

Session 30

(Participants' Manual)

WOMEN AND WORK

Objectives

At the end of this session, participants will be able to:

- summarise global policy recommendations on maternity protection;
- describe maternity entitlements and current practices in their own country;
- counsel women about continuing to breastfeed when they return to work;
- show women how to give their babies as much breast milk as possible when they are away from home;
- explain how to give any necessary supplements safely.

Introduction

Mothers often stop breastfeeding or start mixed feeding before 6 months, when they return to work after delivery. Many women have to return to work within a few weeks, and this puts their own and their babies' lives and health at risk.

There are some things which governments, employers and trade unions can do to improve working conditions for mothers. This is called *maternity protection*. If they are government policy, then they are *maternity entitlements*.

There are some things that mothers can do to continue giving their babies the benefits of breastmilk longer. They need the *support* of health workers, peer supporters, and their families and communities.

Slide 30/1 The Global Strategy for Infant and Young Child Feeding

In 2002, WHO and UNICEF adopted the Global Strategy for Infant and Young Child Feeding, to strengthen efforts to protect, promote and support breastfeeding worldwide. All UN countries agreed to it, so all are called upon to implement it.

The Global Strategy endorsed previous policy statements, including the Innocenti Declaration of 1990. Maternity protection is an important part of both the Innocenti and the Global Strategy, to enable employed women to breastfeed optimally, so that they do not put their own and their infant's health at risk.

This slide quotes some statements from the Global Strategy (*paras 10,28,34 bullet 1*). It calls upon governments to implement a policy of *maternity entitlements*, including paid maternity leave, breastfeeding breaks, on-site facilities for day-care and breastfeeding, and for expressing and storing breast milk.

These entitlements are sometimes available for government employees, or for women working for large companies. But they are rarely available for women in what is called the “informal economy”, for example in domestic and casual employment, or in agriculture.

The global strategy for infant and young child feeding

WHO/UNICEF 2002 (paragraphs 10,28,34.1)

Mothers should be able to continue breastfeeding and caring for their children after they return to paid employment.

- Maternity leave
- day care facilities and
- **paid breastfeeding breaks**

should be available for all women employed outside the home
[including for those]
 engaged in part time, domestic and intermittent employment

BFC 30/1

International Labour Organisation (ILO)

Maternity Protection Convention C183, year 2000

- 14 weeks of maternity leave
- Paid leave (at least 2/3 of salary) and medical benefits both paid by social security or social/health insurance
- One or more breastfeeding breaks as part of working time
- Health protection for pregnant and breastfeeding workers
- Job protection against dismissal if pregnant or breastfeeding
- Non-discrimination against hiring women of childbearing age
- Inclusion of working women from the non-formal sector

BFC 30/2

Slide 30/2 ILO Maternity Protection Convention C183, 2000

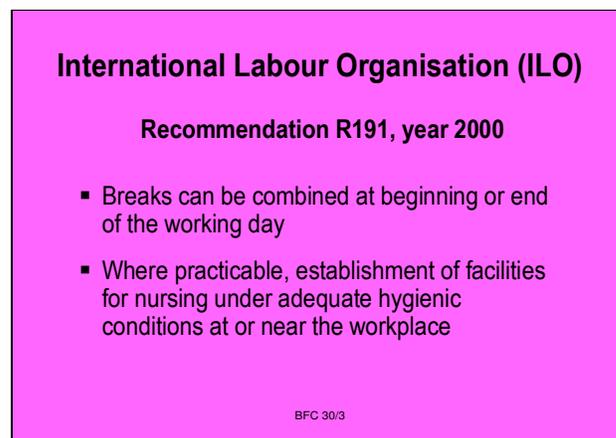
For many years, the United Nations, through the International Labour Organisation (ILO), has urged governments to provide maternity protection for female workers. In the UN system, the ILO is responsible for labour and employment issues. It aims for social justice through labour negotiation between government, employers' and trade union organisations.

It does this through a series of Conventions. These are agreements, which are binding for all countries who ratify them.

The first ILO Maternity Protection Convention was in 1919, and called for 6 weeks maternity leave, and two breastfeeding breaks a day. The second Maternity Protection Convention was in 1952 and called for 12 weeks paid maternity leave, and for breastfeeding breaks to be part of paid working time.

A new Convention in 2000, C183, extended the length of maternity leave to 14 weeks, and included clauses covering paid leave, health protection, job protection, non-discrimination and inclusion of women working in the non-formal sector. Unfortunately only a few countries have ratified Convention C183.

Fourteen weeks of maternity leave seems to be a short time, when the recommendation for exclusive breastfeeding is 6 months, which is 26 weeks. Fourteen weeks should be a minimum, and governments and companies can be urged to provide more than this. But employers are unwilling to give more paid maternity leave because of the expense; and trade unions are unwilling to try to get longer leave, because employers might be less willing to employ women of child bearing age. This is why social insurance and social security are so important.



International Labour Organisation (ILO)

Recommendation R191, year 2000

- Breaks can be combined at beginning or end of the working day
- Where practicable, establishment of facilities for nursing under adequate hygienic conditions at or near the workplace

BFC 30/3

Slide 30/3 Maternity Protection Recommendation R191, 2000

Also in 2000, the ILO added Recommendation 191 to establish hygienic facilities for breastfeeding (nursing) near the workplace, and to allow paid breastfeeding breaks to be taken at the beginning/end of each day (shorter working day). A Recommendation is not binding, so it is not as strong as a Convention.

Slide 30/4 The Global Strategy and the ILO convention

The Global Strategy points out that governments can achieve what is required by implementing laws consistent with the existing Maternity Protection Convention C183 and Recommendation 191. The responsibility for maternity entitlements is not only with government, but also with employers and trade unions.

Slide 30/4 quotes the Global Strategy statement about the responsibilities of *employers* to facilitate and support breastfeeding by their employees; and of trade unions to negotiate maternity entitlements as well as job security for childbearing women.

The global strategy and the ILO convention

Employers:
should ensure that maternity entitlements of all women in paid employment are met including:

- breastfeeding breaks or
- other workplace arrangements
(eg facilities for expressing and storing breast milk for later feeding by a caregiver)
to facilitate breast-milk feeding once paid maternity leave is over.

Trade unions:
have a direct role in negotiating adequate maternity entitlements and security of employment for women of reproductive age (*para 45*).

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Depending on the size of a business, it may be complicated for an employer to replace a worker for a long period, as well as to guarantee her post when she returns from leave, without some form of government support and reinstatement training. Trade unions should negotiate other forms of reinstatement when possible – such as flexible time, part time work, or working from home.

Unfortunately, employers and trade union officials are often men, and may not understand the needs of women with young families, and the difficulties of balancing work and family responsibilities.

Benefits of breastfeeding for employers

Cohen et al Am J Health Promotion 1995

Maternal absentee rates due to infant illness in two US companies

- 25% if breastfed
- 75% if artificially fed

- Reduced absenteeism leads to cost savings
- Providing breastfeeding support to employees results in cost benefit
- Less turnover of employees and training of new ones



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Slide 30/5 Benefits of breastfeeding for employers

Some research has shown that women who breastfeed are less likely to be away from work due to infant illness than women who feeds their babies artificially. This may be a surprise to an employer, because most people do not realise the health advantages of breastfeeding. Reduced absenteeism leads to cost savings for the employer, and other advantages such as increased employee loyalty, and less turnover (less training of new employees). If a woman is negotiating with an employer for assistance with maternity entitlements, it is helpful to point out the possible benefits to the company if their employees breastfeed.

Summary of strategies

ILO Conventions:

- Paid maternity leave and breastfeeding breaks

ILO Recommendations:

- Hygienic facilities for breastfeeding or expressing near workplace
- Shorter working day

National legislation:

- Paid leave and other conditions as ILO or better

Alternative strategies:

- Crèche (nursery) in workplace or nearby with staff supportive of breastfeeding
- Home caregiver brings baby to work for feeds
- Part time or flexible working arrangements

In all cases:

- *Regular communication between mother, employer, trade union*

BFC 30/6

Slide 30/6 Summary of strategies

Slide 30/6 summarises the various strategies we have mentioned, that can help women employed outside the home to breastfeed. They are all included in the Global Strategy for Infant and Child Feeding, and therefore all UN Member States agree to them. The most important are included in ILO Maternity Protection Conventions and Recommendations. They should be legal maternity entitlements, available to all employed women.

However, many of these entitlements are not yet in place, and there are alternatives which may be preferable in some situations. For example, if the mother lives near the work place, she may be able to go home to breastfeed during breaks, or a carer might bring the baby to the workplace for feeds; or she might be able to negotiate part time or flexible working arrangements.

An important factor is for the mother to be able to communicate with her employer or supervisor and trade union or co-workers about her needs (expectations). She needs to know the national law in order to be able to claim what she is entitled to. She needs support to negotiate arrangements that will assist her, and that are feasible at her workplace – such as finding a suitable place to express her milk other than in the toilet.

Another factor is the support that mothers get from health workers, who can play an important role in building their confidence and encouraging their families that they can breastfeed and work outside the home. You may have an important part to play here, whether or not legal entitlements are in place.

ADVICE TO GIVE TO MOTHERS WHO WORK AWAY FROM HOME

Note: Some of this advice is written in the form of instructions which sound like “orders”.

When you have talked to a mother about her difficulties, using information and suggestions, and with her agreement you are instructing her about what she has decided might be helpful, this way of explaining what to do is permissible.

It is a good idea to give your baby as much breast milk as possible. The more he breastfeeds, the more he will benefit.

Is your work place near to your home? If it is, perhaps you can go home to feed him during breaks, or ask someone to bring him to you at work to breastfeed.

Would you be able to take your baby with you to work? In some jobs, your young baby can sleep in a basket or can be held in a sling while you work.

Is there a crèche near your workplace, so that you can leave the baby there and go and feed him during breaks?

However, it can be difficult to take your baby with you if transport is crowded.

If your work place is far from your home, try to give your baby the benefit of breastfeeding in the following ways:

- *Breastfeed exclusively and frequently for the whole maternity leave.*
This gives your baby the benefit of breastfeeding, and it builds up your breast milk supply. The first two months are the most important.
- *Learn to express your breast milk soon after your baby is born (see Session 19 ‘Expressing breast milk’).*
This will enable you to do it more easily when you have returned to work.
Some women find it quicker to express both breasts at once, leaning over two bowls on a table.
- *Avoid starting other ways of feeding before you really need to.*
It is better not to think "I shall have to go back to work in 12 weeks, so I might as well bottle feed straight away."
It should not be necessary to use a bottle at all. Even very small babies can feed from a cup. You can safely wait until about a week before you go back to work. Leave just enough time to get the baby used to cup feeds, and to teach the carer who will look after him.
- *Continue to breastfeed at night, in the early morning, and at any other time that you are at home.*
 - This helps to keep up your breast milk supply, and gives your baby the benefit of suckling and plenty of breast milk at this time.
 - It is easiest if you keep your baby in bed with you, or in a cot very close to you, so that you can feed him without getting up. This helps you to get enough rest.
 - Many babies ‘learn’ to suckle more at night, and get most of the milk that they need then. They sleep more and need less milk during the day.

- *Express your breast milk before you go to work, and leave it for the carer to give to your baby:*
 - You need to leave yourself enough time to express your breast milk in a relaxed way. This may mean waking up half an hour earlier than at other times. (If you are in a hurry, you may find that you cannot express enough milk.)
 - Express as much breast milk as you can, into a very clean cup or jar. Some mothers find that they can express 2 cups (400-500 ml) or more even after the baby has breastfed. But even 1 cup (200 ml) can give the baby 2 feeds of 100 ml each. Smaller babies may only need 60 -70 ml. It may help to express the milk into separate jars for each feed, or to divide it into separate jars after expressing.
 - Leave about ½ cupful (100 ml) for each feed that the baby will need while you are out. If you cannot express as much as this, express what you can. Whatever you can leave is helpful.
 - Cover the cups of expressed breast milk with a clean cloth or plate.
 - Leave the milk in the coolest place that you can find, in a refrigerator or freezer if you have one, or in a safe, dark corner of the house.
 - You do not need to boil or reheat your breast milk for your own baby. Heat destroys some of the anti-infective factors.

Fresh EBM stays safe and in good condition longer than cow's milk, because of the anti-infective factors in it. Germs do not start growing in EBM for at least 6-8 hours, even in a hot climate, and outside the refrigerator. Fresh EBM is safe to give to the baby at least throughout one working day. Any left over milk can be given to an older child, or you may drink it yourself.
- *Breastfeed your baby after you have expressed.*
Suckling is more efficient than expressing, so he will get breast milk that you cannot express, including more of the hind milk.
- *If you decide (in consultation with your breastfeeding counsellor) to use formula for some or all of the feeds:*
 - Measure the powder for a feed into a clean cup or glass, and cover it with a clean cloth.
 - Teach the baby's carer to heat water to a rolling boil and to measure the right amount into another cup or glass (by filling it to a pre-measured mark).
Teach the carer to add the milk powder to the water while it is still hot and to shake it to dissolve the milk.
 - Explain that she must use the formula within 2 hours, and then throw away any left over or feed it to an older child.
- *Teach the carer properly and carefully:*
 - Explain that she should wash her hands thoroughly each time before feeding your baby.
 - Teach her to feed the baby with a cup, and not to use a bottle. Cups are cleaner, and they do not satisfy a baby's need to suckle. So, when you come home, your baby will want to suckle at the breast, and this will stimulate your breast milk supply.
 - Explain that she should give all of one feed at one time. She must not keep it to give later; and she must not give a small amount every now and again.
 - Ask her not to give the baby a pacifier but to calm him with other attention.

- *While you are at work express your breast milk 2-3 times each workday (about 3-hourly):*
 - If you do not express, your breast milk supply is more likely to decrease. Expressing also keeps you comfortable, and reduces leaking.
 - If you work where you can use a freezer or a refrigerator, try to arrange to keep your expressed breast milk there. Carry a clean jar with a lid to store your breast milk, and to take it home for the baby. If you can keep it cold at home in a refrigerator, it will be safe to use the next day.
 - If you cannot keep your EBM cold, try to find another way to use it, such as giving it to an older child, or even drinking it yourself. If you cannot use it, you may need to throw it away. Remember that your baby has not lost anything - your breasts will make more milk.
- *Develop a network of support at work*
 - Talk to your employer and supervisor about what you hope to do. Help them to understand that you want to do your work well, as well as caring for your baby. Discuss your needs, and what would be feasible in the work place, and ask them to support you.
 - Talk to your co-workers also, and discuss your need for them to cover for you when you are expressing milk, and try to find ways to help them in turn.
 - If necessary, ask your supervisor or a health worker to talk to your colleagues and explain about breastfeeding. Other women may be interested to do this when they have a baby.
 - If there is a trade union at your workplace discuss your problems and needs with them and try to find a way to implement them
- *Develop a network of support at home*
 - Talk to your family about what you want to do, and explain why breastfeeding is so important. Help them to understand that the baby will not get sick and cost so much money for milk and medicines as a formula fed baby.
 - Explain how you will need to breastfeed a lot when you are at home, and ask them to help with other work when you need to do this. Ask the family members who support you to talk to the others. If necessary, ask a health worker to talk to them.

If you are a health worker, make sure that your patients know and see how you manage. Then, they can follow your example.

Further information

Using hot water to mix up milk powder.

It is now recognised that powdered milk is not completely sterile, and it should be mixed with hot water to kill any bacteria in the powder. See the WHO document "How to prepare formula for bottle feeding at home". Cup feeding is safer than bottle feeding.

Modified animal milk.

Modified animal milk is no longer considered adequate for milk feeds for a baby less than 6 months old.

Mixed feeding in the case of HIV.

If a mother is planning to breastfeed and to feed her baby partially with infant formula, she should be informed that mixed feeding in this way increases the risk of transmission of HIV. She should be advised to have an HIV test to ensure that she is HIV negative before starting mixed feeding. If she is HIV positive, she needs counselling about alternatives, such as exclusive formula feeding, or finding a way to breastfeed exclusively for at least the first 6 months.

Role-play exercise

Scenario: Helping a mother who works away from home

Sophie had her third baby 4 weeks ago.

Sophie works in a shop. She will have to return to work when her baby is 2 months old. She stopped breastfeeding her other children at 6 weeks, and bottle fed them, because of returning to work. They were often ill, and she missed the closeness of breastfeeding.

Sophie would prefer to breastfeed this baby, and a friend said that some women do, but Sophie does not know how. She is worried about leaking and smelling at work - it would be embarrassing, and might upset her employers and customers. She is worried about trying to breastfeed, work, and care for her other children and their father.

She will be away from home for about 10 hours altogether, five days a week. Her younger sister will be caring for the baby, and is quite reliable. There is no refrigerator. Sophie has bought two new feeding bottles.

Note for the participants who do the role-play:

Try to emphasize these points:

- The practical difficulties faced by Sophie, with so much to do, getting to work, and looking after her family.
- How the counsellor helps Sophie to think through what she will do that is really possible for her.
- The value of breastfeeding at night, and of cup feeding instead of bottle feeding when Sophie is away from the baby.
- How the counsellor supports Sophie about whatever she can do, using confidence building techniques. She should help Sophie to feel good manage.
- How Sophie discusses her specific problems at work, difficulties to be allowed to express her milk, lack of support of colleagues and employer, no specific room, etc.