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Mothers' needs and wishes for breastfeeding support in workplaces in Thailand: a qualitative study

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Abstract

Background Returning to work is a barrier to breastfeeding. Although the Department of Labour Protection and Welfare (DLPW) in Thailand encourages employers to initiate a breastfeeding corner – a designated area where mothers can express their breastmilk privately and comfortably – in their workplace to support lactating employees, little is known about what kind of support mothers would like to continue breastfeeding after returning to work. This research aimed to explore mothers' needs and wishes for breastfeeding support in the workplace.

Methods This qualitative study used focus group discussions to collect data from female employees who had a child aged 6 – 24 months in factories that had initiated a breastfeeding corner between 1 October 2021 and 30 September 2022. The focus group discussions were held between June and July 2023. We employed semi-structured questions relating to breastfeeding support in their workplaces (e.g., a breastfeeding corner, lactation break, providing information or knowledge), baby food marketing in workplaces, and recommendations to improve breastfeeding support for working mothers. We applied thematic analysis to analyse the data.

Results Nineteen mothers from five factories located in Bangkok and surrounding provinces participated in the study. All participating factories had a breastfeeding corner in a first aid room, and no lactation breaks were given. Therefore, lactating employees spent time during their breaks pumping breastmilk. Furthermore, the lactating employees did not acquire any information or education about breastfeeding from the workplace during pregnancy or after delivery but rather obtained this from health system services and digital platforms. They also received support from family, health professionals, and colleagues when they returned to work after giving birth. Lactating employees would like employers to provide specific lactation breaks. They also wanted credible information or knowledge about breastfeeding to be provided during pregnancy and after giving birth, together with other social support.

Conclusions The Department of Labour Protection and Welfare, the Department of Health, and the Thai Breastfeeding Centre Foundation could collaborate with other relevant organisations to support employers in establishing breastfeeding support in their workplace.

Keywords Breastfeeding corner, Workplace, Lactating employees, Labour welfare, Thailand

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Background

In 2022, the exclusive breastfeeding rate in the previous 24 h in Thailand was 28%, and the percentage of continued breastfeeding for one year and two years was 31.3% and 18.7%, respectively [1]. A barrier to breastfeeding is that mothers have to return to work. Although Thailand has maternity leave with full pay provided by the Social Security Fund and employers, the duration of maternity leave in Thailand is only 98 days (14 weeks) [2–4].

In Thailand, many policies protect, support, and promote breastfeeding, such as the Baby-Friendly Hospital Initiative, Ten Steps to Successful Breastfeeding, and the Control of Marketing of Infant and Young Child Food Act B.E. 2560. The breastfeeding corner in the workplace is another supportive breastfeeding policy for working mothers and comes under non-legal labour welfare at the Department of Labour Protection and Welfare (DLPW), in the Ministry of Labour (MOL) [5]. The advantages of breastfeeding support in the workplace for employers are a reduction in employees' leave and treatment costs and improved corporate image. For female employees and their children, there is a reduction in child infections and child mortality.

A breastfeeding corner is a private and comfortable designated area for mothers to express breastmilk. Guidelines for breastfeeding corners in the workplace developed by Thai Breastfeeding Center Foundation (TBCF) state that a suitable area for breastfeeding should be a private area and be clean and ventilated. Importantly, the breastfeeding corner should be a convenient area for female employees to access; for example, should be not far from work areas. Furthermore, the breastfeeding corner should have a comfortable chair or sofa, a table, a power plug, a sink, a bin, and a refrigerator for breastmilk [6]. It is similar to recommendations from UNICEF [7] and The United States Breastfeeding Committee [8].

The breastfeeding corner in the workplace has been implemented since 2006, and in 2010, MOL cooperated with relevant organisations such as the Department of Health (DOH) under the Ministry of Public Health (MOPH), and TBCF in order to increase the number of workplaces newly offering a breastfeeding corner every year. Between 1 October 2021 and 30 September 2022, the number of workplaces supported by the DLPW to initiate a breastfeeding corner was 160.

The MOL requests annually that the DLPW encourage employers that lack a breastfeeding corner to implement one in their workplaces. However, little is known about what breastfeeding support mothers want or need after returning to work, and the aim of this study was to explore this in detail.

Methods

This study was a qualitative study using focus group discussions to collect data from mothers in a workplace that set up the breastfeeding corner between 1 October 2021 and 31 March 2023. This study was approved by the Research Ethics Board of the Institute for Development of Human Research Protection on 10 April 2023.

Sampling techniques

We employed purposive sampling. The researchers listed the workplaces located in Bangkok and surrounding provinces. At the workplaces which set up a breastfeeding corner between 1 October 2021 and 31 March 2023, some of their female employees gave birth in 2021 and 2022. After that, researchers contacted the listed workplaces (around 20) to ask for permission to collect data. If we acquired their permission, we asked them to select mothers of children aged 6−24 months willing to participate in our project. Finally, there were 19 mothers from five factories in this study.

Data collection

Data collection was conducted between June and July 2023. We used focus group discussions to collect data from mothers whose child was aged between 6−24 months. The data collection was held in a private room such as a meeting room in the mothers' workplace, and we did not allow other people who were not participants in the room in during interviews. The semi-structured questions were designed by the authors. The questions related to (1) how their workplace supported them for breastfeeding after they returned to work, for example, permission for pumping, breastfeeding corner, lactation breaks, and providing knowledge about breastfeeding; (2) breastmilk substitutes marketing in their workplace; (3) support from family, friends, and health professionals; and (4) recommendations for breastfeeding support in workplaces.

Before focus group discussions, researchers provided information about the project to participating mothers and answered their questions. Afterwards, the researchers asked for their written consent to join the focus group discussion.

The focus group discussions comprised eight participants and took 45–60 min for each group. All participants allowed the researchers to record the discussion. Their names and personal information were treated confidentially and were not documented in audio recordings or written transcripts.

Data analysis

Thematic analysis [9] was applied to analyse data. Following focus group discussions, audio recordings were transcribed verbatim. The researchers reviewed the

transcriptions rigorously and devised inductive codes related to the question. After the transcripts were coded, the coded text segments were reviewed and combined into subcategories and categories. These were then defined and named subcategories and categories.

Results

According to thematic analysis, the initial codes belonged in five categories (Table 1): knowledge about breastfeeding; breastfeeding corner; breastmilk pumping; support from others; and recommendations. We grouped the categories into two major areas. The first was breastfeeding support in the workplace, and the second was recommendations (see Table 1).

Breastfeeding support in the workplace

The findings can be categorized into four groups as follows: (1) breastfeeding corner; (2) breastmilk pumping; (3) health education or providing information about breastfeeding; and (4) support from others when mother returns to work.

Breastfeeding corner in workplaces

All participating workplaces had a breastfeeding corner in a first aid room. Mostly, the breastfeeding corners were divided from other parts of the first aid room by a curtain or a folding screen. The breastfeeding corner of some workplaces was a separate room within the first aid room. Furthermore, there were chairs or sofas, a table, a refrigerator, and a sink in the breastfeeding corner. Some participants mentioned that:

> *"...it's a private room... it has a fridge, chairs, and an air conditioner... It's privacy during pumping my breastmilk, I don't want anything to disturb me [when breastmilk pumping]..." (Participant 1).*
> *"...Here [a first aid room] may be the safest zone... This [first aid] room is clean, there is a nurse all [the] time. If we [mothers have] any problems, we can consult [a nurse]... when [mothers] pump [their] breastmilk, it has a curtain [to separate the breastfeeding corner from the first aid room]..." (Participant 6).*

Table 1 Categories and subcategories from thematic analysis

Category	Subcategory
Knowledge about breastfeeding	Information sources during pregnancy
	Health education during pregnancy
	Information sources after giving birth
	Health education after giving birth
	Recommendations for health education about breastfeeding
	Information from breastmilk substitute companies
Breastfeeding corner	Characteristic of breastfeeding corner
	Reasons for using breastfeeding corner
	Reason for not using breastfeeding corner
	Recommendations for breastfeeding corner
Breastmilk pumping	Lactation break
	Reason for not pumping
	Reaction of colleagues and managers
	Recommendation for breastmilk pumping
Support from others	Support from family
	Support from friends
	Support from health professionals
Recommendations	Recommendation for workplace
	Recommendation for the Ministry of Public Health
	Recommendations for the Ministry of Labour

According to focus group discussions, most mothers did not pump their breastmilk at the breastfeeding corner. Mothers who did not work on the assembly line but had an office pumped breastmilk at their office because it was more convenient and comfortable than the breastfeeding corner. Meanwhile, mothers who were production line workers did not use the breastfeeding corner because some of them had to change their clothes before departing and entering the production line, and the breastfeeding corner might be too far from their work area. The participants said:

> *"...mostly it [my breastmilk pumping cycle] is during working hours... then I wear a [breastfeeding] scarf and pump [my breastmilk] in my office... At noon I have to eat [my lunch] and also pump [breastmilk]... It is convenient to be in the office [for breastmilk pumping..." (Participant 15).*
> *"...we don't have much time [for breastmilk pumping] because we have one hour for [a lunch] break... It takes time to change clothes...and it depends on which [mothers work in the] production line, near or far [from the breastfeeding corner]..." (Participant 4).*

Breastmilk pumping

We categorized mothers who returned to work after giving birth into two main groups. The first group was non-breastfeeding mothers, and the second group was continued-breastfeeding mothers.

The first group discontinued breastfeeding because they did not live with their children; for example, their child lived in a different province with their grandparents. Another reason was that they had stopped providing breastmilk before returning to work. They may have had low milk production but could have had other reasons for stopping.

In terms of the second group, some of them pumped breastmilk at the workplace, while others breastfed their

child or pumped breastmilk at home because it was not convenient to pump breastmilk at the workplace. One participant mentioned that:

> *"It isn't convenient to pump [breastmilk in the workplace]... Because I had to...bring [a breast] pump [to the workplace], I don't pump [in the workplace]..." (Participant 7).*

None of the participating workplaces provided official lactation breaks to maternal employees who continued breastfeeding. Therefore, mothers who did not work on the assembly line but had their offices had more opportunities to pump breastmilk than mothers who worked in the production line because they could allocate their own time, and their office was more suitable for breastmilk pumping than line production. Participants stated:

> *"...If it [my office area] has not many people, then [I find it] more convenient to pump in my own [office] room than to go downstairs [to pump at the first aid room]..." (Participant 13).*
> *"...if I finish work at 3 pm, around 2.30 pm I will ask a manager to [go to] pump breastmilk...If the manager understands, I can come here [to the breastfeeding corner] to pump [breastmilk]...[if I work on] night shift...I do not walk here [to the breastfeeding corner] because it is far [from my production line]. It takes time [to walk to the breastfeeding corner]... So, I pump [breastmilk] at the locker room...but I throw [my breastmilk] away because I cannot wash a [feeding] bottle [at the locker room]..." (Participant 16).*

A main reason why mothers did not pump breastmilk was that they had to work continually, even though it was time to pump breastmilk. However, sometimes a manager or other colleagues understood a woman's need to be absent due to breastmilk pumping. Some participants mentioned that:

> *"...if there was an urgent work, I couldn't go to pump [breastmilk]..." (Participant 2).*
> *"...I cannot leave [the production line] to pump breastmilk...so I lost [the pumping] cycle..." (Participant 19).*
> *"...no problem: my colleagues knew and understood that I have a kid." (Participant 16).*

Health education or providing information about breastfeeding

During pregnancy, participants said that they did not receive knowledge or information relating to breastfeeding or maternal and child health from their workplace. Nevertheless, they were provided with this information from health professionals: a pink book (maternal and child handouts) and online resources. A participant expressed that:

> *"I have to look [about taking care myself, taking care of children] on YouTube mostly...[When I went to antenatal care] there was a book [a pink book]..." (Participant 17).*

According to the focus group, most mothers went to antenatal care at private hospitals because they would not take leave for antenatal care. A participant said that:

> *"If I went to a public hospital, I had to go there in official hours [8.30 am−4.30 pm], but a private clinic open hour is open at 5 pm, which is time I finish work...so, I can go [to a private clinic] between 5 pm and 8 pm". (Participant 4)*

When employees returned to work after giving birth, they did not receive any health education or knowledge relating to breastfeeding from their workplace. However, if they had any breastfeeding problems, they could ask a nurse who was in the first aid room, or colleagues who had experience in breastfeeding. A participant mentioned that:

> *"There wasn't health education [about breastfeeding]...If we [mothers] had a problem, [we] would ask a nurse [who was in the first aid room] or ask colleagues...[It] likes exchange information between mothers..." (Participant 13).*

After giving birth, mothers could obtain knowledge or information about breastfeeding from health professionals at a postpartum care clinic or a well-baby clinic; from relatives, and the pink book. Interestingly, mothers also received information about breastfeeding and maternal and child health from baby food companies because they were members of a maternal club owned by these companies, and a representative called them to ask about the health and feeding of their child. However, baby food companies did not market their products in the workplace. Some participants said that:

> *"...On delivery day, there was a nurse to teach me [about breastfeeding] and if there was no breastmilk, they [a nurse] would express [my breastmilk by hand]." (Participant 4).*
> *"...[during pregnancy] we are a member [of a baby food company's mum's club]. Then if we have a prob-*

lem we can ask [an expert from the companies]..." (Participant 17).
"...I think they [a baby food company] were ok...A nutritionist [of a baby food company] called to me... They [a nutritionist of a baby food company often] asked how many times [my] child was fed [with breast milk]. So, I had to observe [the feeding of my child]. Next time, if they [a nutritionist of a baby food company] call me, we will be able to answer [a question about child feeding]..." (Participant 11).

Support from others after returning to work

Three groups of people supported mothers about breastfeeding when they returned to work after giving birth. First, family members such as grandparents, relatives, and partners or spouses supported mothers by taking care of an infant when they returned to work. Second, colleagues supported mothers to pump breastmilk at the workplace, and gave advice or exchanged experiences of breastfeeding. Last, health professionals provided advice relating to breastfeeding, and lactation consultants in particular helped to solve mothers' problems. Participants stated that:

"...[my child] stayed with grandparents...[My child's] father stayed with [the child] during the day and worked on the night shift...I went back to take care [of my child at night]...In the morning, grandmother used frozen breastmilk and fed [my child], and during the day, grandfather and father helped [grandmother] take care of [my child]..." (Participant 15).
"...they [my colleagues] knew I had to pump breastmilk. I would be 10–20 minutes late [to work]. They [my colleagues] had never complained..." (Participant 19).
"...[I] consulted [my child's] doctor when my child went to [see the doctor] for a vaccination. If it was not an urgent problem, I would ask [a doctor] at that time [when my child saw a doctor for vaccination]..." (Participant 13).

Recommendations

During focus group discussions, participants provided recommendations about what they would like to support them to continue breastfeeding after returning to work.

Recommendations for a breastfeeding corner

Participants said there could be a refrigerator for breastmilk solely, including breastmilk storage bags, a spare breastmilk pump, and cleaning equipment.

"...I want a fridge for keeping breastmilk only...as I understand that it is public [fridge]. They [colleagues] can keep whatever they want in there... If there is a fridge for breastfeeding only...it may be better. It seems to be safer from germs..." (Participant 13).
"[It seems that] someone doesn't have breastmilk pump...some brands [of breastmilk pump] need to be plugged in all the time...so, I want a [spare] pump [in a breastfeeding corner]. When we are pumping, the [pump] battery may run out or break down....It [a spare breastmilk pump] is for an emergency situation..." (Participant 16).

Recommendations for lactation breaks

Participants wanted separate lactation breaks, in addition to regular breaks (15 minutes for morning and afternoon breaks and an hour for lunch breaks), meaning lactation breaks should be additional. However, lactation breaks could also be flexible based on the individual's responsibility and workload. Employers should explicitly inform everyone in the workplace of the right to lactation breaks or permission to pump breast milk so that lactating employees feel comfortable.

"It is because it hasn't made any announcement [about a lactation break from (human resources) HR]...but it [a lactation break] must be a rule of the factory...[My] boss wouldn't have a problem if there was an announcement [about a lactation break from HR]..." (Participant 4).
"...[it was like] inform them [my boss about breastmilk pumping]...[I] will be relieved of a worry because at least they [my boss] has known [about breastmilk pumping]...I will pump comfortably..." (Participant 13).

Recommendations for breastfeeding health education

Regarding focus group discussions, participants said most female employees visited antenatal care at a private health facility. Therefore, they were unlikely to be educated or trained about breastfeeding by antenatal care. Employers might provide employees with health education or information about breastfeeding; also about maternal and child health from a nurse who was responsible for a first aid room.

"Actually, they [pregnant employees] must be given knowledge about breastfeeding and breastmilk pumping...but we [our factory] don't give this knowledge, so, [pregnant] employees wouldn't know... In fact, we [our factory] have a nurse [in a first aid

room]. The nurse should know [about breastfeeding and breastmilk pumping]...because they [the nurses] are trusted by employees. I mean they have more knowledge [about breastfeeding and breastmilk pumping] than others..." (Participant 6).

Furthermore, when employees return to work after giving birth, employers or human resources staff could inform them of the breastfeeding corner, and provide information about how to pump breastmilk because some employees might be new mothers. Some participants stated that they would like to know more about infant formula milk to understand whether to choose to use infant formula if needed.

"...[It was like] making [lactating employees] understand because someone [a lactating employee] might not know that we [our factory] have a breastfeeding corner. [Lactating employees] are able to go [to the breastfeeding corner]..." (Participant 11).
"...because someone [female employee] is a new mother...they might not know how to do [breastfeeding or breastmilk pumping]...If [our] company conducts health education, it would be good..." (Participant 2).
"In case my child stop being breastfed...[I] wanted to know which milk formula is ok...There is [milk] formula 1 (infant formula]; formula 2 (follow-on formula], and formula 3 (growing-up milk]...for example...I don't know whether it [formula 1] can be fed continually, or not...." (Participant 14).

Recommendations for social support

Participants mentioned that MOL could extend parental leave to six months for female employees, while male employees should have a right to leave for one month to assist their spouse or partner to take care of their child.

"[MOL should] increase time to accumulate breastmilk...[increase maternity leave to] six months..." (Participant 12).
"Fathers should have parental leave to take care of their child...for around one month [because taking care of a baby in] the first month [after birth] is very heavy..." (Participant 15).

Moreover, some participants said that there should be a childcare center in workplaces because some mothers might not have relatives or others to take care of their child when they are working. Therefore, if there was a nursery in the workplace, it might reduce employees' financial burden, and be an opportunity for mothers to be with their child.

"...promoting workplaces to have a nursery [childcare center] because [in workplaces] it is an opportunity to be with our child. There is more opportunity [to breastfeed their child]...for example...if [we] can bring our child here [a nursery in the workplace] and there is a caregiver. At noon, we don't pump [breastmilk], we can instead breastfeed our child..." (Participant 6).

Some participants mentioned that they needed financial support during parental leave. Currently, they receive paid maternity leave from the Social Security Office (SSO), but this can be insufficient. SSO should increase the financial support by calculating needs based on mothers' salaries. In addition, fathers should receive money for taking care of their child.

"...[I wanted] MOL to pay more money to us [during maternity leave]...[nowadays] they [MOL] pay THB 15,000 [monthly]. I mean regardless of a high or low salary or whatever, they pay THB 15,000 [only]." (Participant 7).
"...Suppose if they [fathers] have SSO insurance... they [father] pay money [to a social security fund every month] the same as the mother...They [father] should receive [money during their spouses' or partner's maternity leave]...They [father] could spend the money on family [expenditure, e.g. taking care of their child]..." (Participant 6]

Discussion

The study's findings shed light on women's experiences in workplaces that set up a breastfeeding corner between 1 October 2021 and 31 March 2023. The breastfeeding corners in all participating workplaces were in a first aid room and mostly there were chairs or sofas, a table, a refrigerator, and a sink. However, some mothers were unable to access the breastfeeding corner because their office or operation area was too far away.

In terms of lactation breaks, none of the five workplaces in our study provided official lactation breaks for lactating mothers. Therefore, mothers had to spend morning, lunch, or afternoon breaks to pump breastmilk. It is worth noting that some mothers, who returned to work after giving birth, did not feed breastmilk to their children anymore, whereas other mothers still breastfed their children. However, most sample mothers did not pump breastmilk at the breastfeeding corner. Mothers who did not work on the assembly line but had an office, pumped breastmilk at their office because it was more convenient, as they also could work during pumping. Meanwhile, mothers who worked in a production line could not leave during working hours, so they tended to

pump breastmilk on their lunch break, at home, and after work. Previous studies found that flexibility of work and sufficient break time were related to useage of breastfeeding corners or duration of breastfeeding [10, 11].

The TBCF suggests that employers should provide lactation breaks for female employees around two to three times per day, and for around 20–30 min each time, or provide flexible lactation breaks according to the roles of each lactating worker [6]. Moreover, the TBCF recommends that employers should conduct health education programs or workshops to give information and knowledge about breastfeeding to all employees, especially mothers, human resource departments, and safety officers. This is because mothers who are educated about breastfeeding will increase their knowledge about breastfeeding. Also, they are more likely to have positive attitudes toward breastfeeding. Consequently, it has been found that they tended to start breastfeeding their child and continued breastfeeding [12].

However, none of the participating workplaces conducted breast-feeding education or workshops for pregnant employees or mothers returning to work after giving birth. Therefore, women obtained breastfeeding knowledge from online sources such as Google or YouTube, or via the social media of baby food companies. Currently, baby food companies are increasingly likely to apply digital and social media approaches [13, 14] to promote their products and build relationships with mothers [15]. Although this study did not find baby food companies marketing products at workplaces, we found that companies contacted mothers via telephone and visited them after giving birth because they were a member of a company mum club.

This study also revealed that most mothers visited an antenatal care clinic at a private hospital because they would not take leave from work. Nonetheless, they might not have received knowledge about breastfeeding because they might not have attended a parenting school. Parenting school is the third of ten steps to successful breastfeeding, and is an informative class for parents to receive information [16]. A previous study showed that lack of consultation at antenatal care resulted in a low rate of exclusive breastfeeding [17]. The study also showed that if a child visited a well-baby clinic at a private hospital, parents might not receive the Developmental Surveillance and Promotion Manual developed by the DOH. The handout has details about a child's development and evaluation of progress [18].

This study had some limitations. First, the range of participating workplaces was not varied. Some of them were similar in terms of size of factories, and types of industries. Secondly, there tended to be a dominant participant in some focus group discussions, who may have been in a higher professional position than other participants. This tended to make other participants feel uncomfortable in expressing their opinions. However, a researcher attempted to mitigate domination in the focus group discussions by encouraging and facilitating other participants to speak before a dominating participant.

Future research relating to lactating mothers' needs might to be either qualitative or quantitative studies but should collect data from industries nationwide because industries of varying types and size might support breastfeeding in the workplace differently. Informational evidence involving effectiveness, efficiency, and capacity of breastfeeding support in workplace should be explored.

Policy implications

The following are policy implications for breastfeeding support in the workplace drawn from this study.

1. Support during pregnancy.
    - 1.1. Employers could encourage female employees to receive standardised antenatal care following WHO [19] and DOH [20] recommendations; mothers should visit an antenatal clinic for their first appointment within the first 12 weeks of pregnancy. Also, they should receive antenatal care during pregnancy consecutively in order to receive necessary maternal health services, including information for pregnant women. Furthermore, they should attend parenting school to learn and practise breastfeeding.
    - 1.2. Pregnant employees should be encouraged to deliver their babies at a public hospital in order to receive maternal health services that follow the Ten Steps to Successful Breastfeeding program.
    - 1.3. Employers could conduct health education relating to breastfeeding for pregnant employees, and the employees should obtain informational or educational breastfeeding materials from trusted resources such as the DOH or TBCF.
2. Support when returning to work after giving birth.
    - 2.1. Employers could provide female employees with clear and flexible breastfeeding support in workplace policies by allowing them to express breastmilk in workplaces without negative impacts on their work.
    - 2.2. Breastfeeding corners could be in areas that lactating employees can easily access, and it should be convenient and comfortable for them to pump breastmilk. There should be essential materials and equipment for breastmilk pumping.

2.3. Likewise, during pregnancy, employers could provide health education and credible information and educational resources to lactating mothers.

3. Support for workplaces.

3.1. The MOL and the MOPH could provide certificates or rewards to workplaces supporting breastfeeding.
3.2. Tax benefits could be awarded to workplaces that support breastfeeding effectively. The benefit might persuade other workplaces to initiate breastfeeding support for female employees.

4. Roles of key organisations.

4.1. The DOH and TBCF should build networks between relevant organisations at both the provincial and regional levels, for example, in workplaces, health sectors (such as hospitals, primary care, Regional Health Promotion Centre of the DOH, and the Provincial Labour Protection and Welfare Office), in order to promote breastfeeding and support mothers who have social or health problems affecting breastfeeding negatively.
4.2. The DLPW might collaborate with the DOH to educate female employees about infant formula milk because some still misunderstand that infant formula milk does not have equal quality to breastmilk.
4.3. The DOH should strengthen the implementation and enforcement of the Control of Marketing Promotion of Infant and Young Child Food B.E. 2560 to ensure baby food companies will not be able to contact mothers via online and offline marketing techniques.

Conclusion

The DLPW encourages employers to initiate a breastfeeding corner in their workplace. However, lactating employees tend to need additional breastfeeding support from employers, especially lactation breaks, breastfeeding information, and other social support. Relevant organisations, such as the DLPW, DOH, and TBCF should provide employers or related staff, such as human resources or safety officers, with knowledge about breastfeeding support in the workplace, and assist employers to establish flexible lactation breaks based on employees' schedules. Furthermore, the relevant organisations should collaborate with local organisations to help lactating employees succeed in breastfeeding.

Abbreviations

DLPW	Department of Labour Protection and Welfare
DOH	Department of Health
MOL	Ministry of Labour
MOPH	Ministry of Public Health
SSO	Social Security Office
TBCF	Thai Breastfeeding Center Foundation

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Author contributions
NC designed the study, collected and analyzed data and wrote the draft manuscript. NV, SS, and YH contributed to the study design, supervision of data collection and data analysis, and revision of the manuscript. All authors have read and agreed to the published version of the manuscript.

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Data availability
All data generated or analysed during this study are included in this published article.

Declarations

Ethics approval and consent to participate
This study was approved by 1) the Research Ethics Board of the Institute for Development of Human Research Protection, Thailand (No. IHRP2023046) on 10 April 2023.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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