 10.3% 91% initiated EBF within 1 hour High knowledge, Age, marital status, level of education, and respondents' language were not associated with long EBF practice Full term pregnant mothers more likely to continue EBF than preterm. Normal delivery more likely to EBF than CS. Employer support associated with continue EBF Conflict of commitment. Limited workplace support, lack of breastfeeding facilities and short or lack of

			official breaks and three months Maternity leave.
Tiyas et al. (2016) Madura Indonesia	Qualitative Analysis on the Factors Affecting Exclusive Breastfeeding among Working Mothers at Community Health Center in Bangkalan, Madura. Aim: To investigate factors affecting exclusive breast feeding among working mother at the workplace.	Study design & setting: A qualitative study with phenomenology approach The Community Health Center, Bangkalan, Madura. Sampling & ethical approval: A semi structured interview, photo observation, and document review 9working mothers with 6-month-old children. Purposively sample method Ethical consideration and consent are not disclosed	Main outcomes: EBF practice Sociodemographic Maternal factor Social factor Work support Key findings: 2 mothers complete EBF for 6 months. -High level of education, good understanding of EBF, positively responded to informants' actions in EBF. -Parents and husband associated with EBF duration -Lack of lactation room, no refrigerators, sort maternity leave and no flexible time or break.
Muda et al. (2016) Malaysia	Breast Feeding Issue: A Study on Factors Affecting Termination of Breast feeding among Working Mothers. Aim: To identify the factors that are affecting in termination of breastfeeding among working mothers.	Study design & setting: Cross-sectional. The government hospital and health clinics in Kuantan, Pahang Sampling & ethical approval: -Self-administered questionnaires 152working mothers based on inclusion criteria. -Convenience sample method Ethical consideration and consent are taken	Main outcomes: EBF practice Socio factors Maternal factors Infant factors Work related factors Work support Key findings: 25% give BF for 6 months, 59.2% between 7 to 1 years No association between socio factors and EBF 33.4% insufficient milk and 29.8% baby refusal, 26.3 % work 2.7% mothers' psychology and physiology problem Full-timed working mothers cannot give full commitment to continue breastfeeding. Lack of BF facilities such as private room, time to express breast milk, no refrigerators and short maternity leave, BF leave, Nursery associated with EBF practice.

Nkrumah (2016) Ghana	Maternal work and exclusive breastfeeding practice: a community based cross-sectional study in Efutu Municipal, Ghana. Aim: To identify the features of maternal work associated with EBF in Efutu Municipal in the Central Region of Ghana	Study design & setting: -A community based cross sectional and Qual. -Efutu Municipality in the Central Region of Ghana Two communities were selected at random from each of the four sub-municipalities. This was done by writing the name of each sub-municipality on a box. Sheets of papers labelled with the names of communities within each sub- municipality were folded and put in their respective boxes. Community Health Nurses (CHN'S) were asked to pick two communities from each box. Sampling & ethical approval: Face-to-face structured interviews. Focus group discussions (field note). No Qual themes analysis - 260 WM (225 for Quant. And 35 for Qual.) selected universally. 25 mothers excluded not with infants aged more than 6 months. Formal consent taken	Main outcomes: EBF practice Social factors Work related factors Key findings: EBF rate of infant ≤ 5 months was 72%. Family support, bed-sharing, flexible work schedule associated with EBF. Mothers working in informal sectors (self-employed) BF than mothers working in formal sector
Soomro et al. (2016) Pakistan	Factors affecting breastfeeding practices among working women in Pakistan. -To assess workplace breastfeeding support provided to working mothers in Pakistan.	Study design & setting: Cross-sectional 297 Multi setting Sampling & ethical approval: A structured questionnaire. -594 WM based on inclusion criteria and employers. The site selected randomly. WM selected purposively Ethical consideration and consent are taken	Main outcomes: Work related factors Work support and policy Key findings: No appropriate corner for BF. 15% mothers had BF breaks, no refrigerator, nursery. Fixed job assignments.
Sulaiman et al. (2016) Malaysia	The enablers and barriers to continue breast milk feeding in women returning to work.	Study design & setting: A qualitative enquiry based on a phenomenological framework and multiple method.	Main outcomes: Maternal factors Work related factors Key findings:

	Aim: To describe the enablers and barriers working women experience in continuing breast milk feeding after they return to work postpartum in urban Malaysia.	Several childcare centres were identified as recruitment sites Sampling & ethical approval: -First session: Face to face interview 60- 90 minutes. -Second session: Diary methods with field notes and a summary. -40 WM base on inclusion criteria at least with infant 6-24 months during interview -Purposively sample method	Mothers' intension (passionate mothers) associated with EBF than 'Ambivalent' and Equivalent' Women's characteristics played a greater role in their infant feeding outcomes than their work environment. Work status , and environment partially associated with EBF.
Chekol et al. (2017) Ethiopia	Exclusive breastfeeding and mothers' employment status in Gondar town, Northwest Ethiopia: a comparative cross-sectional study. Aim: To assess the extent of EBF practice and associated factors among employed and unemployed mothers with children of age 7–12 months in Gondar town, northwest Ethiopia,	Study design & setting: A comparative cross-sectional Gondar town 5 kebeles (smallest administrative units) Sampling & ethical approval: Structured interviewer administered questionnaire. Not valid. 316 WM and 333 non-WM. Simple random sample. No ethical consideration and consent	Main outcomes: EBF practice Socio factors Maternal factors Social factors Key findings: 64% WM initiate BF 20.9% WM EBF their infants. Employed mothers ranking a middle wealth index scores were associated with shorter duration of EBF than the lower ranking. Insufficient milk and 26.6% work concerns. Mothers with poor knowledge and attitude more likely to less EBF WM had more than 3 (multipara) children more EBF than WM who had less than 3. Mothers who had no social support were 3.5 times more likely to breastfeed exclusively than those who have social support
Sabin et al. (2017) Pakistan	Exclusive breastfeeding practices in working women of Pakistan: A cross-sectional study. Aim: To determine the prevalence of exclusive breast feeding in working women and to identify the factors effecting	Study design & setting: A cross-sectional survey WM in schools , hospitals and bank Sampling & ethical approval: Pre-structured questionnaire. 400working mothers with infants less than six months of age were included. No sample method.	Main outcomes: EBF practice Maternal factors Work related factors Work support and facilities Key findings: 41.% EBF rates. Having a smaller number of children (e.g. 1 to 2) was associated with increased

	exclusive breast feeding in working women	Ethical considerations and consent not disclosed	prevalence of EBF among working mothers. Monthly income. Training of exclusive breast feeding. EBF practice was significantly less in doctors and bankers as compared to nurses and teachers. Longer working hours have negative influence on EBF WM knowledge about EBF benefits and BM express and hazard of bottle milk had higher rate of EBF. Work support, day care facility and short working hour associated with high EBF.
Harirotul & Asis (2017) (Thesis) Malaysia	Factors affecting breastfeeding practices among working mothers in Kuala Langat district. Aim: To investigate the general factors and employment factors as well as to explore the experience of working mothers to sustain breastfeeding.	Study design & setting: A mixed method (cross sectional and qualitative method based on grounded theory). Government health clinics in Kuala Langat District Sampling & ethical approval: Quant part: A questionnaire based on face-to-face interview 45 min. to hour Qual part: A semi-structured interview 45 to 60 minutes. Quant: 964 mothers with six months old babies (471 WM and 483 NWM) Qual: 15 interviews Sample selected for Quant; universal sample Qual; purposive sampling methods Ethical considerations and consent are taken	Main outcomes: EBF practice Social factors Work related factors Work policy Maternal factors Key findings: 1.7% of WM EBF for 6 months, 44.8% ever breastfeed (ever EBF was higher) -Women with husbands working in government sector were more likely to breastfeed at 6 months compared to women with husbands working in private sector -Mothers who work in government sector continue EBF at 6 mon. than M in private sector. -Working hours half day associated with EBF . -No significance between private sector and self-employed. -There significance association between type of profession (M-clerical worker BF more than profession mothers). -WM who worked in similar occupation more than 5 years more EBF than WK who

			worked in same occupation less than one year -supervisor support and college support. -No association between returning to work and EBF (due small no. of WM continues BF at 6 mon.). -Breastfeeding facilities provided by employer factors that associated with breastfeeding at 6 months such as no breaks hours to express BM, Nursery, private room, refrigerators. Qual results: The majority of WM need private place for BM extraction and refrigerators to store it. -Preplanning for express BM. -Baby sitter and care giver support -Mothers passion to BF (Self-motivation)
Smith et al. (2017) Australia	Bringing babies and breasts into workplaces: Support for breastfeeding mothers in workplaces and childcare services at the Australian National University. Aim: To explore barriers facing women who combine breastfeeding and paid work at the Australian National University (ANU]	Study design & setting: Mixed methods; case study design and Qual. Australian National University Sampling & ethical approval: Four surveys conducted online during March to April 2013. (open ended questionnaires) These surveys used to collect both Quant and Qual data. - 34 working mothers of children aged 0-2 years. -No sample methods Ethical consideration and consent not disclosed	Main outcomes: EBF practice Maternal factors Social factors Work related factors Work support and policies related factors Key findings: High prevalence of EBF 61%. Knowledge about BF, intention and preferences feeding associated with continues BF. -Preplanning for BM express before go to work associated with EBF. - Family and childcare support. - Employer and college support. - Flexibility of working hours. - Work stress. - BF facilities such as private room and refrigerators, BF breaks help mothers to continue BF.

			Lack of guaranteed access to paid breastfeeding or lactation breaks. Inadequate paid maternity leave.
Chhetri et al. (2018) India	Factors affecting exclusive breastfeeding (EBF) among working mothers in Udupi taluk, Karnataka. Aim: To find out the factors affecting EBF practices among working mothers	Study design & setting: Cross-sectional. Four Primary health centres within Udupi Taluk Sampling & ethical approval: Administered structured questionnaire based on interview. Interviews done at participants' home. - 137 working mothers who had infants less than 6 months during interview. simple random sampling using lottery method Ethical consideration and consent are taken	Main outcomes: EBF practice Socio factors Maternal factors Infant factors Work related factors Workplace support and policies Key findings: Low EBF rate only 24 mothers (%17.5) Level education of mothers and husband and husband occupation associated with EBF. Inadequate breast-milk secretion. -Long distance from home to work. -Discomfort when express BM at workplace. -Infants delivered at private hospitals were given EBF (22.4%) compared to those delivered at government institutions. -Poor weight gain of the baby. -Baby girls were given EBF (24.2%) rather than baby boys. -Busy schedule at work -work pressure. -Night shift. -No proper place to breastfeed at workplace -Short maternity leave -No Breastfeeding breaks hours during working.
Xuan & Nguyen (2018) Vietnam	Breastfeeding experiences of working mothers in Vietnam. Aim: To describe the breastfeeding experiences of mothers who returned to work after childbirth.	Study design & setting: A qualitative descriptive. Binh Duong province Interviewed at 8 home and 2 office Sampling & ethical approval: Semi-structured open-ended face to face interviews. 10 WMs. Purposive sampling	Main outcomes: Maternal factor Social factors Workplace support and facilities Key findings: -Insufficient BM associated with stop BF. BF commitment positively associated with BF -Family support.

Abou-ElWafa & El-Gilany (2019) Egypt	Maternal work and exclusive breastfeeding in Mansoura, Egypt. Aim: To describe EBF rate using the 24-hour recall method and factors influencing breastfeeding practices among working women.	Ethical consideration and consent are taken Study design & setting: Cross-sectional. The health care facilities for vaccination at the sixth month of infants' age. Random selection of PHC in rural and urban area. Sampling & ethical approval: Questionnaires based on interviews. 633 working mothers. Ask mothers to participate. Ethical consideration and consent are disclosed	-BF breaks to express milk. Main outcomes: EBF practice Socio factors Maternal factor Infant factor Work related factors Work facilities, policy Key findings: 14.1% EBF rate. No association between socio. factor and EBF rate. No statistically significant association of EBF with number of antenatal visits, place and mode of delivery , birth order and sex of the infant, being either low birth weight or preterm. EBF rate was significantly higher among self/family employers than governmental employers. Short maternity leave influenced EBF rate. No facilities at workplace reported by WM.
Chen et al. (2019) China	The association between work related factors and breastfeeding practices among Chinese working mothers: a mixed-method approach. Aim: To investigate the association between breastfeeding practices of working mothers, their employment status. To identify key work-related factors that influence breastfeeding practices in Chinese working mothers.	Study design & setting: Mixed method: Cross-sectional and Qual 12 randomly chosen county level regions, including four from urban cities, four from small and medium sized cities, two from rural areas, and two from poor rural areas in order to cover different levels of economic development and various geographic regions in China. -Primary health institution. Sampling & ethical approval: Quant : A smartphone based on questionnaire	Main outcomes: Work related factors Key findings: Most of WM early initiate BF but few of them complete EBF at 6 months Chinese women preferred predominant BF rather than EBF. No association between formal and informal employment Great distance from home and heavy traffic problems

		Qual: Interview Quant: 9725 mothers with children under 12 months of age. Qual: 84 mothers with children younger than 18 months -Purposive sampling and snowball sampling techniques. Ethical consideration and consent are taken	Heavy workload, high level of stress at workplace, and other barriers may negatively influence continuous breastfeeding Lack of lactation rooms is one of the most serious barriers for working mothers to continue breastfeeding and refrigerators
Febrianingtyas et al. (2019) Indonesia	Workplace support and exclusive breastfeeding practice: a qualitative study in Jakarta, Indonesia. Aim: To provide an overview of the workplace environment and how facilities at the workplace affect breastfeeding	Study design & setting: Qualitative study based on the grounded theory approach. Twenty-four offices in Jakarta (government/private/UN/NGO) Were randomly selected Sampling & ethical approval: Face to face and phone interview 18WK reach saturation sample. The participants were recruited by the contact person within the organisation who selected the working mothers who had fulfilled the inclusion criteria. Purposively then Snowball sample method Ethical consideration and consent are taken	Main outcomes: Maternal factors Work related factors Work policy Key findings: Inadequate knowledge and experience about expressed breast milk. Co-worker and employer support. Inappropriate lactation room. Limited time to express breast milk. lack of formal support for breast-milk expression by the management. Short maternity leave.
Al-Katufi et al. (2020) Saudi Arabia (Al-Ahsa)	Barriers in continuing exclusive breastfeeding among working mothers in primary health care in the ministry of health in Al-Ahsa region, Saudi Arabia. Aim: Assessing the obstacles that hinder the continued EBF of mothers working in primary health care (PHC) in Saudi Arabia	Study design & setting: Analytical cross-sectional. Primary health care centre. Sampling & ethical approval: Self-administered questionnaire, 280/260Saudi WM in PHC. -Convenience sampling Ethical consideration and consent are taken	Main outcomes: -EBF practice -Maternal factors -Cultural factor -Work related factor -Work support and policy Key findings: 16.5% EBF at 6 months 34.5% BF more than 6 months. Insufficient milk. -Lack of knowledge about EBF especially in doctor

			lack of confidence about the ability to breastfeed. -Breastfeeding will not positively affect babies weight compared to formula feeding. -Sore in nipple and pregnancy interference with EBF. -BF stress. %7.5 -of the participants stated that they took medications that interfere with EBF continuity. Bad BF experience in the past. 62% embarrassment about breastfeeding in front of people was not a barrier to continue EBF. Lack of work support such as BF breaks hors, private room and refrigerators and early return to work after 2 months.
Kebede at al. (2020) Ethiopia	Exclusive breastfeeding cessation and associated factors among employed mothers in Dukem town, Central Ethiopia. Aim: To investigate exclusive breastfeeding (EBF) cessation and associated factors among employed mothers	Study design & setting: Cross-sectional. Employed mothers who were working in the organisations in Dukem town. Sampling & ethical approval: Structured questionnaire based on face-to-face interview. 313WMs who had a child between 6 months and 2 years old during the study period. Stratified random sample. Ethical consideration not disclosed bur consent from WM are taken	Main outcomes: EBF practice Socio factors Maternal factors Work related factors Work policy Key findings: Lower EBF 4/3(of WM did not EBF 79.1%. Low level of education RT stopped EBF Far distance between home and work. Private sector, full time WM, lack of flexible working hours, shift work R/T stopped EBF. Short maternity leave, Not pumping BM due to lack of private place and break and refrigerators, lack support from employers.
Tangsuksan et al. (2020) Thailand	Factors Influencing Exclusive Breastfeeding among Urban Employed Mothers: A Case-Control Study. Aim: To identify maternal, social, and workplace level	Study design & setting: A retrospective case-control. Six purposively selected hospital settings in Bangkok, Thailand (paediatric outpatient clinics for immunisation)	Main outcomes: Socio factors Maternal factors Social factors Work related factors Work support and policy

	factors and the interaction effects among those factors that influence exclusive breastfeeding for six months among urban employed mothers	Sampling & ethical approval: Self-administrated questionnaire took 30 to 40 min to complete. Total 285: 57 case EBF and 228 controls not EBF with children from 6-18 months. Purposively sample Ethical Considerations and consent are taken	Key findings: <u>Non EBF group:</u> Low level of education and low income affect EBF duration. Lack of knowledge about EBF benefits, and BM extraction associated with low BF. Low intention and concern to complete BF when return to work. Low confidence. Family support and professional health not associated with EBF. Work more than 42 per week associated with low EBF (long Low support of employers and co-worker. Insufficient BF facilities at workplace (more than 25%). Short maternity leave <u>EBF group:</u> Univariate logistic regression analysis revealed factors associated with EBF for six months, including having bachelor degree level or higher education, family income >30,000 baht (US\$865.55), positive attitudes toward breastfeeding, intention to provide EBF for six months, high breastfeeding knowledge, high breastfeeding confidence, available health professional support, sufficient family support, sufficient workplace policy on maternity leave, having access to workplace breastfeeding facilities, having work flexibility, available emotional support from employers and, working in government organizations, maternity leave lengths of more than three months, working 4-5 days per week and working no more than 42 hours per week.

Ersen et al. (2020) Turkey	Factors Affecting the Behaviour and Duration of Breastfeeding Among Physician Mothers. Aim: To investigate the breastfeeding behaviour and duration among physician mothers and to determine the factors that influence breastfeeding practices.	Study design & setting: an online prospective cross-sectional self-report survey. Sampling & ethical approval: Online self-report survey. The data-collecting tool was publicized to the members of the social group (Physician Mothers) in an online form to which the participants responded. 615 participants. Physician mothers had infants between 12 and 60 months of age. The mothers who had children >5 years of age were excluded, as they might not remember their breastfeeding practices. The mothers who never breastfed their babies or who had twins (or multiple births) were also excluded. Mothers who had more than one child were instructed to answer the questions based on their experiences with their youngest child. Ethical Considerations and consent are taken	Main outcomes: EBF practice Maternal factors Infants' factors Workplace support and police Key findings: mother's own milk as the first nutrient after delivery (p. 473). EBF 3-6 month is 36.1% Work-related conditions 23.6%. Reduction of mother's own milk 21.8%. Infant unwilling to suckle anymore 18.5%. Mother's fatigue or stress 16.4%. Mother's health problems 4.6%. Infant was not satisfied or did not gain weight 3.4%. Mother's decision that it was enough 2.3%. New pregnancy 2.1%.
Abekah-Nkrumah et al. (2020) Ghana	Examining working mothers' experience of exclusive breastfeeding in Ghana. Aim: To examines working mothers' experience of exclusive breastfeeding, laying emphasis on the influence of workplace factors on working mothers' decision to exclusively breastfeed their babies.	Study design & setting: A qualitative research approach. The study was conducted in Accra, the capital city of Ghana, as it is mostly urban and hosts most of the formal sector businesses in Ghana (ranging from banking, healthcare, manufacturing, hospitality etc). Sampling & ethical approval: An unstructured interview 20 WM. Women were eligible to participate if they were aged 18 years and above, had given birth to at least one child in the 5 years preceding the interview, had worked in the organization for at least 6 months before the birth of the child in question. Purposively selected Ethical Consideration taken	Main outcomes: Sociodemographic Social support Workplace support and policy Key findings: Educational level of mothers helps them to make informed decisions on the benefits of EBF. Close relatives and substantial others help mothers to overcome breastfeeding challenges. As a result, mothers who enjoy healthy support from family were able to create a good balance between work and the practice of EBF. Inadequate maternity leave duration, and lack of maternity policies and facilities that support breastfeeding at the workplace. Also, lack of nursery at workplace

Mazengia & Demissie (2020) Ethiopia	Knowledge and Practice of Employed Mothers towards Exclusive Breastfeeding and Its Associated Factors in Mecha District, Northwest Ethiopia. Aim: To assess the knowledge and practice of employed mothers towards exclusive breastfeeding and its associated factors in Mecha district, Amhara Region, Northwest Ethiopia	Study design & setting: Cross-sectional. Multi working settings Sampling & ethical approval: A self-administered structured questionnaire adapted from different literatures 429 employed mothers who had children aged 6 to 23 months. Those mothers who were not biological mothers (care givers) or seriously ill mothers who did not come to the workplace at the time of data collection were excluded. Stratified sampling technique Ethical approval was taken	Main outcomes: EBF practice Sociodemographic Social support Workplace policy Key findings: feeding only breast milk and no other liquids or solids, even water, with the exception of medicines prescribed by health professionals to the child age less than 6 months of age (p. 2). EBF 38.5%. Education level is greater than certificate were 2.97 times more likely to have good practice in EBF as compared to those employed mothers whose education level is less. Women who did not get support from their husbands to use exclusive breast milk were less likely to have good practice in EBF as compared to those employed mothers who got support from their husbands (AOR= 0.26, 95% CI (0.14-0.47)). Employed mothers who got maternity leave less than four months were less likely to have good practice as compared to those employed mothers who got maternity leave greater or equal to four months (AOR= 0.31, 95% CI: (0.10-0.91), p value = 0.03).
Gebrekidan et al. (2021) a Ethiopia	Exclusive breastfeeding continuation and associated factors among employed women in North Ethiopia: A cross-sectional study. Aim: To assess the prevalence of EBF continuation and associated factors among employed women in North Ethiopia.	Study design & setting: Mixed methods. A) Cross-sectional. The study was conducted in two towns in Tigray region, North Ethiopia between December 2018 and January 2019. Government organisation. Sampling & ethical approval:	Main outcomes: EBF practice Social support Workplace support & policy Key findings: Categorised age EBF for 6 months or more is 56.6%. Mothers who had family support were two times more likely to continue EBF, compared

		a paper based validated self-demonstrated questionnaire adopted from the Breastfeeding and Employment Study toolkit (BEST), 449 employed women who had children between six months and two years were surveyed using multistage , convenience sampling. Approval was taken	to those who did not have family support (AOR= 2.1, 95%, CI 1.2–3.6; P= 0.005). The main reason for 46.4% of participants who did not adhere to EBF was returning to work before six months. Participants who had frequent breaks at work were more likely to continue EBF. Participants who could buy or borrow equipment they need for expressing breast milk, were more likely to continue EBF as compared to those who could not afford it. This means, if mothers have access to equipment to express their breast milk, they can exclusively breastfeed for longer.
Gebrekidan et al. (2021) b Ethiopia	Attitudes and experiences of employed women when combining exclusive breastfeeding and work: A qualitative study among office workers in Northern Ethiopia. Aim: To explore women's attitudes and experiences of EBF when they returned to work.	Study design & setting: Qualitative (Part 2 from Mixed methods. working in government institutions in Tigray region, Ethiopia, Sampling & ethical approval: Semi-structured, face-to-face interviews were used to explore mothers' perspectives of the factors that influenced EBF when they returned to work. 20 Mothers who had an infant of less than 12 months	Main outcomes: Sociodemographic (mothers' knowledge) Social support Workplace policy Key findings: Mothers' knowledge and attitude towards breastfeeding, workplace and employment conditions and support received at home were found to be the main factors determining the duration of EBF among employed women. In almost all the workplaces, there was no specific designated breastfeeding space. Participants reported that close family members including husbands and mothers were supportive.

Table 2: Data extraction from other sources.

Organisation name and year	Title	Main report points	Key finding related to study question
International Labour Organization (2012)	Maternity Protection Resource Package from Aspiration to Reality for All. Part two: Breastfeeding arrangements at work	Socio factors Maternal factors Social factors Work related factors Work policies and support	Travel time and distance to work Insufficient BM due to sudden low of BF frequency due to return to work Lack knowledge about BF policy and support at workplace. Family and social support Full time work opposed part time work Employer and co- worker attitude and support Inflexible work schedule Short maternity leave < two months Inflexible BF breaks Insufficient BF facilities at workplace BF support at workplace by providing lactation program could increase

Appendix 5: Reflexive memos

Memo example 1: Reflection on recruitment process

Date: 31 March 2022

Stage: During recruitment potential participants from school

As I navigate the recruitment process, I begin to question my initial assumptions. I expect that identifying EBF mothers working in schools will be relatively straightforward, given that their work demands seem less intense compared to those in universities or hospitals. However, I soon realise that EBF is far less common than anticipate.

Conversations with gatekeepers and mothers who do not meet the inclusion criteria reveal a prevailing sentiment of disbelief, many react with a collective “How?” as if sustaining EBF while working is impossible. Some question what alternatives their babies could have or how an infant left alone at home could be comforted without breastmilk. These reactions challenge my assumptions and prompt me to reflect on the cultural and practical barriers that mothers face, sparking a deeper curiosity about how these barriers shape their decisions and practices.

When I probe further, especially about pumping as an option, I frequently encounter a resigned “No, it’s difficult, how, again?” This reinforces for me the urgent need to increase awareness and support for EBF, particularly among working mothers.

Additionally, this process highlights the predominance of survey-based research in Saudi Arabia, revealing a gap in qualitative studies in this context. Although recruitment posed challenges, it strengthens my resilience and adaptability as a researcher. I learn patience and shift my perspective from simply achieving recruitment targets to embracing the process as an opportunity to engage deeply with participants’ realities.

These insights are valuable not only for informing future research in similar contexts but also contribute to my personal and professional growth as a researcher.

Memo example 2: Reflection after interview with first participant

Date: 1 March 2022

Stage: immediately after interview

The interview with first participant is generally light and welcoming. Initially, the participant is warm and open. However, the constant noise from the air conditioning is distracting during the interview. I notice some wavering in the participant's responses regarding her commitment to EBF, which makes me question her prior knowledge on the topic. I find myself rephrasing some questions several times to help her understand, often revisiting points she has mentioned earlier to guide the conversation.

Her responses remain brief, and she appears somewhat anxious despite my reassurance at the start, where I emphasize her right to pause or stop the interview at any time. I expect her to mention workplace difficulties related to breastfeeding, as highlighted in the literature. Instead, she repeatedly states that she faces no issues at work, feels supported by her school, and appreciates the proximity of her home to work, allowing her to breastfeed during breaks.

This unexpected narrative reminds me to bracket my assumptions and avoid leading her responses based on my pre-existing knowledge from the literature. Although I consider asking about workplace facilities like a child's room, I refrain, choosing instead to respect her narrative and let her perspective emerge organically. Overall, I view this interview as a successful start. It reinforces the importance of managing distractions, carefully bracketing assumptions, and adapting my questioning style. I feel encouraged and hopeful for smoother, richer interviews ahead.

Memo example 3: Reflexive related to analysis stage

Date: 4 January 2023

Stage: Old themes structure, during cross-sectional analysis

I have now finished writing the second sub-theme of the first main theme. I notice that participants repeatedly speak about breastfeeding as a right for the child, its health benefits, and its mention in the Qur'an. As a Muslim, I immediately understand this and recognise that the Qur'an recommends breastfeeding. Yet, as I reflect, I feel the meaning goes deeper than just a recommendation or an awareness of benefits, as described in previous studies.

I realise I need to think beyond this surface level connect it more clearly to my second research aim: how these beliefs actually influence mothers' decisions to continue or discontinue EBF after returning to work. Could this second sub-theme be integrated with the first and third sub-themes and seen as a motivator? Everyone shared the idea that they continued EBF after returning from maternity leave for religious reasons and from previous experiences. I think it might be better to merge them and view them from another perspective, not just that they knew about continued breastfeeding from a religious and personal viewpoint in a superficial way. Could it be related to intention or determination here? I should start from the benefits and link them to the religious dimension.

Appendix 6: Ethical approvals.



Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Manar Mohammad Alsulimani
School of Nursing and Midwifery
Trinity College Dublin, The University of Dublin
24 D'Olier Street,
Dublin 2
D02 T283

7th April 2022

Ref: 210407
Title of Study: The Lived Experience of Working Mothers planning to continue exclusively breastfeeding their infants upon the return to work in Saudi Arabia: An Interpretative Phenomenology Analysis Study.

Dear Manar,

Further to a meeting of the Faculty of Health Sciences Ethics Committee held in April 2022, we are pleased to inform you that the above project (as amended with the following changes) has ethical approval to proceed.

We would advise you to seek review and comments on your DPIA from the DPO if required prior to study commencement.

Please give specific details of the requested amendment(s):

2.6 Describe exactly how participants will be recruited. Include what steps you will take to access the sample, specifying details of people who will be contacted, how they will be contacted, during this process.

The researcher will seek access to working mothers with support of gatekeepers (Appendix 5); at the study sites The Deanship of Faculty members and employees at UQU, the Director of Training and Education MCH, and The General Administration of Education in Makkah Region.

Gatekeepers in each site will administer an invitation letter to potential participants by email, which includes information about the proposed study and the principal investigator's (PI) contact information (Appendix 1).

The second recruitment method (snowball) will be via social media communications of breastfeeding support groups. This will be achieved by forwarding the advertisement message (appendix 14) to the group administrator of support groups who support working mothers who are breastfeeding. I will not join any of the support groups. To ensure eligibility for participation in this study, the working mothers' support group who worked in schools or hospitals or universities will be targeted, and the message will include the researcher's name, topic and the aim of study, the inclusion criteria for potential participants, and the PI's contact details that they have read before contact the researcher.

Figure 1: Ethics amendment approval for the addition of snowball sampling.



Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin

Ollscoil Átha Cliath | The University of Dublin

Manar Mohammad Alsulimani
School of Nursing and Midwifery
Trinity College Dublin, The University of Dublin
24 D'Olier Street,
Dublin 2
D02 T283

4th November 2021

Ref: 210407

Title of Study: Factors That Impact the Continuation of Breastfeeding Practice Among Working Mothers in Saudi Arabia

Dear Manar,

Further to a meeting of the Faculty of Health Sciences Ethics Committee held in April 2021. We are pleased to inform you that the above project has ethical approval to proceed.

This study has been ethically approved. We would advise you to seek review and comments on your DPIA from the DPO if required prior to study commencement'

As a researcher you must ensure that you comply with other relevant regulations, including DATA PROTECTION and HEALTH AND SAFETY.

Yours sincerely,

Prof. Jacintha O'Sullivan
Chairperson
Faculty Research Ethics Committee

Dámh na nEolaíochtaí Sláinte
Foirgneamh na Ceimice,
Coláiste na Tríonóide,
Ollscoil Átha Cliath,
Baile Átha Cliath 2, Éire.

Faculty of Health Sciences
Chemistry Building,
Trinity College Dublin,
The University of Dublin,
Dublin 2, Ireland.

www.healthsciences.tcd.ie

Figure 2: Ethical approval from the REC at TCD.

Institutional Review Board Opinion Letter

Date of Issue	05.05.2021
Research Title	Factors Impacting the Continuation of Breastfeeding Practice Among Working Mothers in Saudi Arabia.Hassan
Primary Investigator	Manar Mohammad Al-Sulimani
IRB Number:	H-02-K-076- 0421-500
Category of Approval	Approved (Expedite)

Dear /Mrs. Manar Al-Sulimani, Dr Mary Hughes and Dr Louise Gallagher.

This is to inform you that the above-mentioned proposal has been reviewed and discussed by IRB Committee and was approved according to ICH GCP guidelines. Please note that this letter is from research perspective only. You will still need to get permission from the head of research department in the Directorate of health affairs, Makkah Region to commence data collection and start your project.

We wish you all the best in your project and request you to keep the IRB informed of the progress on a regular basis, using the IRB log number shown in this letter.

Please be advised that regulations require that you submit a progress report on your research every 6 months. You are also required to submit any manuscript resulting from this research for approval by IRB before submission to journals for publication.

As a researcher, you are required to have a valid certification on protecting human research subject.

If you have further questions, feel free to contact me:

(research-makkah@moh.gov.sa).


DR. Nader Hamza Motair
 Chairman, Institutional Review Board (IRB),
 Makkah



Figure 3: Ethical approval of MCH from the General Directorate of Health Affairs in Makkah, SA .

Approval No. (HAPO-02-K-012-2021-05-681)

FINAL APPROVAL FROM THE BIOMEDICAL RESEARCH ETHICS COMMITTEE

Principal Investigator: Dr. Manar Mohammad Ibrahim Al-Sulimani	Faculty: Nursing	Date: 30/5/2021

Proposal Title (in English):

Factors That Impact the Continuation of Exclusive Breastfeeding Practice Among Working Mothers in Saudi Arabia

The Biomedical Research Ethics Committee has evaluated and examined the above-mentioned research proposal and has found it to be in accordance with the specifications and conditions of the ethics of scientific research.

The Committee has accordingly granted the Principal Investigator final approval concerning the ethics of scientific research

Principle Investigator is permitted to:

- Initiate the implementation of scientific research procedures within faculty facilities and laboratories, in addition to the regional research centers and hospitals
- Publish in scientific journals

Responsibility of Principal Investigator:

- Must provide a written statement to the Vice presidency of post-graduate studies and scientific research regarding any changes in the research plan, the committee shall decide whether a new approval is needed or not.

Director of Biomedical Ethics Committee



Dr. Aiman M. Momenah
Faculty of Medicine
Umm Al-Qura University



Registration No. in National committee of Bio Ethics: HAPO-02-K-012

الرقم: UNKN280321 التاريخ: ١٤٤٢/١٠/١٨ المشفوعات:

CamScanner

Figure 4: Ethical approval of UQU from Biomedical Research Ethics Committee in SA.

Kingdom of Saudi Arabia
Ministry of Education
Makkah General Directorate of Education
Planning and Development Department

An electronic model for research and studies in the digital world
Circular to all public and private schools

My Dear the Principal of School

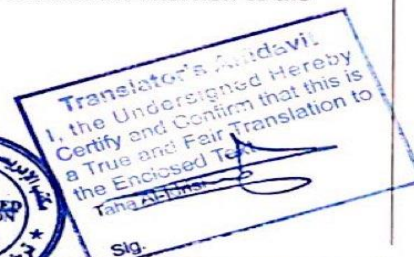
Reference to the letter of the Director of Teaching and Education at Trinity University in Ireland dated 02/20/1443 AH regarding the researcher/ ALSULIMANI, MANAR MOHAMMAD I who wishes to apply her scientific study tool in order to complete the requirements for obtaining a doctorate degree according to the following data:

Thesis Title	IPA study on the lived experience of exclusive breastfeeding among working mothers following their return to work in Saudi Arabia
Sample of the study	Breastfeeding working mothers, who returned to their work after paid maternity leave
Tool of the Study	https://medu.edu.sa/api/geturl/prospector/309
Email	alsulimm@tcd.ie Mob.: 00966546367179

Accordingly, we hope to direct those from your school's staff members to facilitate the researcher's task, and to send the data of those wishing to conduct the interview to the researcher's mail mentioned above.

Yours,,

Director General of Education, Makkah
Dr. Ahmed Mohammed Al-Zaidi



<https://twitter.com/edrisitarjama>

<https://facebook.com/edrisitarjama1>



<https://linkedin.com/company/edrisitarjama>

<https://www.youtube.com/channel>

العنوان / مكة المكرمة - حي العزيزية - جامعة أم القرى بجوار موقف الجامعة - النوبة رقم ١٩ جوال : ٥١٦١٢٦١١٦ - بريد الكتروني : info@edrisitarjama.com 1951980@
Next TO Umm Al-Qura Uni., Aziziah Dist., Makkah / Mob. 00966569126116- email: info@edrisitarjama.com

Figure 5: Ethical approval for all primary secondary and high schools from the General Administration of Education in Makkah Region, SA.

Appendix 7: Access letter for gatekeepers.

Name: (name of gatekeeper at institution).

Date:

Title: Request for seek access to conduct research.

Hello,

Dear Ms/Mr:

I am a registered PhD's student at the Trinity College Dublin, Ireland. My main supervisor is Dr Mary Hughes and co-supervisor is Dr Louise Gallagher. I am doing Ph.D. research on the proposed title "*The lived experience of working Mothers who intended to continue exclusive breastfeeding upon the return to work in Saudi Arabia: An interpretative phenomenology analysis study*".

I would like to ask you to help me to access participants and invites working mothers for interviews as a part of study. To assist you in recruitment procedure at (Name of institution), I have attached the Initial Invitation letter to Prospective Participants that includes information about study and contact details (could you please pass them by email to potential participants).

If you require any further information, please do not hesitate to contact me on my contact information below.

Your assist to access participants to conduct this study will be greatly appreciated.

Best Regards,

Manar Alsulimani. A Ph.D. student,

School of Nursing and Midwifery, Trinity College Dublin,

E-mail: alsulimm@tcd.ie

Mobile no.: +966546367179

Appendix 8: Initial invitation letter to prospective participants (Working mothers).

Hello,

I am Manar Alsulimani, a child health nurse and researcher student who has been in contact with (name of gatekeeper) at (name of institution), about this proposed study. This study is for my Ph.D. which I am currently doing in the School of Nursing and Midwifery at Trinity College Dublin, Ireland under the supervision of Dr Mary Hughes and Dr Louise Gallagher.

I am very interested in finding out about working mothers' experiences of exclusive breastfeeding after returning to their work after a paid maternity leave. I would like to understand your experience about the influences on your decision to continue exclusive breastfeeding on return to your work.

To undertake the study, I will interview you to better understand your experiences as no study has been conducted in Saudi Arabia and this may influence the future development of the breastfeeding policies in the workplace. I have attached some documents for you to read (Participant Information leaflet and Informed Consent Form). After you have read the documents, I hope it assist you in reaching a decision to take part in this study.

If you decide to participate, please contact me on my contact details below and I am happy to answer any questions you may have, and I can arrange to meet with you if you want to take part in this study. If you do not wish to participate, then I thank you for taking the time to read this letter.

I am looking forward to hearing from you.

Best Regards;

Manar Alsulimani. A Ph.D. Student,

School of Nursing and Midwifery, Trinity College Dublin,

E-mail: alsulimm@tcd.ie

Mobile no.: +966546367179

Appendix 9: Participants information leaflet for working mothers.

Name of Study: “The lived experience of working mothers who intended to continue exclusive breastfeeding upon the return to work in Saudi Arabia: An interpretative phenomenology analysis study”.

I would like to invite you to take part in this study. Before you decide you need to understand why the research is being done and what is your right. Please take time to read the following information carefully. If you have questions or need any help with this do not hesitate to contact me.

Who is doing the study?

My name is Manar Alsulimani, a scholarship Ph.D. student at Trinity College Dublin, Dublin, Ireland. I also worked as a teacher at Nursing College, Umm AL-Qura University (UQU), Makkah, Saudi Arabia.

Why is the study being done?

I want to understand the meaning of the working mothers' lived experience with exclusive breastfeeding, and its influences the decision to continue exclusive breastfeed their infants when they return to work following paid maternity leave in Saudi Arabia.

Why have I been asked to take part? Because...

- You are currently a working mothers in Makkah, SA.
- You are working in any work position such as doctors, nursing, administration, cleaners and so on.
- You are not in maternity leave.
- You had a period of paid maternity leave between 10-12 weeks.
- You gave birth in the last ≤ 6 months.
- You had intended to exclusively breastfeed after return to your work.
- Having an infant able to breastfeed.
- You can speak, write and read Arabic.

Do I have to take part? Can I withdraw?

- You do not have to take part in this study. It is entirely voluntary.
- You can change your decision about taking part in the study and withdraw at any time even if the study has started.
- If you decide not to take part or withdrawal, it will not affect your current or future job.
- You do not have to give a reason for not taking part or for withdrawal.
- If you wish to withdrawal, please contact the PI at alsulimm@tcd.ie/+966546367179 who will be assisted you in this regard.
- If you wish, you have right to ask for your data stored to be destroyed.
- The researcher will no longer use or share your data for research from this point onwards. However, it will not be possible to destroy data already analysed or published.

What will happen to me if I decide to take part?

- The gatekeepers will send to you the Initial letter to including brief information about the study and my contact details to assist you in make a decision about participating.
- If you decide to participate, then you will receive the participant information leaflet to read and informed consent form for you to be signed.
- If you are interested in participating to the study, you can contact me or agree to be contacted by me, to explain more about the study and answer your potential questions.
- I will ask for written permission from you before I interview you face to face. (Maybe I will take verbal consent before the online interview through Microsoft teams (safe site) due to continuation

of the COVID-19 restriction and remote work at home). The online session will be recorded transcribed and then deleted at the end of the study.

- I will ask for your approval to interview and arranging suitable date and time to take interview.
- I will interview you individually at a time and place convenient for you and will ask you some questions that will help me to understand your experience of breastfeeding such as your working status, your experience prior and after returning to your work, factors that impact your decision to continue or not exclusive breastfeeding.
- In the event of continuation of the COVID-19 restriction and remote work at home maybe the interview will be conducted by phone, Microsoft teams or the way that suit to you.
- Each interview will last for approximately 60 minutes and will be audio-recorded, so I can remember what we talked about.

What will happen to my personnel Data?

- Your copies of signed informed consent will be stored securely in a locked filing cabinet at the PI's home office at Bathaa Quraish district, Makkah, SA.
- In case of inability to get written consents as planned, you will be asked to provide verbal consent this session will be recorded and transcribed. The recording will be saved on a password protected computer and will be permanently deleted when the study is completed.
- Your personal information as your first and surname and age (in months and years) will be stored in a word document format, situated in an encrypted, a secured and password drive on the PI's personal computer, situated at the PI's home office, at Bathaa Quraish district, Makkah, SA.
- Your contact numbers will be stored on a sim-card of a secured and password mobile phone that will be specified for research purposes only.
- Your interviews will be audio recorded using a digital voice recorder. The audio-recorder will be kept securely in a locked filing cabinet at the PI's home office at Bathaa Quraish district, Makkah, SA. And then it will be deleted immediately after transcription.
- Your audio-recorded transcription will be sent to you to make sure the transcription is correct and that is your words.
- Your interview transcripts will be stored in a locked filing cabinet at the PI's home office at Bathaa Quraish district, Makkah, SA.
- Your personal information will not be shared with anyone, with your permission the PI is the only one who will have access to it.
- Your personal data will be assigned a code number, and it will be identified only by this number. Some code keys will be shared only with the PI's supervisors for the purpose of supervision.
- Your personal data will be destroyed immediately when the study is completed.
- Your first and surname will not appear in this study.
- Your personal data will not be used in future studies.

What are the benefits of taking part?

There are no direct benefits to you. However, your answers will help me to better understand the exclusive breastfeeding among working mothers after they return to their work in SA.

What are the potential risks of taking part?

- This study will cause no harm to you or your confidentiality.
- If you feel discomfort or want to withdrawal, I will stop the interview unless you wish to continue.
- I will give you an opportunity to resume the interview in another day (if they wish so) based on their convenience and availability.
- I will offer you with the appropriate health support practitioner in place.

What will happen to the finding of the study?

- The findings of the study will be published in a scientific journal and disclosed at a scientific conference/symposium without including your first and surname.
- Some of your words will be quoted and displayed in the study findings; your name will not appear.
- The PI can provide you a copy of the study findings if you would like.

Has this study been approved by a research ethics committee?

This study has been approved by the Scientific Research Ethics Committee at UQU, General Directorate of Health Affairs in Makkah, General Administration of Education in Makkah region SA, and Research Ethics Committee at Trinity College Dublin, Dublin, Ireland.

Who should I contact for information or complains?

If you have any concerns or questions, you can contact:

- The researcher Manar Alsulimani at alsulimm@tcd.ie/+966546367179.
- Data Protection Officer, Trinity College Dublin: Data Protection Officer, Secretary's Office, Trinity College Dublin, Dublin 2, Ireland. Email: dataprotection@tcd.ie.

Appendix 10: Informed consent form for working mothers.

STUDY NAME: The lived experience of working mothers who intended to continue exclusive breastfeeding upon the return to work in Saudi Arabia: An interpretative phenomenology analysis study.

General	Tick box
I confirm I have read and understood the Participant Information Leaflet for the above study. The information has been fully explained to me, and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that this study is entirely voluntary , and if I decide that I do not want to take part, I can withdrawal from this study at any time without giving a reason . I understand that deciding not to take part will not affect my job and career in future.	
I agree to take part in this research study. I have been fully informed of the risks and benefits of taking part in this study and the information has been fully provided in the Participant Information Leaflet .	
I understand that I will not be paid for taking part in this study .	
I know how to contact the researcher if I need to.	
I agree to being contacted by the researcher, Manar Alsulimani, at my phone number (.....) as part of this research study.	
I agree to allow the interview to be audio recorded and it will be kept in a locked filing cabinet at the PI's home office at Bathaa Quraish district, Makkah, SA. And then it will be deleted immediately after transcription.	
I agree to allow personal information about me to be shared only with the researcher.	
I agree to allow coded personal information about me to be shared with the supervisors of researcher (Dr Mary Hughes & Dr Louise Gallagher) from Trinity College of Dublin for the purpose of exploring the To explore the impact of the employment on the mothers' decision to continue breastfeeding their children after return to their work and the perception of working mothers toward currently available breastfeeding facilities in their workplace, as described in the Participant Information Leaflet .	
I understand that personal information about me, including the transfer of the coded personal information about me outside of Saudi Arabia, will be protected in accordance with the General Data Protection Regulation.	
I understand that there are no direct benefits to me from participating in this study .	
I understand that the findings from analysis of my personal data will be send to me if I request it . I agree that the findings from analysis of my personal data will be published in a scientific journal and disclosed at a scientific conference/symposium.	

Participant's Name (Block Capitals)

Signature & Date

PI's Name (Block Capitals)

PI's Signature & Date

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above working mothers the nature and purpose of this study in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them. I have given a copy of the participant information leaflet and consent form to the participant with contacts of the study team.

Researcher name: Manar Alsulimani,

Title and qualifications: Ph.D. Student,

Signature:



Date:

Appendix 11: Summary of the recruitment process at schools (27th January- 13th March 2022).

School number	Recruitment process through gatekeeper	Potential participants	Potential participants on ML	Outcome
1	Met the school principal	1	1	- One participant was expected to return on 6th March 2022. - The other participant discontinued EBF two weeks before returning to work due to the COVID vaccine.
2	Met the school principal	3	0	- She had a one-year-and-four-month-old infant. - She had a four-month-old infant and practised mixed feeding (MF). - She practised artificial feeding (AF).
3	Met the school principal	1	0	She had an eight-month-old infant and practised MF.
4	Met the school principal	0	0	0
5	Met the school principal	1	0	She practiced MF.
6	Met the school principal	2	0	- She practiced AF - She practiced MF
7	Met the school principal	0	0	0
8	Met the school principal	0	0	0
9	Met the school principal	2	0	- She practiced MF - She practiced AF
10	Met the school principal	0	0	0
11	Met the school principal	1	0	She gave her infant formula milk from the age of two months. She was MF mother.
12	Met the school principal	0	0	0
13	Met the school principal	1	0	No response
14	Met the school principal	3	0	They all practiced MF, and their infants aged one year old
15	Met the school principal	1	0	She practiced MF
16	Met the school principal	0	0	0
17	Met the school principal	0	1	She would return to work on 20 th March 22
18	Met the school principal	2	1	- Two Participants practiced MF. - One participant was expected to return to work after Eid vacation.
19	Met the school principal	0	0	0
20	Met the school principal	0	0	0
21	Met the school principal	0	1	She was expected return to work on 15 th March 22.
22	Met the school principal	2	0	- One participant had an infant aged 10 months old, and practiced EBF till her infant age 8 months old(included) - The other participant practiced AF.
23	Met the school principal	1	0	She practiced MF

24	Met the school principal	0	0	0
25	Met the school principal	0	0	0
26	Met the school principal	1	0	She practiced MF
27	Met the school principal	1	0	She practiced AF
28	Met the school principal	0	0	0
29	Met the school principal	0	0	0
30	Met the school principal	0	1	She was expected return to work on 3 rd Feb 22
31	Met the school principal	2	0	She practiced MF
32	Met the school principal	0	0	0
33	Met the school principal	1	0	Her infant aged of 4 months + EBF (included)
34	Met the school principal	1	0	She practiced MF
35	Met the school principal	0	1	She was expected to return on 21 st April 22
36	Met the school principal	1	1	• She was expected to return on 24th April • She had an infant aged 8 moths+ non EBF
37	Met the school principal	0	0	0
38	Met the school principal	2	0	• She had an infant aged 3.5 months old + MF. • She had an infant 5 months old + MF.
39	Met the school principal	1	0	She had twins
40	Met the school principal	1	0	She had an infant aged 6 months old + MF.
41	Met the school principal	0	0	0
42	Met the school principal	0	0	0
43	Met the school principal	0	0	0
44	Met the school principal	2	0	• She practiced AF • She had a one-year-and-two-month-old infant and practised EBF, but she gave her infant formula feeding once, which the baby refused.
45	Met the school principal	0	1	She was expected return to work on 31 st March 22
46	Met the school principal	0	0	0
47	Met the school principal	1	0	She had an infant aged 6 months old on Formula feeding.
48	Met the school principal	2	0	• Her infant was 6 months old on formula feeding • Her infant was 6 months old on MF
49	Met the school principal	0	0	0
50	Met the school principal	2	0	Both gave formula milk only.
51	Met the school principal	1	0	She practiced MF from baby birth
52	Met the school principal	1	0	She practiced AF
53	Met the school principal	0	0	0
54	Met the school principal	1	0	She had an infant aged 8 months old on AF only
55	Met the school principal	1	0	She had an infant aged 2.5 months infant old + EBF (included)

56	Met the school principal	0	0	0
57	Met the school principal	0	0	0
58	Met the school principal	0	0	0
59	Met the school principal	0	0	0
60	Met the school principal	1	0	She had a six-month-old infant and started MF one week after her infant's birth due to work.
61	Met the school principal	1	0	She had a four-month-old infant and practised MF from her infant's birth.
62	Met the school principal	0	0	0
63	Met the school principal	1	1	- One participant expected a return to work on 9th Mar 22. - She had an infant aged 8 months old + MF.
64	Met the school principal	0	0	0
65	Met the school principal	4	0	- Her infant was 3 months old and Started MF 4 days after her infant's birth due to work. - She practiced AF - Her infant was 1 month old + MF. - Her infant was 4 months old + EBF (included)
66	Met the school principal	1	0	Her infant was 3 months old + MF because of work
67	Met the school principal	1	0	Her infant was 6 months old + MF.
68	Met the school principal	0	0	0
69	Met the school principal	0	0	0
70	Met the school principal	0	0	She was expected return to work in Ramadan.
71	Met the school principal	1	0	Her infant was 4 months old + AF
72	Met the school principal	0	1	She was expected to return to work on 28 th Apr 22.
73	Met the school principal	0	0	0
74	Met the school principal	1	0	Her infant was 2 and a half months old and started MF from the beginning.
75	Met the school principal	1	0	She had an infant aged 7 months old and practiced EBF (included)
76	Met the school principal	2	0	- She had an infant aged 6 months old and practiced MF because her baby did not satisfy. - She had an infant aged 5 months old + MF
77	Met the school principal	0	0	0
78	Met the school principal	0	0	0
79	Met the school principal	2	0	- She had an infant aged 5 months old + MF for the first 3 months of infant's age, then switched to formula feeding so far. - She had an infant aged 6 months old + MF.
80	Met the school principal	0	0	0
81	Met the school principal	0	0	0
82	Met the school principal	0	0	0
83	Met the school principal	2	0	She had an infant aged 4 months old + EBF for only one week after returning her work (included)

				She had an infant aged 7 months old + on AF
84	Met the school principal	0	0	0
85	Met the school principal	0	0	0
86	Met the school principal	1	0	She practiced AF
87	Met the school principal	0	0	0
88	Met the school principal	0	0	0
89	Met the school principal	0	0	0
90	Met the school principal	1	0	Her infant was 7 months + MF
91	Met the school principal	0	2	They were expected to return to work in Eid.
92	Met the school principal	0	1	She was expected to return to work after Eid.
93	Met the school principal	1	0	She practiced AF
94	Met the school principal	0	0	0
95	Met the school principal	2	0	- Her infant was 7 months old + MF - Another one practiced MF
96	Met the school principal	0	0	0
97	Met the school principal	1	0	Her infant was 10 months old on MF
98	Met the school principal	0	2	They were expected return to work after Ramadan and Eid.
99	Met the school principal	0	0	0
100	Met the school principal	1	0	Her infant was 3 months old on MF
101	Met the school principal	0	0	0
102	Met the school principal	0	1	She was expected return to work after Ramadan
103	Met the school principal	2	0	- Her infant was 5 months old on MF - Practiced AF
104	Met the school principal	2	0	- She practiced AF - Her infant was one year and six months and practiced EBF for a year then shifted to MF
105	Met the school principal	1	0	She practiced AF
106	Met the school principal	0	1	She was expected return to work After Eid
107	Met the school principal	0	0	0
108	Met the school principal	1	0	She discontinued EBF after one month of infant birth due to COVID-19 vaccine
109	Met the school principal	0	0	0
110	Met the school principal	0	0	0
111	Met the school principal	0	0	0
112	Met the school principal	1	0	She exclusively breastfed; however, her work was online, and her infant was over one year old.
113	Met the school principal	0	0	0
114	Met the school principal	1	0	She had an infant aged 3 and half month old + EBF (included)

115	Met the school principal	0	0	0
116	Met the school principal	0	0	0
117	Met the school principal	1	0	She practiced AF
118	Met the school principal	1	0	She practiced MF
119	Met the school principal	0	0	0
120	Met the school principal	0	0	0
121	Met the school principal	1	0	Her infant was 8 months on MF
122	Met the school principal	2	0	- Her infant was 3 months on AF - Her infant was 3 months on AF
123	Met the school principal	0	0	0
124	Met the school principal	0	0	0
125	Met the school principal	0	0	0
126	Met the school principal	1	0	Her infant was 3 months on MF
127	Met the school principal	1	0	She practiced MF
128	Met the school principal	1	0	She practiced MF
129	Met the school principal	1	0	She practiced AF
130	Met the school principal	0	0	0
131	Met the school principal	0	0	0
132	Met the school principal	0	0	0
133	Met the school principal	0	0	0
134	Met the school principal	1	0	Her infant was 5 months old on MF.
135	Met the school principal	0	0	0
136	Met the school principal	0	0	0
137	Met the school principal	1	0	She practiced AF
138	Met the school principal	0	0	0
139	Met the school principal	0	0	0
140	Met the school principal	0	0	0
141	Met the school principal	0	0	0
142	Met the school principal	1	0	She practiced AF
143	Met the school principal	0	0	0
144	Met the school principal	1	0	Her infant was 5 months old + EBF for two weeks (included)
145	Met the school principal	0	0	0
146	Met the school principal	0	0	0
147	Met the school principal	0	0	0
148	Met the school principal	1	0	She was expected to return to work after Eid.
	Mid-term vacation from 13 th -19 th Mar 22			

Appendix 12: Advertisement message.

The researcher Manar Alsulimani invites you to participate in a face-to-face interview, which will be audio-recorded. The interview will be about the experience of working mothers who intended to continue exclusive breastfeeding after returning to their work after a paid maternity leave.

Please if you are :

- A working mother in full-time job.
- Starting exclusive breastfeeding after birth, and intended to continue exclusive breastfeeding after returning to work .
- Returned to work after paid maternity leave, which ranged between 10-12 weeks .
- Gave birth 6-12 months ago, and your infant is now between 3-12 months .

If you decide to participate, please contact me on my contact details below and I will send some documents for you to read (Participant Information leaflet and Informed Consent Form). After you have read the documents, I hope it assist you in reaching a decision to take part in this study.

So, I can arrange to meet with you if you want to take part in this study. If you do not wish to participate, then I thank you for taking the time to read this letter .

I appreciate that you are very busy and may not find it easy to find the time to talk to me. I can arrange a time to meet that will suit you best and will not spend more than an hour with you and your baby/family. Your experience will provide me with valuable information for my study .

Best Regards ;

Manar Alsulimani. A Ph.D. Student ,
School of Nursing and Midwifery, Trinity College Dublin ,
E-mail: alsulimm@tcd.ie
Mobile no.: +966546367179

Appendix 13: Individual interview protocol for working mothers.

Introduction:

- ✓ Introduce myself and welcome the working mother.
- ✓ Explain the aim of the study and discuss the participants information leaflet to confirm that the participants have understood the study aim, purposes, benefits, and potential risks.
- ✓ Encourage participants to ask any question for further clarification.
- ✓ Obtained a written informed consent from the participants.
- ✓ Obtained a written/ verbal consent to allow the interview be audio recorded.
- ✓ Aske the participants to complete section (A) demographic information before starting interview.

Interview protocol:

- ✓ **Section (A):** Demographic Information Questionnaires.

Could you please tell me about yourself?

1. **Full name:**-----
2. **Age:**-----
3. **Your baby's age:**-----
4. **Nationality:**
 - Saudi.
 - Non-Saudi.
5. **Level of education:**
 - Undergraduate degree.
 - Diploma.
 - Bachelor's degree.
 - Post graduate degree.
6. **Job title:**-----
7. **How long was/is your maternity leave? (Please specify If it was/ is paid or not paid).**

8. **For how long are you exclusively breastfeeding?**

- ✓ **Section (B):** Interview questions.

1. Could you please tell me about your plans for breastfeeding before your return to work?
 - Can you tell me a bit more about that?
2. Could you please tell me about your breastfeeding experience after returning to your work following maternity leave?
 - Prompts: Could you please explain more?
 - Probes: What do you mean by....? What do you feel?
3. Tell me about the challenges you faced during the breastfeeding journey?
4. Tell me about the support available to you during your breastfeeding journey?
 - Prompts: social, workplace and others.
5. What do you think are the main influences on your decision whether or not to continue exclusive breastfeeding after returning to your work?
 - Probes: What do you mean by....?

- Prompts: social, workplace and others
- Are there other influences?

Conclusion:

- ✓ We have reached the end of interview, please feel free if is there any additional information/ suggestions would like to share with me.
- ✓ Thank the participants and give them a token of appreciation for their participation and time.

Appendix 14: Reflection on the development of my interview techniques.

➤ Reflection on mistakes and improvements

1. Follow-up responses

Roulston (2012) highlights that novice researchers often struggle with follow-up questioning, a skill requiring active listening (Given, 2008) and the ability to adaptively respond to interviewees' narratives (Kvale, 2007). In my first interview, I lacked confidence in balancing attentive listening with recalling the interview questions. This resulted in a missed opportunity to deepen exploration, as I sometimes failed to probe sufficiently into participant's responses. For example, in Excerpt 1.1, I responded to participant's perspective regarding breastfeeding break without probing further into how or why the hour was impactful.

Excerpt 1.1:

Researcher: Did you feel this [breastfeeding] hour [break] helped you?

Upon reflection, while the question initiated a response; however, it restricted the possibility of gaining a more profound understanding of the participant's lived experience. So, I recognised the need for a more open-ended and exploratory approach, such as: 'In what specific ways did this breastfeeding break hour help you?' This modification facilitated the development of more detailed narratives in subsequent interviews.

2. Suggesting possible answers

During the interview, I unintentionally paraphrased or reframed questions with suggested answers, which risked influencing the participant's response by introducing predefined choices. This is evident in Excerpt 1.2, where my follow-up question could have unintentionally shaped the participant's response.

Excerpt 1.2:

Researcher: Ok, what do you feel about the influences, what is the thing that affected your decision that you say? well, I will continue; I want to breastfeed naturally, even though I am a working woman, and I will return to work, and my daughter will be separated from me for a long time at work.

Working mother: The first thing is gas, meaning "Glory be to Allah." The formula brings gas to the baby, making the baby cry all the time. I tried it with my older son and my second son, and the obesity: woman who breast-feeds her child, who breastfeeds her child is prone to obesity, but 'Glory be to Allah' mother's [breast]milk, in the future, the child will be in good health.

Researcher: That's mean, do you feel that your decision has been affected by, that it is in the best interest of the child?

In hindsight, a more open-ended question would have been more effective, such as: 'You reflected on some of the challenges with formula milk and the benefits of breastmilk

for the child's future health. Could you clarify more about how these thoughts influenced your decision to continue exclusive breastfeeding?'

3. Asking multiple questions

In only one question, I combined multiple questions into one. I was aware that I have to ask one clear question at a time and then following that with a probing question. However, the participants did not provide in-depth responses, prompting me to ask several questions (Excerpt 1.3).

Excerpt 1.3:

Researcher: I mean, what were the challenges that you faced, and let the journey for you, for example, let's suppose that it was difficult or that you felt it was easy after returning, and there were no challenges you ever faced?

This question lacked clarity and structure, making it difficult for the participant to process and respond meaningfully. I learnt the skill of breaking down complex questions into simpler, focused questions. For instance: 'What challenges did you face upon returning to work?' and 'Would you describe the journey as easy or difficult? Why?' Nonetheless, this issue did not reoccur in subsequent interviews.

4. Frequent interruptions

At times, I interrupted participants mid-response to clarify points or ask follow-up questions. While my intention was to promote clarity, this may have disrupted the participant's natural storytelling process. Upon reflection, I recognised the importance of allowing participants to complete their thoughts before interjecting. To address this in later interviews, I made a conscious effort to utilise non-verbal cues (such as nodding) to demonstrate active listening. Additionally, I developed skills to take notes on points I wished to revisit rather than interrupting. Moreover, learning to be a better listener during these interviews positively influenced my daily interactions beyond research.

5. Adjusting to participant hesitation

Although silence and pauses can sometimes feel uncomfortable, they play a crucial role in qualitative interviews (Given, 2008). I initially struggled with allowing participants space to reflect, when the participant paused or provided short answers, I rushed to fill the silence with follow-up questions or examples. However, upon reflecting with my senior colleagues, silence can be a potent instrument in interview, often prompting participant to engage in deeper reflection to formulate an answer to difficult questions about things they might not have thought about before. As a result, I dedicated myself in the subsequent interviews to letting pauses extend, encouraging participants to elaborate on their thoughts without excessive prompting.

➤ **Post-interview reflexivity methods**

To strengthen reflexivity, I implemented structured reflective practices after each interview:

- **Voice memos:** Immediately following the interview, I recorded my thoughts and emotional reactions, noting any biases or assumptions that might influence my interpretation of the data. This also enabled me to record observations regarding the participant's narrative, concentrating on instances where my questioning technique could be enhanced. I chose to record my memos and transcribe them as needed while writing this thesis because I found it more convenient and efficient to express my thoughts by speaking rather than writing.
- **Self-critique:** I critically reviewed the audio recordings to identify instances where I may have influenced the conversation or missed opportunities for deeper exploration.

Appendix 15: Feedback on the validity of part of a translated interview.

3:55 2022/12/8

Trinity College Dublin Mail - Comments on the translation process



Manar Al-Sulimani <alsulimm@tcd.ie>

Comments on the translation process

6 December 2022 at 10:31

Dear Manar,

Please find my comments on the translated transcript as the following:

The translation was good and the researcher delivered what the participant had said without changing her meaning. A few grammatical errors were found, which could slightly change the meaning of the sentence but can be avoided easily. The researcher may review the English version, pick up the phrases that are unclear (very few), and rewrite them in common English expressions rather than verbal translation without changing the meaning of the Arabic phrase. Importantly, the researcher may need to be cautious that these English phrases must represent what the participant meant precisely in a way that would not affect the coding process (not giving the researcher false codes within the analysis face).

All the best with your PhD study

Regards

Dr. f



Disclaimer:

This communication is intended for the above named person and is confidential and / or legally privileged. Any opinion(s) expressed in this communication are not necessarily those of KSU (King Saud University). If it has come to you in error you must take no action based upon it, nor must

<https://mail.google.com/mail/u/0/?ik=771be86b01&view=pt&search=all&permmsgid=msg-f%3A1751448979127682420&simpl=msg-f%3A175144...> 1/2

Appendix 16: Arabic idioms and terms, and their meaning in English.

Arabic idiom/ Saudi terms	Verbatim translation	Meaning in English
خلاص	“Khalas”	Enough/ It’s done/ it’s over/it’s okay/ it’s fine/ no problem/ no/ just/ finished/ well/ end up/ stop/ that’s it
القاورة	The bottle	Artificial milk bottle
طبيعي	The natural	Breastfeeding
بشكل مو طبيعي	unnormal	Oddly or strangely
حليب طبيعي	Natural milk	Mother’s breastmilk
كوفله	“Kofal”	Swaddle
الصناعي	The artificial	Formula milk
الصدر	The chest	The breast
الحياة ماشية بالتساهيل	The life walks with easy	Life goes on smoothly
جرعة وحدة	Single dose/ one dose of bottle	One feeding
تكبر قلبها	Enlarge her heart	She lets it go, or She shows patience
خلايا الحليب تنقل	Milk cells that close	Clogged milk duct
فكتك	Broke you up	Let you go
حرام	“Haram”	Poor/ or not fair
الفلاني	so and so, such and such	When someone give you not the exact name of something
ما خليت حليب على قلبي	I didn’t leave any kind of milk on my heart	I tried every possible type of formula milk
مستشفى أهلي	Family hospital	Private hospital
ولدت طبيعي	Giving birth naturally	Giving normal birth
كيس قد كدة	A bag of “keda”	A whole bag like this
أغاوش قلبو	“Aghawesh” his heart	Make him nauseous
بلسم	“Balsam”	A soothing remedy for both physical and emotional wounds
عباية	“Abaya”	Hijab dress/ Islamic dress for women
متغطية	I am covered	Wearing hijab
امشي عليها	Walks on it	Follow it or adhere to it
ما قصروا	Didn’t remiss with me	They went above and beyond, or They did everything they could for her
البرواز	The frame	Feeding/ medicine syringe
ولدت بعملية	Giving birth by operation	Delivered by Caesarean section
استري	“Astooree”	Cover yourself with shawl
اجتماع مختلط	Mixed meeting	A meeting of men and women
عمل مختلط	Mixed work	Mixed-gender work environment
برة	outside	Abroad, or Overseas
تغذية مختلطة	Mix feeding	Mixed feeding, combining breastfeeding and formula milk

تجبيد	“Tajbeed”	Pumping breastmilk
حلو	sweet	Beautiful
أمانة	“Amanah”	Every right that obliged to perform and preserve/ performing and preserving rights
من يوم جيته	Since I brought him	Since I gave birth to him
الأجانب	foreigners	Non-Arabic people
الصبر مفتاح الفرج	Patience is the key to relief	Good things come to those who wait/ or Rome wasn't built in one day
انولدت طبيعى	She was born naturally	She was born by normal vaginal delivery
المجلب	“Mujallab”	Herbal set for postpartum period
استخرت الله	Prayed to Allah	It is a prayer to Allah for seeking guidance from in forming a decision
مكان صادد	“Saddh” place	Place out of sight
بالموت	“By death”	With great difficulty, or Through tremendous effort
النوم يتقطع 100 الف قطعة	Sleep is cut off to a 100.000 pieces	Severely interrupted sleep, or Sleep broken into countless fragments
نفاس	“Nifas”	Postpartum period
ما فيني الا العافية	Nothing happened to me except wellness	I'm perfectly fine and healthy. or Nothing is wrong with me; I'm in good health.
الصفاري/ بو صفار	“safary” “Bu Safar”	Jaundice
حزنت عليهم	I felt sad for them	I felt sorry for them/ I felt pity for them

Appendix 17: Common Arabic and religious phrases and their English translation.

Arabic phrases	English translation	Arabic phrase	English translation
الله	Allah	الله يعزك	Allah bless you
والله	By Allah/ I swear to Allah	سلامتك	Pardon of you
سبحان الله	Glory be to Allah	يا ابن الحلال	O son of halal
ماشاء الله	Allah bless	تبارك الله	Allah bless
الحمد لله	Praise be to Allah	الله يسهلها	May Allah ease it
ان شاء الله	On Allah's will	الله يعطيها العافية	May Allah give her wellness
بسم الله عليها	In the name of Allah upon her	ربي يحلها	May Allah solve it
الشكر لله	Thank Allah	ربي يحفظها	May Allah make her safe
بإذن الله	Allah willing	بمشيئة الله وقوته	With Allah's will, and power
لا حول ولا قوة الا بالله	There is no power, but with Allah	الله يسهلها عليها	May Allah make it easy for her
الله يحفظها ويعزها	May Allah protect it and preserve its glory	والسلام	Peace
الله سبحانه وتعالى	Allah Almighty	الله يجزاهم خير الجزاء	May Allah reward them well
يا الله	Oh, Allah	الله يبيض وجهك	May Allah whiten your face
التوكل على الله	Trust in Allah	الله يعين	Allah helps
الله يسعدها	May Allah make her happy	الله يهديها	May Allah guide her
الله يكرمك	Allah honours you	لا اله الا الله	There is no God except Allah
الله يجزاها خير	May Allah reward her	لا سمح الله	Allah's forbid
لا قدر الله	Allah's forbid	بفضل الله تعالى	By grace of Allah almighty
ربي يسعدهم	May Allah make them happy	يعني	well

Appendix 18: Examples of different level of IPA analysis and progression from Noha's transcript (Pseudonym).

Table 1: An example of exploring notes (2nd step).

Noha's transcript excerpt (synonym name)	Descriptive comment
"I felt that this is [breastmilk] something; I do not consider it a favour for him; this is my Allah, who has given it to him, he has the right to take this milk that Allah gave him... I am not the one who gave it to him; I do not consider it a favour for him, I swear to Allah."	Participant's faith in Allah that the breastmilk is child's right from Allah rather than a maternal favour.
	Linguistic comment Repetition of "<i>I do not consider it as a favour</i>" emphasised humility and a sense of duty. The mention of "<i>Allah</i>" underscored the religious shaping of her EBF experience. "<i>I swear to Allah</i>" indicated to sincerity and honesty in what is being said
	Conceptual comment Embodied a spiritual and moral obligation to breastfeed, grounded in religious convictions and a sense of responsibility entrusted by Allah.

Descriptive comments captured what the participant said, acknowledging their perspectives without challenging them (Smith et al., 2022).

Linguistic comments analysed how participants conveyed their experiences through tone, pronouns, repetitions, pauses, and metaphors (Smith et al., 2022).

Conceptual comments involved interpretative engagement, requiring deep reflection and questioning to uncover broader meanings and connections in the participant's narrative (Smith et al., 2022).

Table 2: An example of progression of constructing experiential statements (3rd step).

Noha's transcript excerpt (synonym name)	Explanatory notes	Experiential statements stages	Explanation of issues
“Even in society, the first of them is my dad. I mean, every time my dad sees my son crying, [my dad told me] to introduce formula milk [for your son]. Your son is skinny, and he must be fattened, so I felt this was too much pressure on me because you hear this from several people all the time, all the time, all the time”.	Descriptive comment: Faced social and familial pressures to introduce formula, especially from her father, who was concerned about the child's weight. Linguistic comment: Repetition of “<i>all the time</i>” underscored the unrelenting nature of this pressure; “<i>your son is skinny</i>” reflects social expectations, or misconceptions about breastfeeding and infant nutrition. Conceptual comment: Internal conflict between the personal desire and society view, as well as the emotional toll of resisting external expectations. Reflected on social formula norms?	Stage 1: Social pressure.	Early open phrases that describe Noha's experiences but lack depth and interpretative engagement.
		Stage 2: False belief in formula milk by close family community.	Diagnosis of the situation, imposing an external evaluation of the family's beliefs as “<i>false</i>,” might introducing bias and straying from the Noha's own perspective
		Stage 3: Social pressure on introducing formula milk was the hardest challenge	It is concise and captures the essence of the Noha's experience. However, remain descriptive, lack of depth

Table 3: Personal experiential themes (PETs) for Noha (5th step).

PETs 1: Commitment and Insistence on EBF		
Subthemes	Experiential statements	Examples of quotes (p. : line)
Mother's previous non EBF experience	The positive effect of previous experience with the 1st child on the mother's decision with the 2nd child regarding the continuation of EBF.	"in Sara's experience, I was reminded that when her teeth came out, now I see in Qusai every time his teeth come out he breastfeeds more, especially at the time when he is in pain, means, sometimes he holds his ear and cries and so on when he breastfeeds from you [me] he calms down, and that's it and the matter [situation] keeps going naturally." (p. 23: 638).
Believing in BF as a health keeper	Seeing the results of the benefits of EBF for her infant compared to other infants encouraged her to continue.	"This is what made me really encouraged the results that I see.... perhaps this thing is that I was seeing the results, (Mashallah), (blesses Allah) I mean, his fever will not be long, very simple, for a night, two nights." (p. 16)
Believing in EBF based on spiritual	Infant's right from Allah to breastfeed breastmilk. An infant's instinct to breastfeed reflects a mother's innate nature to exclusively breastfeed.	"I felt that this is something that I do not consider as a favour to him; this [milk] my Allah who has given him. He has the right to take this milk that Allah gave him because I said that the child, once he is born to the age of (...) a year, this is my Allah who has given him. I am not the one who gave it to him; I do not consider it as a favour to him, I swear." (p. 17). "I feel that this is a natural [normal] thing, it is supposed to, I mean by instinct, means." (p. 26)
PETs 2: Continuous EBF Challenges		
Hospital role and policies challenges	A maternity hospital was promoting formula milk among mothers. An unexplained maternity hospital policy regarding infants staying in the nursery interfered with the initiation and continuation of EBF.	"At hospital, I originally said that they [nurses] would fill the carton for you [with formula] while you were discharge, they [nurses] would give you the milk with the pacifier [nipple]" (p. 34) "here they are still not directly bringing the baby for you to breastfeed..... she told me no, you won't take it [the baby] now, that when you go out [discharge], take him with you, or they may be afraid.... they [nurses] bring her to you., may be for safety for a baby, or something I do not know." (p. 14) "never, never, never" (p. 14)

	The maternity hospitals were not providing adequate support for breastfeeding. She is compensating for the lack of official breastfeeding support with online resources.	“Personal diligence, completely personal, I mean, the hospital in Sarah’s days, there was in a campaign about breastfeeding and they gave me the apparently only a small brochure like this book, which I thought was either a brochure or came with special attachments, you know the companies (...) of nappy and so on, like Pampers and Joy, they will give you, I think they will bring with them a breastfeeding support booklet, could this be the only thing that came to me? Only, and nothing” (p. 33)
Constant social pressures (preference of formula milk)	Social pressure on introducing formula milk was the hardest challenge. Mother was influenced by social pressure to try formula milk Received formula milk as a norm among society.	“even in society, the first of them is my dad, I mean, every time my dad sees my son crying, [my dad told me] entered [give] an formula milk [for your son], your son is skinny and he must be fattened, so I felt this was too pressures on me because you [I] hear this from several people and all the time all the time all the time” (p. 10) “these pressures are present, I mean, even at home finished, come back to work and you listen that ok, why don’t you give them formula milk?” (p. 10). “I come back and again they [my colleagues] told me bring this milk, no, this milk is good, “I swear to God”, I did not leave any type of [formula] milk on my heart, which is for a year-old [infant] and which is from 0-6 months, and which comes to you 1 2 3 all of them, and all of them in the trash, (laughed).” (p. 11). “those around you, all on the basis that you prepare the formula milk before you give birth, because when the baby comes, feed him and he would not tire you, so that they give you many options What will you feed the baby, what [formula] milk will you use, what is the best milk, they tell you what is the best milk from 0-6 months” (p. 34).
PETs 3: Realities of Returning to Work as EBF Working Mother		
Difficulties in returning to work	She reflected on the experience in the first week upon returning to work. She reflected on the psychological pressure of leaving the infant at home while she was working.	“[I] feel is that it was actually a nightmare that you [will] go back to work and leave him [the infant]” (p. 3). “at the beginning maybe, I have said that I felt that psychological pressure, I was leaving the baby and come [to school], and that this period he will be hungry and I am here means, here my chest [breast] was engorged sometimes because in a period of 4 hours he did not

	Consequences of returning to work affected her; she tried introducing formula.	breastfeed, the chest [breast] starts stretching and you feel pain” (p. 25). “after I returned, this was the period I thought about a lot, means, in period I told him [husband], ‘enough. I feel that I wronged him with me, means, he sits for 5 hours hungry, why? means, I would like to try to introduce something else to him to feed, milk anything’.... He [infant] refused.... he was not satisfied with accepting [formula milk]” (p. 27).
Workplace support and policies	The lack of a qualified place for the infant at school poses a barrier to bringing the baby to school. She isn’t aware of the BF break policy at the workplace. Must seek approval from the school principal to take her right in the BF break. <i>Extension leave policy:</i> Extended leave plan cancelled because the work needs her. Fails the plan to extend ML, as expected because the policy is not flexible.	“there is no place, there is no, perhaps this is the most thing that prevents mothers from bringing them [their infants] because there is no nursery, I mean, there is no qualified place to entering the baby to breastfeed and there is no such thing as you can see are all classrooms (...), they are all classrooms most schools look like this, they are all classrooms, there is no place for mothers who have babies” (p. 8). “I will make sure for you, they say there is a circular about the breastfeeding hour” (p. 8) “must from principal.... “I asked about the hour of breastfeeding in supervision [office] “they told me that you and your manager should be agreed together if she allowed you go out at the last hour [of work], if she did not have a problem, it’s okay..... she must be agreed with giving them” p. 29). “I tried after that I tried applying for leave, I wanted maternity leave [extension], I want to extend the leave, but it wasn't (She pressed on “N” in <i>wasn't</i> word) I mean, they [school principal] told me there was no possibility [for extension] because there is need for [your] specialisation” (p. 6). “I would directly extend the maternity leave, this is my first option, and I expected that it would be available and I [it’s] so easy to take it [extension] because it is considered the employee’s right that she can extend her leave, so the shock was that there is no extension because the field of work needs you as an employee and you can’t” (p. 17).

PETs 4: COVID-19 Influences on EBF Experience After Returning to Work		
	COVID-19 as a barrier to bringing infant to school	I am allowed, but you “see” at the time of Corona, and like that, I was frankly afraid for him, diseases spread and something like that, outside the school is cleaner, so go out to him” (p. 7).
PETs 5: Facilitators Factors to Continue EBF After Returning to Work		
Sought knowledge & awareness about EBF	Faced the social pressure by being knowledgeable about EBF. YouTube as a source for learning; support mother to continue EBF when she wanted to give up	“I was reading (...) that natural [EBF] is much better for the child, and it gives him everything. In fact, it has all in need of antibodies, everything in [breast] milk, so I used to encourage myself by myself.... I started trying not listen to anybody” (p. 10) “YouTube has many paediatricians, I used to enter, means like this when “Khalas” they are keep affected me, pressure, you must bring milk, you must bring milk, so I went in [YouTube] and searched for what is best? I'm right like this and nor” (p. 32).
Faith in Allah	Allah helped her.	“I felt that my God helped me with him [she means the god helped her to be an exclusive breastfeeding mother], and “by Allah” it is nothing [hard] ” (p. 11)
Social support	Her husband’s presence with the infant heightened her commitment to EBF. Her husband and she have different working hours, which influenced her current experience to continue EBF. <i>Empathic support from the school principal:</i> The principal helped her in giving her right to a BF break and principal support as a favour. She received support from her colleagues and friends who are working mothers.	“my work in afternoon and his father work from morning to noon, then I come here [school] at noon, so he stays with him, I told him [husband], at any time come any time you find him crying, hungry, bring him, do not leave him crying a lot because his father is present, I was telling him brought him, means, I did not introduce for her [him] anything but this [his sister] I introduced, she was breastfed, breastfeeding milk, dates, sometime milk, sometime dates soaked, but [with] this [current infant] no” (p. 18-19) “my manager may Allah be pleased with her, [she] used to help me. I mean, I get out [of school] an hour before work ends, as soon as I close [finish] the [my] six lessons, I have right to go out [of school]”..... “I swear by God”, this is a favour frankly I will not forget it for her, she helped me a lot” (p. 7) “they [my colleague] help me, sometimes I have jobs [tasks] that I still haven’t finished from them in the shift “By God”, sometimes I have to take the shift for this (...), but they tell me that just we hold [take] your shift, but

	Received positive support from healthcare professionals to continue EBF	“By God”, I am not agreed that they take it [my shift]. And take it [the baby] with me around the school, of course, breastfeed him. then leave him with his father and come back to complete my shift until it is complete” (p. 7). “all the people around as pharm(...) pharmacists is most important thing they were prevented from selling him [husband] milk.... maybe this talks which helped me to continue, as long as they are pharmacists sure they are know the most about the composition of milk, this thing when they said leave him [baby] on his mother [means leave the baby breastfeeding] it is better, there are also doctors I used to for them in the university medical center “aa” there is a paediatrician and another doctor as much as I went for weight and so on, she told me that to stay as you are like this.... see like this doctor, a pharmacist, and they told me no, stay as you are, that’s it, “by Allah” was comforting me, it was like a (balsam)” (p. 24)
Preparing and planning for returning as an exclusive breastfeeding mother	Bring the infant to the school door (plan)/ Bring the infant outside the school, as a plan/ Bring the infant outside the school to breastfeed him, as the last plan/ Breastfeed the infant outside the school was the last choice. Pumping breastmilk as a plan (irregular)	this is the last plan.... I told her [principal] I go out breastfeed him and get back to you [school], sometimes he came at 5 o’clock afternoon, I told her [principal] I will not take a time, just for breastfeed him and get back to you or in break like this [means days before final exams for students], and finally at the end of work after six period, I get out, means, that was the last choice for me, I continue with it.” (p. 19) “The second plan. I told you that I bought the device for pull [breastmilk].” (p. 17).
Other BF experiences around us	Seeing other working mothers successfully navigate similar challenges reassures her and motivates her to continue EBF. She used the experiences of her previous colleagues as a source to learn about continuing EBF.	“one of the positive things that helped me to continue, these experiences help, make the one feel that you are going right, I mean, I am not opposite of Muslims, that there is something right, this is the thing that helped me”. (p. 32) “these experiences gave me an incentive to continue” (p. 31)

Hone distance to work	Living close to work made it easier for her to bring her infant to school.	“My house is 5 minutes away, maybe this is something that helped me too, my husband brings my son to me, quickly” (p. 35)
PETs 6: The Lived Experience of Breastmilk Expressing Plan Strategy		
	Difficulty in getting enough milk through pumping/Breastmilk amount is not expected as a challenge to pump. No quiet and private place for pumping breastmilk; caused breast engorgement. Infant refused the bottle-feeding nipple as a barrier to continue pumping. Society may view pumping breastmilk as akin to cow milking, but it does not affect her.	“I tried to pull him [milk] out of my chest [breast for him] I bought a device to pull [to express milk] but even the amount that looking for [comes out] is not enough” (p. 4) “maybe I told you that the amount of milk, this is the biggest challenge, I mean, something you do not expect” (p. 15) “there is no place even I rest in it means, there is no place you can even isolate in it, and you can express [milk] at school”(p. 25) “[he] was not satisfied with accepting the bottle pacifier itself, it may be too big for his mouth, you know? After that, I became that’s it depending just on he is being breastfed from me” (p. 5) “I used to hear similes that it is like ‘salamatek’ [she means pardon of you] the cow, that you are milking every little bit, milk, for example” (p. 17)
PETs 7: Outcomes of The EBF Journey, and Calling for Support		
	Faced the society that was against EBF as a hero; (I did it). Mother is satisfied and pleased after continuing EBF Flexible working hours might be the best solution for EBF working mothers. Hoping to educate mothers about the importance of EBF and ways to continue.	“I felt like a hero, frankly (smiled) that I did that because I heard a lot that it is very difficult especially from the people surrounded me” (p. 20) “now this period I feel happy (smiled).... I feel that I did something beautiful for them, even may be tomorrow [means in the future] “shy smile” I don’t know ? Hopefully, one day they will thank me for having done this thing [breastfeeding] with them (laughed) (...) I feel really happy that I did this thing [EBF]” (p. 25) “Maybe if the working [hours] was intermittent, maybe if after two hours I could go out and take for example, a quarter of an hour or half an hour in which to breastfeed my child and come back” (p. 27) “I would like something like this education to reach actually all people, means I hope, I hope.... Because I

	Working mothers require assistance in learning about the EBF.	feel that the children are poor, I mean, much of their lives goes that he does not breastfeed from his mother” (p. 32) “help the mother via education, its benefits and how can they continue” (p. 33)

[illegible]

Appendix 20: Developing group experiential themes through cross-analysis across all participants' experiential statements.



Appendix 21: Progression tables of group experiential themes.

Table 1: The original version of five GETs.

GETs 1: Meaning making in EBF: A maternal perspective (this GET merged as a subtheme within the GETs 2 and was re-named; refer to the next Table 2)	
Sub-themes	Experiential statements
1. Guardians of health and well-being: Category 1: Embracing EBF for holistic child health. Category 2: Embracing EBF for maternal health well-being.	Category 1: Embracing EBF for holistic child health: - Confidence in BF as health protection (Soha) - Pleased with the benefits of BF for infant when she read as a motivator to start (Misk) - BF for better health for children (Rose) - Baby was sick after giving birth to him as influence to continue EBF during ML and after returning (for baby's health) (Rana) - BF is the best for her health/ Immunity for the baby (Maha) - Enthusiastic about the benefits of BF for baby's immunity health/ passionate about BF; health baby/ Allah and then BF to protect her daughter from diseases (Ayaa) - Benefits of BF to health (Toqa) - She was convinced EBF is immunity for baby (Ola) - Benefits of EBF for baby's health and development (Lila) - Immunity for infants (Sama) - Pros of EBF to mother and infant's health (immunity)/ BF is important due to its benefits (Mona) Category 2: Embracing EBF for Maternal Health well-being: - Pros of BF to mother (maintain weight + removal of extra fluids from the body) (Misk) - A previous health issue with a breast tumour influenced the decision to start and continue EBF (Rose) - Benefits of BF for mother (Sara) - Pros of EBF for mother health (Ruba) - Pros of EBF to mother (lose weight) (Rana) - Pros of BF to mother (uterus contractions) (Toqa) - BF is the perfect decision to lose maternity weight (Mona)
2. Spiritual/ Faith foundations in EBF choices: Category 1: Breastfeeding as an Allah-given right to child Category 2: The essence of breastfeeding	Category 1: Breastmilk as an Allah-given right to child: - Infant's right from Allah to breastfeed breastmilk/ Infants who fed with formula milk being oppressed; (Infant's right) (Noha) - Infant's right from Allah/ Infant's right to BF (Misk) - Infant's right/ Mother's self-satisfaction to give Infant his right (Ruba) - Gift from Allah/ BF is the most basic right for Infant (Ayaa) - livelihood from Allah to infant/ Infant's right from Allah (Toqa) - Allah give this milk; "I do want to be stingy with him" (Sama)

	7. Child livelihood from Allah as Allah said in Qur'an "the best food for baby"/ his right with love "I am not forced; my own decision"/ Infant's right to BF (Mona) Category 2: The Essence of Breastfeeding: 1. An infant's instinct to breastfeed reflects a mother's innate nature to exclusively breastfeed (Noha) 2. Mothers believe in BF; it is from Allah, and it's something natural and good for infant/ breastmilk is natural from Allah to infant (Misk) 3. BF is the duty of the mother, like praying for Muslims (Sara) 4. Be responsible to child; he is (Amanah) and needs to breastfeed (Ruba) 5. Allah protects the child's health with breastmilk/ Beliefs in Allah and Qur'an; that breastmilk gives immunity to children (Maha) 6. Formula milk is not compared to breastmilk that Allah is making it (Toqa) 7. Breastmilk is the best since eternal/ Breastmilk is best because it is the milk that Allah created in the woman for this child (Sama)
Reflective choices: EBF based on past experiences and current observations	1. To avoid stomach gases like previous experiences with her children who are fed by formula milk (Soha) 2. Seeing the results of the benefits of EBF for her infant compared to other infants encouraged her to continue (Noha) 3. "See the effect of BF on my baby"/Positive effect of BF on child/ Previous experience of formula milk (notice the differences among her children)/ See the effect of BF between the 1st infant and the current infant/ Pros of BF to child (stop vomiting + build stomach = health) (Misk) 4. Past experience with formula milk motivated her to continue BF (see diff among children) (Rose) 5. See the benefits of EBF for child health compared to previous child (Sara) 6. She observed the impact of EBF on the health of her previous children; (continued BF for more than 6 months) (Ruba) 7. Impact of formula milk on baby as influencer/ Formula milk did not work with the baby/ Cons of formula milk/ formula milk side effects as influencer to return to EBF/ Formula milk had hurt her (Maha) 8. Seeing benefits of BF on the child (getting strong immunity), unlike the first child (Mona)
GETs 2: Breastfeeding through challenges: Navigating healthcare systems, social norms, and the journey of self-support and education (re-named; refer to the next Table 2)	
Navigating hospital's feeding policies and post-delivery practices Category 1: Inconsistency in hospital infant feeding practices: From formula promotion to breastfeeding support. Category 2: Unclearified nursery stay vs. rooming-in from birth.	Category 1: Inconsistency in hospital infant feeding practices: From formula promotion to breastfeeding support: 1. A maternity hospital was promoting formula milk among mothers (Noha) 2. She was surprised at hospital's norm of routine formula feeding/ Awareness and resistance to hospital's norm of formula feeding (Misk) 3. Uninformed formula feeding in nursery; a lack of communication (Rose) 4. A norm of supporting formula milk in the hospital setting (Sara) 5. Hospital endorsement of formula milk despite mothers' preference for breastfeeding (Ruba) 6. Hospital supported EBF (Rana) [Divergence] 7. The government hospital woke her up to start and continue EBF (Maha) [Divergence]

(Name edited, and the 2nd category removed from finding's chapter because it was irrelevant to the study aim and objectives)	8. Hospital encouragement for EBF (Toqa) [Divergence] 9. Reinforcing formula feeding as a standard or normative practice in postpartum care (Ola) 10. The nurse endorsed formula milk as a normal practice (Lila) 11. Supportive hospital environment for mother's breastfeeding plan (Sama) [Divergence] 12. Hospital was promoting formula feeding Practice (Mona) Category 2: Unclarified Nursery Stay vs. Rooming-In from Birth: 1. An unexplained maternity hospital policy regarding infants staying in the nursery interfered with the initiation and continuation of EBF (Noha) 2. The infant had been with mother since the first day in the maternity hospital (Maha) [Divergence] 3. The infant was at nursery, not with her mother in the maternity hospital (Ola) 4. She explained that the hospital could place the baby in the nursery to allow the mother to rest; however, the baby was allowed to stay in the room because the hospital is friendly to EBF (Sama) [Divergence]
Social Influences and pressures in infant feeding choices: Balancing EBF and formula feeding norms (Name edited)	1. Social norms that recognise formula feeding as a regular practice alongside breastfeeding, particularly among working mothers, influenced Soha to try infant formula (Soha) 2. Social pressure on introducing formula milk was the hardest challenge./Mother was influenced by social pressure to try formula milk./Received formula milk as a norm among society (Noha) 3. The social discouragement of breastfeeding/ The social perception of breastfeeding as an unnecessary hardship compared to formula feeding/ The lack of awareness about the benefits of breastfeeding within her social circle/ The house maid used to FM (Misk) 4. Social discouragement of breastfeeding/ Call for education to people (Sara) 5. Social encouragement of bottle-feeding for mother's convenience/ They believe in decreased breastmilk supply over successive births (Ruba) 6. Social preference for formula feeding; (common practice)/ External pressure for introducing formula milk (Rana) 7. Navigating social criticism and personal conviction in breastfeeding (Ayaa) 8. Navigating breastfeeding in a society lacking support and awareness/ Contrasting EBF practices against Social norms preferring formula feeding (Toqa) 9. She encountered family pressure to replace breastfeeding with formula due to perceived burden (Ola) 10. She reflected on the beliefs or norm, in her community that working mothers should prioritize convenience (via formula feeding) due to their job commitments/ She reflected on the social perception of formula feeding as a more convenient option for working mothers/ Social misconceptions about the adequacy of breast milk/ The advocacy for enhanced social support through increased awareness (Sama)
Filling healthcare voids: Mothers' independent quest for breastfeeding knowledge and seeking support	Category 1: Inconsistencies and shortfalls in breastfeeding support and education within healthcare systems. 1. The maternity hospitals were not providing adequate support for breastfeeding (Noha) 2. Lack of encouragement in breastfeeding from maternity hospital (Misk) 3. Her need to specifically request a specialist for assistance underscores the lack of readily available at the maternity hospital (Rose)

Category 1: Inconsistencies and shortfalls in breastfeeding support and education within healthcare systems. Category 2: Navigating breastfeeding challenges with online and peer resources in the absence of formal guidance. (This subtheme merged with the 1st subtheme (Navigating healthcare systems) within this GET 2)	4. Absence of proactive support from healthcare professionals at maternity hospital/ Redirected self-help resources when seeking professional breastfeeding support/ Lack of proactive support and information on maternal rights and breastfeeding in contrast to other societies such UK (Sara) 5. Received encouragement and advocacy for breastfeeding postpartum/ GP encouraged her to continue EBF as well as pharmacist (Rana) [Divergence] 6. Received support regarding breastfeeding from the GP (Maha) [Divergence] 7. Positive breastfeeding support from hospital specialists (Ayaa) [Divergence] 8. No support from GP (Toqa) 9. Inadequate breastfeeding support and education in the maternity hospital (Ola) 10. she is not acknowledging receipt of health education about EBF from the hospital (Lila) 11. Perceived lack of breastfeeding support and suggesting a commercial bias towards formula milk over the natural and health benefits of breastfeeding (Sama) 12. Lack of proactive support from healthcare Providers (Mona) Category 2: Navigating breastfeeding challenges with online and peer resources in the absence of formal guidance. 1. She is compensating for the lack of official breastfeeding support with online resources (Noha) 2. Sought professional advice for balancing work with EBF/ Dependence on the internet for breastfeeding information and support (Misk) 3. Not easy of access to support in SA, like UK/ Reliance on personal networks for breastfeeding advice and support (Sara) 4. Proactive self-education in breastfeeding practices (Ayaa) 5. Proactive pursuit of specialised breastfeeding support and education/Challenge in finding local support/ Not easy to find credible resources and highlights the need for more accessible and trustworthy sources of information and support for breastfeeding mothers/ Perceived lack of easily accessible and organised information on breastfeeding and related topics/ She is compensating for the lack of official breastfeeding support resources with online resources (Toqa) 6. Diligent self-education on breastfeeding techniques through online platforms/ Supplementing inadequate hospital breastfeeding support with community and professional networks/ seeking diverse medical opinions online for unresolved breastfeeding challenges/ Difficulties in accessing effective in-person breastfeeding support/ Accessing effective breastfeeding support was not straightforward or easy (Ola) 7. Reliance on professional's social media accounts in her self-education regarding EBF (Lila) 8. Compensating for the lack of official breastfeeding resources with social media and peer support (Sama) 9. Mona's initiative in seeking out information and resources independently (Mona)
GETs 3: Workplace dynamics and policy challenges in the breastfeeding journey of working mothers (re-named; refer to next Table 2)	
Balancing breastfeeding and professional commitments: The dual influence of work nature and flexibility	1. Commitment to long working hours barrier her from take permission to BF during exams period (Rose) 2. Work position & commitment to work/ returning to full time lectures (Sara) 3. Flexibility of work facilitated her journey (Ruba) [Divergence]

(name edited)	4. Work nature/ load and commitment to work as barrier (Rana) 5. Working as a teacher is challenge/ work in private school (Maha) 6. Commitment to work, long hours, and her work position as barriers (Ayaa) 7. Her work position as lecturer in the university gives her flexibility to work (Toqa) [Divergence] 8. No break due to nature of work/ Busy at work; commitment to work and increased workload due to shortage in female staff (Lila)
3. The dilemma of breastfeeding hour in the workplace: A spectrum of awareness, clarity, and flexibility challenges Category 1: Diversity in awareness of BF hour policy. Category 2: Policy clarity & accessibility. Category 3: Policy flexibility vs rigidity. (This subtheme merged with subtheme 4; became one new subtheme 2 within this GET; refer to next table 2)	Category 1: Diversity in awareness of BF hour policy: 1. Mother aware of her BF's hour policy from the state (Soha) [Divergence] 2. She isn't aware of the BF break policy at the workplace (Noha) 3. She knew the BF break from her supervisor (Misk) [Divergence] 4. She did not know about BF hour policy (Rose) 5. The employer not aware of BF's hour policy at workplace/ She Found out the BF hour from her colleagues who working in other jobs (Sara) 6. The school and staff not aware about the new policy of BF hour (Ruba) 7. They did not know about the policy (Rana) 8. The school told her she has BF hour (Maha) [Divergence] 9. She was aware of BF's hour policy (Ayaa) [Divergence] 10. she did not know about BF hour policy at workplace (Toqa) 11. She was aware of the BF's policy by herself/ HR was not aware about the BF policy and her right (Ola) [Divergence] 12. she knew the BF hour policy (Lila) [Divergence] 13. "I know it, from labour office" (Sama) [Divergence] 14. Not knowing the BF hour policy (Mona) Category 2: Policy clarity & accessibility: 1. Principal supported her, allowing her for her right in breastfeeding hour (Soha) [Divergence] 2. Must seek approval from the school principal to take her right in the BF break (Noha) 3. The school gave her rights immediately (Misk) [divergence] 4. Policy is not clear for school staff from ministry (Rose) 5. No clear available policy (Sara) 6. The employer [man] was not cooperative regarding BF hour/ BF hour not easily granted (Ola) 7. She was deprived of her right to take a full hour for BF because they [male director] are tough (Lila) 8. Try to deprive her of the break hour/ He was not agreeing with the BF hour (Sama) 9. Policy is not readily widespread (Mona) Category 3: Policy flexibility and implementation: flexibility vs rigidity: 1. BF hour is easy to take at any time I want (Soha) [Divergence] 2. I can take the BF hour in the middle of work (Misk) [Divergence]

	- The BF hour break is not flexible/ The system of the [Saudi] labour office is not good regarding implementation of the BF hour (Ayaa) - Taking BF hour as you like is not straightforward (BF hour is not flexible); BF hour at the end of day is common for them (Sama)
The childcare leave dilemma: Financial and Institutional Hurdles (the next part of the name was omitted)	- Extended leave plan cancelled because the work needs her. Fails the plan to extend ML, as expected because the policy is not flexible (Noha) - Inflexible childcare leave policy; “[the work]field needs me”/ childcare leave; childcare leave is not flexible; there is a need for approval (Misk) - Financial commitment as a barrier to taking childcare leave (Rose) [Convergence] - Financial commitment as a barrier to taking childcare leave (Sara) [Convergence] - The childcare leave policy is required approval (Ruba) - Private schools are different from government schools regarding childcare leave and leave extension policy (Ayaa)
The Absence of nurseries and breastfeeding facilities for working mothers Category 1: Absence of qualified nurseries in the workplace. Category 2: The absence of private breastmilk expressing facilities in the workplace. (This subtheme merged with previous subtheme 2; became one new subtheme 2 within this GET, refer to next table 2)	Category 1: Absence of qualified nurseries in the workplace: - No qualified place for the baby at school as barrier to bring baby at school (Noha) - No place for baby (Misk) - No nursery at workplace (Rose) - No nursery at workplace (Sara) - No prepared place for children (Ruba) - No nurse at school (Rana) - No designated place for baby at school (Maha). - Not free, and prepared/ qualified nursery (Toqa) - Nursery not available; closed (Mona) Category 2: The absence of private breastmilk pumping facilities in the workplace: - The lack of a qualified place for the infant at school poses a barrier to bringing the baby to school (Noha) - No place for pumping breastmilk (Misk) - No place for pumping breastmilk/ No place for storing breastmilk at workplace/ No refrigerator for storing pumped milk at the workplace (Sara) - No place for pumping breastmilk (Rana) - No specific place for pumping at school (Maha) - No proper and quiet place for pumping breastmilk (Ayaa) - No private place to pump breastmilk (Toqa) - No private place provided at the workplace for pumping breastmilk (Ola) - No private place to pump breastmilk at the workplace (Lila) - There is private place for pumping, except “my car” (Sama)
GETs 4: Mixed blessings of the Corona pandemic: Barriers for some, facilitators for others (this GET was renamed, and became the 2nd in the GET order; refer to next Table 2)	

	1. COVID-19 as a barrier to bringing infant to school (Noha) [Convergence] 2. The Corona pandemic as a barrier for pumping at school, because no place unless the bathroom/ Suddenly returning to work in person after Corona pandemic as a challenge (Misk) [Divergence] 3. COVID-19 and distancing/ Flexible working hours during COVID-19 at the beginning as facilitator/ Flexible working hours during Covid-19/ Returning to work in person after COVID-19, as a barrier to stop EBF (Sara) [Convergence & Divergence] [mixed impacts] 4. COVID-19 assisted her with her third and current infant/Distance education facilitated her job tasks, eliminating the need for school tours/ Distance learning for students enabled her to bring her infant to school (Ruba) [Convergence] 5. Nursery did not open after COVID-19/ Nursey at workplace closed due to Corona pandemic/ Full returning after corona pandemic, (exams became face to face) (Mona) [Divergence]
GETs 5: Enablers of successful EBF amid challenges (name edited)	
Spiritual and society support Category 1: Divine assistance. Category 2: Family, colleagues, and employer support eased the journey of EBF. (this subtheme was renamed; refer to next Table 2)	Category 1: Divine assistance: 1. Allah helped her in her good wish to exclusively breastfeed/ Intention to continue EBF based on Allah destiny (Soha) 2. Allah helped her (Noha) 3. Seeking help from Allah to overcome challenges (Misk) 4. Allah's destiny in whether to continue or discontinue EBF (Sara) 5. Allah's support, patients and trust in Allah; these factors are facilitated her journey (Maha) 6. Allah made her to continue EBF after returning to work (Toqa) 7. Asking Allah for support to continue EBF after returning to work (Sama) 8. Allah's help before her insistency; Allah helped her to succeed and continue EBF after returning to work (Mona) Category 2: Family, colleagues, and employer support eased the journey of EBF: 1. The principal supported her in taking her right regarding breastfeeding hour/ Her husband work as a soldier on southern border played a big role in making her experience easy/ Her husband's support eased her worries after returning to work (Soha) 2. Her husband's presence with the infant heightened her commitment to EBF/ Her husband and she have different working hours, which influenced her current experience to continue EBF/ Empathic support from the school principal: The principal helped her in giving her right to a BF break and principal support as a favour/ She received support from her colleagues and friends who are working mothers/ Received positive support from healthcare professionals to continue EBF (Noha) 3. The principal and supervisor supported her by giving her BF hour / Sister encouraged her to continue by pumping/ Her mother encouraged her to EBF, Her mother has experience dealing with the challenges of EBF (give him expressed breastmilk by frame) (Misk) 4. Her mother as an influencer to give her FM; (her mother elderly) (Rose) [Divergence]

	- Family supported her after returning to work through take care after her infant/ Male colleagues' supported her through give her freedom to conduct meetings or work from home (refer to COVID-19) (Sara) - Principal supported her by allowing the infant at school / Husband helped her at home to facilitate her experience with EBF/ Colleagues' supported her and take care after her infant at school (refer to COVID-19) (Ruba) - Her mother's upset impacted her decision to continue EBF after returning to work/ With the elderly caregiver as a co-factor that challenged the EBF experience (Rana) [Divergence] - Caregiver role regarding handling breastmilk; her mother's +ve experience vs her brother's -ve wife/ Family and friends' encouraged her to continue EBF/ The principal gave her the flexibility to leave work at any time when needed/ Colleagues supported her to address workplace challenges (Maha) - Received family support regarding her decision to continue EBF (Toqa) - Her mother supported her because she was an EBF mother as well (Lila) - Her husband supported her decision regarding continuing EBF (Sama) - Her sister encouraged her to continue EBF (Mona)
Personalised strategies: Mastering breastmilk expressing for work-integrated EBF success (part of its name was omitted)	- Regular breastmilk expressing as a solution for continuing EBF after returning to work/ Returning to work suddenly created a barrier to helping the baby adapt to bottle-feeding with expressed breastmilk (Misk) - Mother's not aware about pumping breastmilk as a solution (Rose) [Divergence] - She was not convinced of its benefits and did not consider it as part of her plan (Ruba) [Divergence] - She adopted a breastmilk expression plan and began implementing it the night before returning to work (Rana) - Regular breastmilk as a vital plan for her continuation of EBF (Maha) - Breastmilk expression, as an emergency solution/ Introducing a feeding bottle before commencing work and training caregivers on dealing with breastmilk played an active role in the journey of EBF success/ The feasibility of this pumping strategy was not understood (Toqa) - Adapted breastmilk expression as a plan for continuing EBF (Ola) - Breastmilk expression facilitated her continuation EBF journey (Lila) - Planning to have sufficient stock of breastmilk before returning to work (Sama) - Not received health education about breastmilk expression as a solution for working mothers who planning to continue EBF after returning to work (Mona)
A Breath of relief: Long weekends as a boon for Saudi working mothers (re-named; refer to next Table 2)	- Official long weekends were helpful/Long weekends have benefits in terms of staying with an infant at home and continue EBF/ New education system in SA facilitated her continuing of EBF (Misk) - She is not interested in the new Saudi education system reform and did not view it as a significant facilitator for her journey or for EBF (Ruba) [Divergence] - New education system is helpful (long weekends) (Rana) - Mother's positive view about the new education system in SA/ Long weekend is excellent (Maha)

Table 2: The first redrafted version of the five original GETs along with the main changes.

GET 1: Cornerstone of Experience: Navigating the transition and continuation of EBF.
1. Navigating Saudi healthcare system and limited resources: Continuous external challenges to EBF 2. Navigating the social crossroads of breastfeeding and formula milk norms 3. Meaning-making in EBF: Driven motivation to continue EBF.
GET 2: “A Blessing in disguise”: Mixed blessings of the Covid-19 pandemic.
GET 3: “I hated work”: Realities of EBF after returning to work.
1. “The nature of the work”: A struggle in balancing EBF and professional commitments. 2. Unravelling the complexities of workplace breastfeeding support • <u>The dilemma of breastfeeding hour in the workplace.</u> • <u>Absence of nurseries and breastfeeding facilities for working mothers.</u> 3. The childcare leave dilemma.
GET 4: Resilience behind successful EBF journeys after returning to work
1. A holistic support system. 2. Personalised strategies: Mastering breastmilk expressing. 3. “Long weekends”: Unexpected benefits of Saudi education policy changes
The main changes held on this table, editing some theme names, GET 2 merged within GET 3 to become as subtheme (please see the next appendix 20 for final GETs and subthemes along with core category theme).

Appendix 22: Summary of final core category, GETs, and subthemes with prevalence across 14 participants.

Core Category: A Journey of Resilience: Navigating EBF in an Unsupportive Environment

GETs	Subthemes	Soha	Noha	Misk	Rose	Sara	Ruba	Rana	Maha	Ayaa	Toqa	Ola	Lila	Sama	Mona
1. Navigating EBF	1. Navigating the Saudi healthcare system shortfalls		√	√	√	√	√	√	√	√	√	√	√	√	√
	2. Navigating the social crossroads	√	√	√		√	√	√		√	√	√		√	
	3. Driven motivation to continue EBF	√	√	√	√	√	√	√	√	√	√	√	√	√	√
2. The Realities of EBF After Returning to Work	1. “A Blessing in disguise”: Mixed blessings of the COVID-19 pandemic.		√	√		√	√								√
	2. “The nature of the work”: A struggle in balancing EBF and professional commitments				√	√	√	√	√	√	√		√		
	3. Unravelling the complexities of workplace breastfeeding support	√	√	√	√	√	√	√	√	√	√	√	√	√	√
	4. The childcare leave dilemma		√	√	√		√			√					
3. Resilience in Longer EBF Journeys	1. A Holistic support system.	√	√	√		√	√	√	√		√		√	√	√
	2. “Long weekends”: Unexpected benefits of Saudi education policy changes			√			√	√	√						
	3. Strategic plans: Mastering breastmilk expression			√	√	√	√	√	√	√	√	√	√	√	