Collegiate Research Journals

OPEN ACCESS

Journal of Humanities and Advancements
Vol 4(2) pp. 001-016 June, 2024.
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Full Length Manuscript

Breastfeeding among Working Mothers in Malaysia: Workplace Barriers, Policy Support, and Strategies for Sustaining Exclusive and Continued Breastfeeding

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Accepted 10th September 2024

Abstract

Breastfeeding provides important nutritional, immunological and developmental benefits for infants and health benefits for mothers, yet maintaining breastfeeding after returning to paid employment remains difficult for many women. Malaysia provides a useful case study because female participation in the formal workforce has increased while breastfeeding policy has developed through national health guidance, maternity protection, workplace initiatives and health-promotion programmes. This narrative review synthesizes Malaysian evidence on breastfeeding among working mothers, with emphasis on breastfeeding duration, exclusive breastfeeding, breastmilk expression, workplace facilities, working schedules, childcare, employer support and the policy environment. National Health and Morbidity Survey 2022 data indicate that 94.9% of Malaysian children born in the preceding 24 months had ever been breastfed, 64.3% were initiated to breastfeeding within one hour of birth, and 50.6% of children aged 12–23 months were still being breastfed. These national indicators coexist with evidence that returning to employment can create practical barriers. An earlier Malaysian study among 290 formally employed mothers found that 51% had discontinued breastfeeding, and inadequate workplace breastfeeding facilities were independently associated with discontinuation . Qualitative Malaysian studies have described difficulties obtaining private spaces, storing expressed milk, finding time to express milk and maintaining milk supply under work-related stress. The policy environment has improved: since 1 January 2023, the Employment Act 1955 amendment increased statutory maternity leave in Peninsular Malaysia and the Federal Territory of Labuan from 60 to 98 days and introduced flexible working-arrangement provisions. This review argues that Malaysia's next phase of breastfeeding policy should move from maternity protection alone toward comprehensive return-to-work lactation support. Priority actions include minimum workplace lactation standards, protected and predictable expression time, safe milk-storage infrastructure, breastfeeding-friendly childcare, supervisor training, flexible work arrangements and stronger monitoring of implementation. Such measures can support maternal choice while improving the continuity of infant feeding across the transition from maternity leave to employment.

Keywords: Breastfeeding; working mothers; Malaysia; exclusive breastfeeding; breastmilk expression; workplace support

1. Introduction

Breastfeeding is a core component of maternal, newborn and child health. The World Health Organization (WHO) and UNICEF recommend initiation of breastfeeding within the first hour after birth, exclusive breastfeeding for the first six months, and continued breastfeeding with appropriate complementary foods to two years of age or beyond [8,9]. Exclusive breastfeeding means that the infant receives breast milk without other foods or liquids, apart from medicines, vitamins, minerals or oral rehydration solution when medically indicated [8]. The recommendation is grounded in evidence that breastfeeding supports infant growth and development and reduces the risk of common childhood infections, while also contributing to maternal health [8,9].

The public-health challenge is not simply whether mothers intend to breastfeed. It is whether social, household, health-system and employment environments allow women to continue breastfeeding when circumstances change. The transition back to paid employment is particularly important. Working mothers may be separated from their infants for many hours, may have limited opportunities to breastfeed directly, may need to express milk during working hours, and may encounter difficulties obtaining a private space, refrigeration, flexible breaks or supportive supervision. These constraints can transform breastfeeding from a routine infant-feeding practice into a logistical task requiring substantial planning.

Malaysia is an important setting in which to examine this transition. National breastfeeding indicators demonstrate substantial uptake of breastfeeding, but national averages do not fully capture the experience of mothers who return to formal employment. The National Health and Morbidity Survey (NHMS) 2022 reported that 94.9% of children born in the preceding 24 months had ever been breastfed, 64.3% initiated breastfeeding within one hour of birth, and 50.6% of children aged 12–23 months continued to breastfeed [1]. These indicators suggest that breastfeeding is widely practiced, but they do not by themselves establish whether employed mothers are able to meet the recommended duration of exclusive and continued breastfeeding.

Earlier Malaysian evidence provides a more direct picture of employment-related barriers. Amin and colleagues studied 290 formally employed mothers in Petaling district and reported that 51% had discontinued breastfeeding by the study assessment period. Lack of adequate workplace facilities was associated with increased odds of discontinuation, and the authors specifically identified the need for a suitable expression room, refrigeration and flexible time for milk expression [2]. Qualitative research among formally employed Malaysian women likewise identified lack of privacy, inconvenient workplace conditions, difficulties storing milk and concerns about milk supply as important experiences [3].

The policy environment has also changed since some of the earlier studies were conducted. The Employment Act 1955 amendment came into force on 1 January 2023 in Peninsular Malaysia and the Federal Territory of Labuan. The amendment increased maternity leave from 60 to 98 days, reduced the statutory working week to 45 hours, introduced flexible working-arrangement provisions and strengthened pregnancy-related employment protections [5]. Sabah and Sarawak continue to have separate labour ordinances, meaning that the legal context is not identical throughout the federation [5].

Maternity leave is necessary but does not solve the entire problem. Breastfeeding frequently continues after mothers return to work, and expressed breast milk may be used to bridge periods of separation. WHO guidance explicitly identifies workplace breastfeeding rooms, onsite childcare and flexible work schedules as enabling conditions for continued breastfeeding among women who work outside the home [10]. Malaysia's Ministry of Health has also published guidance specifically for breastfeeding mothers who work and has emphasized workplace support for frequent feeding or expression and storage of breast milk [11,12].

This review therefore examines breastfeeding among working mothers in Malaysia as a case study of the intersection between maternal employment and infant feeding. It considers national breastfeeding indicators, Malaysian workplace evidence, breastmilk expression, childcare, legislation, organizational support and potential policy strategies. The purpose is not to imply that all mothers should breastfeed for the same duration or that employment should be subordinated to infant feeding. Rather, the public-health objective is to create conditions in which women who choose to breastfeed are not unnecessarily prevented from doing so by avoidable workplace barriers.

2. Review Scope and Approach

This manuscript is a narrative review and policy-focused case study rather than a new systematic review or primary epidemiological investigation. Evidence was synthesized from Malaysian national health reports, Malaysian Ministry of Health guidance, Malaysian labour legislation and government publications, peer-reviewed Malaysian studies, and international evidence on workplace breastfeeding support. Particular attention was given to evidence concerning formally employed women, breastmilk expression, workplace facilities, childcare and return-to-work transitions.

National survey evidence was used to describe population-level breastfeeding indicators, while Malaysian observational and qualitative studies were used to identify employment-related barriers. International systematic reviews were included to interpret the broader evidence on workplace interventions. Because the Malaysian studies differ in year, location, sample size and design, their findings are not treated as directly comparable prevalence estimates. Instead, they are used to identify recurring mechanisms and policy-relevant themes.

The review also distinguishes between maternity protection and lactation support. Maternity leave protects time immediately after childbirth, whereas lactation support addresses the period after a mother returns to work. This distinction is important when evaluating whether legal and organizational measures are sufficient to support breastfeeding beyond the maternity-leave period.

3. Breastfeeding in Malaysia: National Context

Malaysia has promoted breastfeeding through national health policies and the Baby-Friendly Hospital Initiative. The Ministry of Health has long incorporated breastfeeding into maternal and child health programmes, and national dietary guidance encourages mothers to continue providing breast milk after returning to work [11,12]. The policy emphasis is consistent with WHO recommendations but must operate within the realities of Malaysia's increasingly diverse employment structures.

The NHMS 2022 provides a contemporary national reference point. Among children born during the preceding 24 months, 94.9% had ever been breastfed and 64.3% initiated breastfeeding within one hour of birth [1]. Among children aged 12–23 months, 50.6% continued breastfeeding [1]. The survey also reported that 64.3% of children aged 6–23 months met the minimum dietary-diversity indicator and 60.2% met the minimum acceptable diet indicator [1]. These complementary-feeding measures are relevant because after six months breastfeeding is expected to continue alongside nutritionally adequate complementary foods rather than function as the sole source of nutrition.

The national indicators show that breastfeeding is common in Malaysia, but they should not be interpreted as evidence that breastfeeding is equally feasible for all social groups. Employment status, occupation, sector, commuting time, income, family support, access to childcare and workplace facilities can affect the feasibility of maintaining breastfeeding. In addition, mothers may combine direct breastfeeding with expressed breast milk, and therefore a simple distinction between "breastfeeding" and "not breastfeeding" can obscure the strategies used by working mothers.

An urban prospective study of Malaysian mothers reported breastfeeding prevalence of 85.5%, 77% and 60% at three, six and 12 months respectively, and found that combined direct and expressed breastfeeding was associated with longer-term breastfeeding [13]. Although this was not a nationally representative survey, it illustrates the importance of recognizing breastmilk expression as a practical component of breastfeeding among mothers who are separated from their infants.

National policy should therefore monitor not only initiation and duration but also the conditions under which breastfeeding is maintained. Measures such as access to expression facilities, refrigeration, childcare proximity, flexible schedules and supervisor support are potential indicators of whether the employment environment is compatible with continued breastfeeding.

Table 1. Selected breastfeeding indicators reported by NHMS 2022

Indicator	Malaysia estimate	Interpretation
Early initiation of breastfeeding	64.3%	Children born in the preceding 24 months who were breastfed within one hour of birth [1].
Ever breastfed	94.9%	Children born in the preceding 24 months who had ever been breastfed [1].
Continued breastfeeding at 12–23 months	50.6%	Children aged 12–23 months who were still breastfeeding [1].
Minimum dietary diversity, 6–23 months	64.3%	Children receiving foods from at least five of eight food groups [1].
Minimum acceptable diet, 6–23 months	60.2%	Children meeting the combined minimum dietary diversity and meal-frequency indicator [1].

Source: National Health and Morbidity Survey 2022, Infant and Young Child Feeding Practice [1].

4. Employment and Breastfeeding: Evidence from Malaysia

The relationship between maternal employment and breastfeeding is complex. Employment may provide income, social support and personal fulfilment, while breastfeeding may be valued for infant nutrition, bonding and health. The challenge arises when workplace organization does not accommodate the physiological and practical requirements of lactation.

A key Malaysian study by Amin et al. examined 290 formally employed mothers with infants aged approximately 6–12 months in Petaling district. The study found that 51% had discontinued breastfeeding at the time of assessment [2]. Among mothers who discontinued, 54% had breastfed for less than three months, while 35% stopped between three and six months [2]. The study also found that inadequate workplace breastfeeding facilities were associated with discontinuation, with an adjusted odds ratio of approximately 1.8 [2]. The

authors concluded that workplaces should provide a suitable room for expressing milk, refrigeration and flexible time for expression [2].

Although the study was conducted in 2006 and therefore predates Malaysia's current maternity-leave provisions, its central mechanism remains relevant: the physical and organizational environment determines whether breastfeeding can be sustained after mothers return to work. The study also found differences by employment sector, with discontinuation more common among private-sector respondents than government-sector respondents in that sample [2]. Because the data are historical and geographically restricted, the findings should not be generalized as a current national prevalence estimate. They are nevertheless important evidence of the mechanisms that can interfere with breastfeeding.

Qualitative research has added depth to these findings. A study of formally employed women in urban and rural Malaysia reported that some women used prayer rooms or bathrooms to express milk because suitable facilities were unavailable, while others experienced concerns about insufficient milk output, fatigue and stress [3]. Mothers who successfully maintained breastfeeding often described determination and supportive colleagues as important resources [3]. The findings indicate that workplace support is not merely a matter of convenience; privacy, dignity and social acceptance can influence whether a mother is able to express milk consistently.

More recent qualitative research published in 2024 explored breastmilk expression among 19 working mothers in Malaysia [4]. Participants used hand expression, breast pumps and suction cups, and described multiple reasons for expressing milk. The study emphasized that working mothers actively adapt their expression methods to workplace and personal circumstances [4]. This is important for policy because support should not assume that all women use the same equipment or require identical facilities.

The international evidence reinforces these Malaysian observations. A systematic review of workplace interventions identified designated breastfeeding or milk-expression spaces and coworker support as among the most frequently studied interventions [6]. The review concluded that workplace interventions can increase breastfeeding duration and help prevent early introduction of breastmilk substitutes, while emphasizing that effective support must operate at individual, interpersonal and organizational levels [6]. A separate systematic review of employer-based programmes similarly found that employers can play an important role in sustaining breastfeeding among employees [7].

Taken together, the evidence indicates that employment itself should not be viewed as inherently incompatible with breastfeeding. Rather, the compatibility depends substantially on how work is organized and whether mothers have the time, privacy, equipment, storage capacity and social support necessary to express or provide breast milk.

Table 2. Employment-related barriers identified in Malaysian evidence

Barrier	How it can affect breastfeeding	Malaysian evidence
Inadequate private space	Makes expression difficult, uncomfortable or impossible during working hours	Reported in qualitative studies of employed women [3,4].
No refrigerator or inadequate milk storage	Limits safe temporary storage of expressed milk	Workplace refrigeration was associated with continuation in Malaysian evidence [2,3].
Insufficient time for expression	Long intervals between expressions may make routine milk expression difficult	Lack of flexible time was associated with discontinuation [2].

Work-related stress and fatigue	May reduce confidence and make expression more difficult to sustain	Reported by working mothers in qualitative research [3].
Unsupportive supervisors/colleagues	May discourage mothers from taking expression breaks or using facilities	Supportive colleagues and organizational culture were reported as facilitators [3,6].
Distance from infant/childcare	Reduces opportunity for direct breastfeeding and increases dependence on expressed milk	Relevant to employed mothers using childcare during working hours [11,12].
Rigid work schedules	Can conflict with infant feeding and regular milk expression	Flexible scheduling is recommended by WHO and Malaysian guidance [10–12].

Source: Compiled from Malaysian studies and international systematic reviews [2–7,10–12].

5. Breastmilk Expression as a Strategy for Working Mothers

Breastmilk expression is central to the feasibility of breastfeeding for mothers who spend part of the day away from their infants. It allows breast milk to be collected during working hours and subsequently offered to the infant by a caregiver. Expression can be performed manually or with a breast pump, and the choice may depend on maternal preference, cost, workplace conditions and the amount of time available.

Malaysian qualitative research demonstrates that mothers use multiple approaches. In the 2024 study of 19 working mothers, participants reported hand expression, breast pumps and suction cups [4]. The study found that women's reasons for expressing milk were closely linked to their determination to continue providing breast milk while working [4]. This suggests that workplace programmes should be equipment-neutral: the goal should be to provide a safe, private and hygienic environment rather than prescribe a particular expression technology.

Safe storage is equally important. The Malaysian Dietary Guidelines advise working mothers to express and store milk properly and to make arrangements that allow continued breastfeeding after returning to work [12]. Workplace refrigerators dedicated to breast milk are particularly useful because they reduce the need for mothers to transport milk without reliable temperature control. Storage policies should also distinguish breast milk from food intended for general workplace consumption and should protect privacy and dignity.

Expression frequency is another practical consideration. Milk production responds to milk removal, and long interruptions can make maintaining supply more difficult for some women. Consequently, a workplace may have an excellent lactation room but still provide inadequate support if employees cannot reasonably access it. The combination of a suitable space and predictable expression breaks is therefore more meaningful than either measure alone.

The emotional environment matters as well. Mothers may experience embarrassment, guilt, anxiety or concern about being perceived as less productive. These concerns can lead to delayed or missed expression sessions. A workplace culture that normalizes lactation, communicates expectations clearly and trains supervisors can reduce such pressures.

At the same time, individual experiences vary. Not every mother needs the same number of expression sessions, and not every woman can or wishes to continue breastfeeding after returning to work. Public-health programmes should therefore avoid creating a new form of pressure. Support should enable informed maternal

choice rather than equate successful employment with a requirement to maintain exclusive breastfeeding at all costs.

6. Workplace Facilities and Organizational Support

A breastfeeding-friendly workplace requires more than a room with a chair. A functional lactation environment should provide privacy, cleanliness, a comfortable seat, an appropriate work surface, electrical outlets where pumps require them, hand-washing facilities or nearby hygiene facilities, and safe refrigeration. Malaysia's Ministry of Health has published workplace-oriented breastfeeding guidance [11], and examples of public-sector lactation rooms in Malaysia include seating, a table, sink, refrigerator, air conditioning and electrical outlets [14].

The design of lactation spaces should also consider accessibility. Mothers working in factories, retail environments, schools, hospitals, transport services, agriculture and outdoor occupations may have very different physical constraints from office employees. A policy designed around office buildings may not work for shift workers or employees who travel between sites.

Flexible work arrangements can complement physical facilities. The Employment Act 1955 amendment introduced flexible working-arrangement provisions in Peninsular Malaysia and the Federal Territory of Labuan [5]. Flexibility can include changes to working hours, working days or place of work where agreed with the employer. While flexible arrangements are not specifically a breastfeeding entitlement, they can help mothers manage childcare and expression schedules.

Supervisor support is especially important because written policies may have little practical effect if managers discourage their use. International evidence suggests that organizational and interpersonal support should accompany physical facilities [6]. Training supervisors to understand breastfeeding needs can prevent misunderstandings and reduce the risk that mothers feel they must choose between job performance and milk expression.

Coworker support also matters. In many workplaces, colleagues may cover duties while a mother expresses milk. If the organizational culture treats expression breaks as legitimate and planned work activities rather than special favors, conflict is less likely. This approach also supports fairness by making arrangements transparent.

A comprehensive workplace programme should therefore include five components: infrastructure, time, policy, culture and accountability. Infrastructure means private space and storage; time means predictable opportunities to express milk; policy means written procedures; culture means supportive supervisors and colleagues; and accountability means monitoring whether the policy works in practice.

Table 3. Recommended components of a breastfeeding-supportive workplace

Component	Minimum practical elements	Potential benefit
Private lactation space	Lockable/private room, chair, work surface, electrical outlet, hygiene access	Supports safe and dignified milk expression
Milk storage	Dedicated refrigerator or validated cold-storage arrangement	Allows expressed milk to be retained during the workday
Expression breaks	Predictable, reasonable breaks coordinated with job duties	Supports regular milk removal
Flexible scheduling	Adjusted start/end times, shift	Reduces conflict between work

	flexibility or other agreed arrangements	and infant-feeding needs
Supervisor training	Clear information on policy, privacy and non-discrimination	Improves policy implementation and workplace culture
Coworker support	Team procedures for temporary task coverage	Reduces social and operational barriers
Written policy	Eligibility, access, hygiene, storage and complaint procedures	Creates consistency across departments
Childcare linkage	Onsite childcare where feasible or nearby childcare partnerships	Facilitates proximity to infants and continued breastfeeding

Source: Authors' synthesis based on Malaysian Ministry of Health guidance and international evidence [6,10–12,14].

7. Maternity Protection and the Malaysian Legal Environment

Maternity protection is an important foundation for breastfeeding. Malaysia's Employment Act 1955 was amended in 2022, with major provisions taking effect on 1 January 2023 in Peninsular Malaysia and the Federal Territory of Labuan [5]. Among the changes, maternity leave increased from 60 to 98 days. The amendment also introduced seven days of paid paternity leave, reduced the statutory working week to 45 hours, introduced flexible working arrangements and strengthened protection against termination during pregnancy, subject to specified exceptions [5].

The increase to 98 days is significant because it brings the statutory maternity-leave period to 14 weeks, consistent with the minimum duration referenced in the ILO Maternity Protection Convention, 2000 (No. 183) [5]. More time at home may allow mothers to establish breastfeeding before returning to employment and may reduce the abruptness of the transition.

However, maternity leave should not be confused with a comprehensive right to workplace lactation support. Once a mother returns to work, she may still need several months of support to maintain breastfeeding. The WHO explicitly identifies workplace breastfeeding rooms and flexible schedules as examples of an enabling environment for women who work outside the home [10]. Malaysia's Ministry of Health similarly emphasizes worksite policies that facilitate feeding or expressing and storing breast milk [11].

The Malaysian legal literature has historically identified gaps in explicit workplace breastfeeding protection. A 2014 analysis concluded that legal guidance concerning women's right to breastfeed at work was unclear and that workplace support was inconsistent [15]. Since that analysis, maternity protection and flexible-working provisions have changed, but the distinction between general employment rights and a specific statutory lactation entitlement remains important.

The legal framework also differs geographically. The 2023 Employment Act amendments apply to Peninsular Malaysia and the Federal Territory of Labuan; Sabah and Sarawak remain governed by their respective labour ordinances [5]. Therefore, a national Malaysian breastfeeding-at-work strategy should account for these legal differences and establish a consistent health-policy standard across jurisdictions, while respecting the applicable labour laws.

A useful policy direction would be to complement maternity leave with clear national guidance on lactation facilities and reasonable expression opportunities. Such guidance could be implemented through workplace standards, public-sector procurement, accreditation schemes, occupational-health programmes and incentives for private employers.

8. Childcare and the Return-to-Work Transition

Childcare is a critical but sometimes overlooked component of breastfeeding among working mothers. A mother may have a supportive employer and a suitable lactation room but still struggle if the infant is cared for at a facility that cannot safely receive, label, refrigerate and administer expressed breast milk.

A Malaysian qualitative study involving childcare workers in registered nurseries in Kuala Muda District examined their experiences supporting exclusive breastfeeding [16]. The study highlighted the importance of childcare workers because many infants of employed mothers spend working hours in nurseries. Childcare staff require practical knowledge, appropriate storage arrangements and confidence in handling expressed milk.

The transition from maternity leave to work should therefore be treated as a continuum rather than two separate systems. Before returning to work, mothers may benefit from counselling on expression, storage, feeding methods and communication with childcare providers. Employers can provide information about workplace facilities and procedures. Childcare providers can establish written protocols for receiving expressed milk, maintaining cold-chain conditions and communicating with parents.

The physical distance between workplace and childcare is another factor. Where the infant is cared for close to the workplace, direct breastfeeding during breaks may be possible. Where the infant is far away, expressed milk becomes more important. Transport time, traffic congestion and shift work can therefore influence feeding decisions even when formal breastfeeding support exists.

Malaysia's Ministry of Health guidance has recognized several practical approaches, including arranging for the baby to be near the workplace where feasible and organizing work schedules to permit expression [12]. These recommendations remain relevant but should be supported by institutional arrangements rather than left entirely to individual mothers.

Employer-supported childcare may be particularly valuable in large organizations, hospitals, universities, government complexes and industrial estates. Smaller employers may instead collaborate with nearby childcare providers. Public policy could encourage these partnerships through accreditation, tax incentives, shared facilities or workplace health programmes.

9. Socioeconomic and Occupational Inequality

Workplace breastfeeding support is also an equity issue. Professional and managerial employees may have private offices, predictable schedules and greater autonomy, while women in retail, manufacturing, healthcare, hospitality, education, agriculture and informal or platform-based employment may have fewer options.

A lactation room located in a corporate office does not help a worker whose job requires continuous customer interaction or whose worksite lacks a private room. Shift workers may face different problems from daytime employees because childcare availability, public transport and staffing patterns can constrain expression opportunities.

The Malaysian evidence base also contains limitations in representativeness. The 2011 Petaling study involved mothers attending government health clinics and therefore cannot be assumed to represent all Malaysian working women [2]. The 2024 qualitative expression study included 19 working mothers and was designed for depth rather than population estimation [4]. These studies should be interpreted as complementary rather than as national prevalence surveys.

Future Malaysian research should deliberately include lower-wage workers, shift workers, rural workers, women in small and medium-sized enterprises, migrant workers where appropriate, and employees in occupations without conventional office spaces. Research should also examine how workplace support differs between public and private employers and between formal and informal employment.

Equity considerations extend to employers. Small businesses may find it more difficult to provide dedicated rooms or refrigerators than large corporations. A policy that simply imposes infrastructure requirements without implementation support could create uneven compliance. Shared lactation centres, workplace clusters, public facilities and financial incentives may provide alternatives for smaller employers.

The goal should be universal access to a functional solution rather than identical infrastructure in every workplace. A small retail workplace might use a nearby shared facility, while a large hospital could provide several dedicated lactation rooms. Both can meet the underlying objectives of privacy, hygiene, reasonable time and safe storage.

10. Health and Economic Rationale for Workplace Support

Breastfeeding support has implications beyond infant nutrition. Breastfeeding contributes to prevention of childhood illness and supports maternal health [8,9]. From an economic perspective, preventing avoidable childhood illness can reduce household expenditure and health-system utilization, although the magnitude of economic effects varies by setting.

Workplace support can also affect maternal employment. If mothers perceive returning to work as incompatible with breastfeeding, some may shorten breastfeeding earlier than intended, modify employment arrangements or leave employment altogether. Supportive policies may therefore contribute to retention and reduce the costs associated with employee turnover. International reviews have identified potential benefits for both breastfeeding outcomes and workplace outcomes, although evidence quality varies [6,7].

A workplace breastfeeding programme should not, however, be justified only by productivity. Breastfeeding is a health and family issue, and mothers should not be required to prove an economic benefit in order to receive reasonable support. The economic case is best considered an additional argument for employers and policymakers.

There is also a potential public-health return from investing in prevention. WHO estimates that breastfeeding can prevent substantial numbers of child deaths globally when optimal breastfeeding practices are achieved [8]. Malaysia has a comparatively developed health system, so the absolute effects of breastfeeding promotion may differ from those in countries with higher infectious-disease burdens. Nevertheless, breastfeeding remains an important component of national maternal and child health.

The most defensible policy approach is therefore a rights-and-health framework supported by evidence. Women who choose to breastfeed should have practical opportunities to do so, while mothers who cannot or do not wish to breastfeed should not be stigmatized. Workplace policy should support informed choice rather than create pressure or discrimination.

11. Proposed Policy Framework for Malaysia

A comprehensive Malaysian strategy for working mothers could be organized around seven mutually reinforcing pillars.

First, maternity protection should be maintained and evaluated. The 98-day statutory maternity-leave provision is an important foundation in jurisdictions covered by the amended Employment Act [5]. Research should assess whether mothers have sufficient time to establish breastfeeding and whether the transition back to work occurs at a stage when regular expression is feasible.

Second, workplaces should have minimum lactation-support standards. These should address privacy, hygiene, access, storage and reasonable expression opportunities. Standards should be scalable so that small employers can use shared or nearby facilities where a dedicated room is not practical.

Third, flexible work arrangements should be integrated with breastfeeding support. The amended Employment Act provides a framework for flexible working arrangements in covered jurisdictions [5]. Employers can use this flexibility to accommodate staggered schedules, remote work where operationally feasible, shift adjustments or shorter periods away from the workplace.

Fourth, childcare providers should be integrated into breastfeeding policy. Registered childcare facilities should have protocols for receiving and handling expressed breast milk and staff should receive appropriate training [16].

Fifth, healthcare professionals should provide anticipatory guidance before mothers return to work. Counselling should address expression techniques, equipment choices, storage, feeding by caregivers, common challenges and how to communicate with employers.

Sixth, employers should develop written policies and train supervisors. A policy that exists only on paper is insufficient. Supervisors should understand that lactation support is a planned workplace accommodation and should know how to apply it consistently.

Seventh, Malaysia should strengthen monitoring and research. National surveys could include questions on employment status, return-to-work timing, access to workplace lactation facilities, expression frequency and childcare arrangements. This would allow policymakers to distinguish breastfeeding outcomes from workplace determinants.

Table 4. Proposed national framework for supporting breastfeeding among working mothers in Malaysia

Policy level	Recommended action	Lead stakeholders	Possible indicator
National labour policy	Maintain maternity protection and promote practical implementation of flexible work arrangements	Ministry of Human Resources; employers; labour authorities	Maternity-leave use and flexible-work requests
Workplace	Provide private expression space, safe storage and reasonable expression opportunities	Employers; occupational-health services	Percentage of worksites meeting lactation-support standards
Health system	Provide return-to-work breastfeeding counselling	Ministry of Health; hospitals; clinics	Proportion of mothers receiving counselling
Childcare	Standardize handling, storage and administration of expressed milk	Childcare regulators; nursery operators	Percentage of registered centres with written breastmilk protocols

Management	Train supervisors and normalize lactation support	Employers; HR departments	Supervisor training coverage and employee satisfaction
Research	Include employment and workplace variables in national surveys	Universities; Institute for Public Health; MOH	Availability of national employment-specific breastfeeding indicators
Equity	Develop scalable solutions for SMEs, shift workers and non-office occupations	Government; employers; local authorities	Access to lactation support by occupation and employer size

Source: Authors' proposed framework based on Malaysian and international evidence [1–7,10–16].

12. Discussion

The Malaysian case illustrates a broader transition in breastfeeding policy. Early breastfeeding promotion often focuses on mothers and health facilities: antenatal education, delivery practices, Baby-Friendly Hospital standards and counselling. These interventions remain important, but they cannot fully address what happens after a mother resumes paid employment.

The evidence reviewed here suggests that the workplace is a distinct breastfeeding environment. The 2011 Malaysian study linked inadequate workplace facilities with discontinuation [2], qualitative studies documented privacy and storage challenges [3,4], and international systematic reviews found that lactation spaces, expression breaks and organizational support can improve breastfeeding outcomes [6,7]. The convergence of these findings supports a policy shift toward workplace-level interventions.

Malaysia has already taken an important step through the 2022 amendment to the Employment Act, which increased maternity leave to 98 days and introduced flexible work arrangements in covered jurisdictions [5]. However, these measures primarily address maternity protection and work organization. They do not by themselves ensure that a mother returning after maternity leave can express milk safely during the working day.

The distinction is especially important because breastfeeding recommendations extend well beyond the maternity-leave period. WHO recommends exclusive breastfeeding for six months and continued breastfeeding to two years or beyond with complementary foods [8–10]. If a mother returns to work before six months, the workplace becomes directly relevant to the feasibility of exclusive breastfeeding.

At the same time, policy should recognize diversity in maternal choices and employment situations. Some mothers may exclusively breastfeed directly when they are with their infants; others may express milk; others may combine breast milk and substitutes; and some may decide not to breastfeed. A supportive environment should provide options rather than establish a moral hierarchy among mothers.

There are also important evidence gaps. Much of the Malaysian workplace-specific research is relatively old, localized or qualitative. The 2024 study provides contemporary qualitative evidence, but its sample was only 19 women [4]. There is a need for nationally representative studies that examine breastfeeding outcomes by occupation, sector, employer size, income, working hours, shift pattern, workplace facilities and childcare arrangements.

Another gap is implementation research. Knowing that lactation rooms are beneficial is not enough;

policymakers need to know which models work in small workplaces, factories, hospitals, schools and service-sector settings. Cost-effectiveness studies could identify scalable models. Digital tools could also support appointment scheduling, workplace policy communication and breastfeeding counselling, but they should complement rather than replace human support.

Finally, Malaysia can use its existing health infrastructure to integrate breastfeeding and employment data. Maternal and child health clinics, occupational-health programmes, childcare services and national surveys could share standardized indicators. This would allow policymakers to track whether changes in employment policy are accompanied by changes in breastfeeding duration and whether inequalities are narrowing.

13. Limitations of the Review

This manuscript has several limitations. First, it is a narrative review and does not follow a registered systematic-review protocol. The evidence base was synthesized for policy interpretation rather than pooled statistically. Second, Malaysian studies vary substantially in design and date. Findings from studies conducted in the mid-2000s should not be interpreted as direct estimates of breastfeeding practices in 2026. Third, national survey indicators do not always provide detailed employment-specific breakdowns, limiting direct comparison between working and non-working mothers. Fourth, labour-law provisions differ between Peninsular Malaysia/Labuan and Sabah/Sarawak, and legal interpretation should be checked against current official sources when used for compliance purposes. Finally, workplace interventions are context dependent; evidence from other countries should therefore inform, rather than automatically determine, Malaysian policy.

14. Future Research Directions

Future research should prioritize a nationally representative longitudinal cohort of Malaysian mothers followed from pregnancy through at least 12 months postpartum. Employment variables should include sector, occupation, employer size, working hours, shift work, commuting time, remote-work access, maternity-leave duration and return-to-work date.

A second priority is a standardized workplace audit. Researchers could assess whether workplaces provide private rooms, refrigerators, electrical outlets, hygiene facilities, written policies and expression breaks. These indicators could then be linked with breastfeeding outcomes.

Third, intervention studies are needed. Cluster-randomized or quasi-experimental studies could compare workplaces implementing comprehensive lactation programmes with usual practice. Outcomes should include exclusive breastfeeding, any breastfeeding duration, maternal satisfaction, absenteeism, staff retention and implementation cost.

Fourth, childcare research should examine how nursery practices affect expressed breast milk use. This includes staff training, storage, labelling, feeding methods and communication with parents.

Fifth, qualitative research should include women in occupations underrepresented in existing studies. Shift workers, healthcare workers, factory employees, retail workers, teachers, agricultural workers and employees of small businesses may face very different barriers from office workers.

Finally, policy research should examine whether the 98-day maternity-leave provision and flexible-working provisions introduced in 2023 have changed return-to-work breastfeeding outcomes. Such research should distinguish policy availability from actual uptake.

15. Conclusions

Breastfeeding among working mothers in Malaysia is best understood as a health, employment, childcare and social-support issue rather than as an individual maternal behaviour alone. National data demonstrate that breastfeeding is widely initiated and continued in Malaysia, while Malaysian studies show that the return to employment can create practical barriers involving privacy, milk storage, expression time, workplace culture and childcare [1–4].

The increase of statutory maternity leave to 98 days and the introduction of flexible working-arrangement provisions in covered Malaysian jurisdictions represent important developments in maternity protection [5]. However, breastfeeding support must continue after maternity leave ends. A mother who returns to work before six months may require predictable opportunities to express milk, and mothers who continue breastfeeding beyond six months may also benefit from workplace support.

The evidence supports a comprehensive model consisting of suitable lactation spaces, safe milk storage, reasonable expression breaks, flexible schedules, supportive supervisors and colleagues, breastfeeding-capable childcare and access to professional counselling [6,10–12,16]. These measures should be implemented in ways that account for occupational diversity and employer size.

Malaysia therefore has an opportunity to move from a predominantly maternity-leave-oriented approach toward a broader continuum of breastfeeding support that follows women from pregnancy through maternity leave, return to work and continued breastfeeding. Such an approach can improve the practical feasibility of breastfeeding for mothers who choose it, support infant nutrition, and create workplaces that recognize the realities of parenthood without compromising dignity or employment opportunity.

16. Declarations

16.1 Funding

No specific external funding was received for preparation of this narrative review.

16.2 Conflict of Interest

The authors declare no conflict of interest.

16.3 Data Availability

No original dataset was generated. The manuscript synthesizes published literature, Malaysian government reports and official policy documents.

16.4 Ethical Considerations

Because this is a narrative review based on published and publicly available sources, no new human-participant data were collected and institutional ethical approval was not required for preparation of the manuscript.

References

[1] Institute for Public Health, Ministry of Health Malaysia. National Health and Morbidity Survey 2022: Maternal and Child Health—Infant and Young Child Feeding Practice. Kuala Lumpur: Ministry of Health Malaysia; 2023.

[2] Amin RM, Said ZM, Sutan R, Shah SA, Darus A, Shamsuddin K. Work related determinants of breastfeeding discontinuation among employed mothers in Malaysia. International Breastfeeding Journal. 2011;6:4. doi:10.1186/1746-4358-6-4.

[3] Amin RM, Said ZM, Sutan R, Shah SA, Darus A, Shamsuddin K. Breast milk expression among formally employed women in urban and rural Malaysia: a qualitative study. International Breastfeeding Journal. 2012;7:11. doi:10.1186/1746-4358-7-11.

[4] Alwi NKM, Sulaiman Z, Tengku Ismail TA. Expression of Breastmilk: Qualitative Exploration on Experience of Working Women in Malaysia. Malaysian Journal of Medicine and Health Sciences. 2024;20(4):282–291. doi:10.47836/mjmhs20.4.35.

[5] Jabatan Tenaga Kerja Semenanjung Malaysia. Akta Kerja 1955 (Pindaan) 2022: Frequently Asked Questions and maternity protection provisions. Ministry of Human Resources, Malaysia; effective 1 January 2023.

[6] Vilar-Compte M, Hernández-Cordero S, Ancira-Moreno M, Burrola-Méndez S, Ferre-Eguiluz I, Omaña I, Pérez Navarro C. Breastfeeding at the workplace: a systematic review of interventions to improve workplace environments to facilitate breastfeeding among working women. International Journal for Equity in Health. 2021;20:110. doi:10.1186/s12939-021-01432-3.

[7] Dinour LM, Szaro JM. Employer-based programs to support breastfeeding among working mothers: a systematic review. Breastfeeding Medicine. 2017;12(3):131–141. doi:10.1089/bfm.2016.0182.

[8] World Health Organization. Infant and young child feeding. Geneva: WHO; 2026.

[9] World Health Organization. Breastfeeding. Geneva: WHO; updated guidance and recommendations.

[10] World Health Organization. WHO Guideline for complementary feeding of infants and young children 6–23 months of age. Geneva: WHO; 2023.

[11] Ministry of Health Malaysia, Health Education Division. Breastfeeding for Working Mothers. Putrajaya: Ministry of Health Malaysia.

[12] Ministry of Health Malaysia. Malaysian Dietary Guidelines for Children and Adolescents. Putrajaya: Ministry of Health Malaysia.

[13] Breastfeeding Prevalence and Factors Affecting Breastfeeding Duration Among Urban Multi-ethnic Malaysian Mothers: A Single-Center University Hospital Study. Malaysian prospective cohort evidence; 2023. PMID: 37981736.

[14] Jabatan Kesihatan Negeri Perlis, Ministry of Health Malaysia. Breastfeeding Room Service: workplace lactation-room facilities and support for working mothers.

[15] Hassan KH, Musa NC. Women's Right to Breastfeed in the Workplace: Legal Lacunae in Malaysia. Asian Women. 2014;30(2):85–108. doi:10.14431/aw.2014.03.30.2.85.

[16] Mohd Suan MA, Ayob A, Rodzali M. Childcare workers' experiences of supporting exclusive breastfeeding in Kuala Muda District, Malaysia: a qualitative study. International Breastfeeding Journal. 2017;12:2. doi:10.1186/s13006-016-0095-4.

[17] International Labour Organization. Maternity Protection Convention, 2000 (No. 183). Geneva: ILO.

[18] UNICEF. Breastfeeding and family-friendly policies: supporting mothers in the workplace. New York: UNICEF; relevant policy resources.

[19] World Health Organization. Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative. Geneva: WHO; 2018.

[20] World Health Organization and UNICEF. Global Breastfeeding Scorecard and breastfeeding support resources. Geneva/New York: WHO and UNICEF.