

Inform

people about working parents' perspectives on breastfeeding and parenting





Anchor

optimal paid leave and workplace support as important tools to enable breastfeeding



Engage

with individuals and organisations to enhance collaboration and support for breastfeeding at work



Galvanise

action on improving working conditions and relevant support for breastfeeding

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Contributors

Decalie Brown, Dexter Chagwena, Elien Rouw, Elisabeth Kylberg, JP Dadhich, Khalid Iqbal, Maryse Arendt, Michele Griswold, Mona Alsumaie, Nair Carrasco, Nomajoni Ntombela, Rafael Perez-Escamilla, Zaharah Sulaiman

Reviewers

Fatmata Fatima Sesay, Hiroko Hongo and LLLI team, Jenifer Cashin and Alive & Thrive team, Kathy Parry, Larry Grummer-Strawn, Prashant Gangal, Rufaro Madzima

Editorial Team

Amal Omer-Salim, Thinagaran Letchimanan

Design & Layout Chuah Pei Ching

Advisor Felicity Savage

Designer

C-Square Sdn Bhd

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BREASTFEEDING

is one of the best investments in children's and women's health and survival.

The cost of not breastfeeding has enormous implications at the individual, family and societal level. Women in all societies everywhere and throughout history have had to manage the conflicting responsibilities of caring for their children and gainful employment. In many communities, women manage by sharing their tasks, supporting each other, often helped by other family members such as grandmothers. Nowadays, men are taking more active responsibility, and thus both parents need support.

As early as 1919, the International Labour Organization (ILO) improved working conditions for women and children. ILO Maternity Protection Convention 1919 (No. 3), stipulates that a woman shall not work for the first six weeks after childbirth and shall be allowed two half hour breaks a day to feed her child. Since then, two more ILO Conventions focusing specifically on Maternity Protection at the Workplace have been adopted: Convention, 1952 (No. 103), allowing leave of not less than 12 weeks and Convention, 2000 (No. 183), allowing not less than 14 weeks. Recommendations were adopted in the same years: No. 95, in 1952 recommending 14 weeks leave, and No. 191, in 2000, recommending 18 weeks leave and in both, various breaks and facilities. Parental leave should be provided after the expiry of maternity.

only
43
countries

To date, only 43 countries globally have ratified the Maternity Protection Convention, 2000 (No. 183). Almost all the countries have included some maternity leave in their laws, but there are large variations and only 18 countries meet or exceed the ILO Recommendation 191 18-week standard.

Studies show that the emotional and practical support extended by fathers to mothers, such as contributing in household tasks and care for older children, contribute to breastfeeding success.

Taking care of a newborn is a shared responsibility of all parents, thus the importance of the right to paternity leave to promote greater involvement of fathers in care responsibilities. The ILO reports that 115 out of 185 countries offer paternity leave. But these entitlements remain short in most countries and coverage is low. Entitlements for parental leave, which allows parents to take care of their children after the expiration of maternity and paternity leave, are less common and are offered only in 68 countries. Parental leave for mothers leads to better child health as it enables the mother to increase breastfeeding frequency. When taken by fathers, parental leave also facilitates greater involvement by fathers in caring for the family, thus promoting sharing of care responsibilities between parents and reducing the burden for mothers who usually take the larger share.

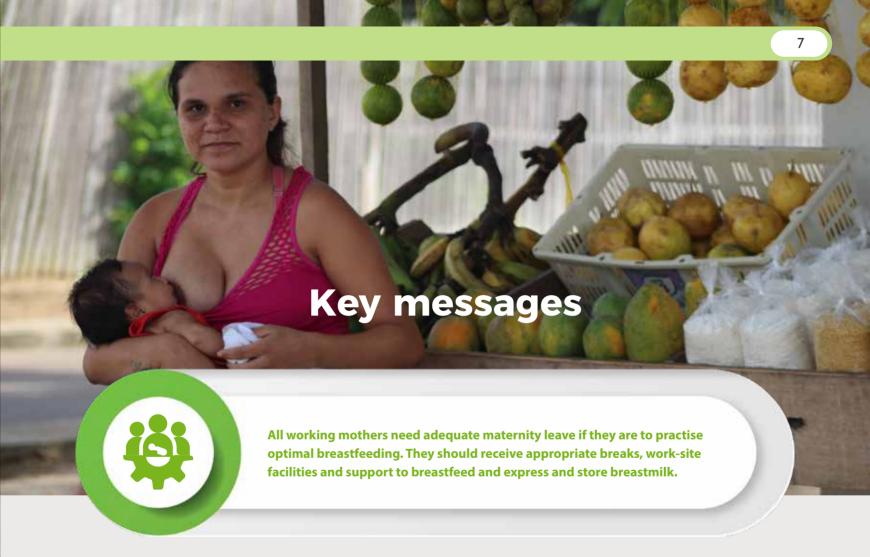
Workplace limitations remain the most common reason for women to never breastfeed or to stop breastfeeding earlier than recommended by WHO, or than they want themselves. Even with adequate maternity and parental leave, lack of support for breastfeeding at the workplace can undermine breastfeeding. About 70 countries do not provide the right to breastfeeding breaks and most of those countries only allow breaks for six months despite breastfeeding being recommended for two years or beyond.

Workers in the informal economy are particularly vulnerable and need attention because maternity and paternity leave entitlements remain inaccessible for many of them . . .

There is a need to improve access to paid maternity leave, and other breastfeeding services for women both inside and outside the workplace. In addition, fathers need specified paternal leave, and parental leave should be granted, meaning the allocation of a period of leave to be shared between the two parents or partners. The purpose is to ensure that fathers or partners share childcare and domestic responsibilities equitably and reduce the gender gap.

#WBW2023 focuses on breastfeeding and employment or work. It aims to show the effect of paid leave, workplace support and emerging parenting breastfeeding norms, as parents themselves see them. Target audiences, including governments, policymakers, health sectors, employers, communities and parents, will all see that they have critical roles in empowering families and sustaining breastfeeding-friendly environments in the post-pandemic work life balance.





The maternity leave helped Lungelani to breastfeed exclusively for three months, and she was able to express enough milk for one month's supply. Lungelani did not get breastfeeding breaks or support at her workplace. She was unable to express her milk at work and had unsupportive peers. (Zimbabwe)

Read more on page 12

For her second child, Latifa received 3 months of fully paid maternity leave and extended for another 3 months of halfpaid leave. The maternity leave was very beneficial for her as she was able to enjoy breastfeeding directly and had enough time to express and store breastmilk without stressful demands from her work. (**Kuwait**) *Read more on page 15*



Breastfeeding is teamwork and both parents need information and support for their different roles. Access to adequate paternity and parental leave can allow the non-breastfeeding parent to have time to share household responsibilities and provide other support to enable the mother to breastfeed.

The parental leave allowed Gustav the opportunity to get to know the baby together with Karin, but also to relieve the burden by taking care of the housework so that the mother could focus on breastfeeding. **(Sweden)** *Read more on page 11*

Aqilah and Ahmadi believe you need to educate yourself sufficiently so that you can breastfeed comfortably knowing what to do. Partners need to help and assist the mother in every way they can. (Malaysia) Read more on page 13



A supportive workplace includes providing maternity/paternity entitlements to parents will enable continued breastfeeding and thus improve child health. This results in less absenteeism and enhanced productivity at work which is beneficial for employers as well.

Kimberly was fortunate to have an amazing and supportive supervisor who emphasised family first. She advises new mothers to be flexible and gentle on themselves when they return to work, and to understand that it may not all go to plan everyday. (**Australia**) *Read more on page 14*

Lungelani emphasises that more support and encouragement should be given to breastfeeding parents everywhere. (**Zimbabwe**) *Read more on page 12*

Key messages 9



When maternity and parental leave policies are implemented, they can improve breastfeeding. There is a need to mobilise resources to advocate, monitor, evaluate, and enforce policies that promote, protect, and support breastfeeding and the rights of parents and children.

Luz did not have a breastfeeding room at work which made her advocate for the creation of a breastfeeding support room and free breastfeeding counselling at her workplace. (**Ecuador**) *Read more on page 16* Ahmadi as a head nurse allows his staff to have a breastfeeding break whenever they need one. (Malaysia)

Read more on page 13



Parents need support from the whole society to enable breastfeeding. A Warm Chain of Support for breastfeeding needs to be established including the health sector, workplace and community.

Luz and Alfonso emphasised that each parent is the key to the growth and development of a child. While most needs can be met by the mother, the mother needs the support of her family, ideally her partner to overcome the challenges of motherhood during this time, especially for the woman who is working or studying. (**Ecuador**) *Read more on page 16*

Latifa believes that all workplaces and public places should have a private place for breastfeeding mothers to express, pump and store the breastmilk or breastfeed directly if needed. (**Kuwait**) *Read more on page 15*







Karin and Gustav from **Sweden** had a combined 22 months of parental leave for both parents. Although they received a reduced salary for the parent staying home, it was enough to keep the same standard of living. There were no preconditions to get parental leave. In Sweden, the employers are obliged by law to give leave to parents who want to be at home with their young children. With the generous parental leave in Sweden, the couple stayed home together for the first two weeks. This made the start of breastfeeding very calm and smooth. There was no problem breastfeeding exclusively for the first six months. The parental leave allowed Gustav the opportunity to get to know the baby together with Karin, but also to relieve the burden by taking care of the housework so that the mother could focus on breastfeeding. They are very grateful that they never had to struggle to combine breastfeeding and work, thanks to Sweden's generous parental insurance system.



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Lungelani and Bhekisani are from **Zimbabwe**. Their youngest daughter is 12 months old. Lungelani got 98 days of maternity leave, but Bhekisani who works in South Africa did not receive paternity leave. The maternity leave helped Lungelani to breastfeed exclusively for three months, and she was able to express enough milk for one month's supply. Lungelani did not get breastfeeding breaks or support at her workplace. She was unable to express her milk at work and had unsupportive peers. She believed that her colleagues and superiors should take breastfeeding seriously and offer breastfeeding support at the workplace. The employers should allow free breastfeeding as long it does not jeopardise her work performance. Bekhisani was not able to support Lungelani without the paternity leave, and he works in another country. Lungelani hopes all workplaces will allow breastfeeding rooms and breastfeeding breaks. She emphasises that more support and encouragement should be given to breastfeeding parents everywhere, especially when fathers work away from home.





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Both Agilah and Ahmadi are healthcare professionals from Malaysia. They have four children of eight, six and four years old, with the youngest being nine months. Agilah has managed not only to exclusively breastfeed all of her own children, but also to wet nurse two others. Despite the fact that her spouse works shifts, they have been able to support each other. Agilah received 90 days of paid maternity leave and Ahmadi got 7 days of paternity leave. Agilah and Ahmadi were able to access their leave easily and she could request further half-paid or unpaid leave from her department head after her maternity leave finishes. Being at home allowed Agilah the time to express an adequate supply of milk for when she returned to work. Since she returned, she has been able to take breastfeeding breaks easily. She expresses her milk in any room available. Ahmadi as a head nurse allows his staff to have a breastfeeding break whenever they need one. Agilah emphasises the importance of equipping yourself with knowledge to breastfeed. Ahmadi wants to continue supporting Agilah and considers it is his responsibility as a husband. He used his paternity leave to take care of the older children and to help Agilah with the cooking and cleaning of the house. He feels it would be better if the paternity leave could be more than 7 days. Agilah and Ahmadi believe you need to educate yourself sufficiently so that you can breastfeed comfortably knowing what to do. Partners need to help and assist the mother in every way they can.

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Kimberly is a mother of two from **Australia**. She received 12 months total paid leave that she was able to access easily. The leave allowed her to continue breastfeeding for longer and to spend that additional time at home with her sons before returning to full time work. She worked with her manager well ahead of her leave to secure a private working space on her return to work and to have breaks to express milk. She had access to a comfortable breastfeeding room when she needed a break. She was fortunate to have an amazing and supportive supervisor who emphasised family first. She advises new mothers to be flexible and gentle on themselves when they return to work, and to understand that it may not all go to plan everyday. They need to continue to work with their employer and speak up if they are able. More often than not the employer will make adjustments, so mothers can continue breastfeeding their babies. Kimberly feels lucky and proud that she was able to feed her two little boys and continue feeding when she returned to full time work as a firefighter, and it was absolutely worth it all.







Latifa is a paediatrician from Kuwait and a mother of two breastfed children, a 7-year-old boy and a 30-month-old girl. She breastfed them both exclusively for six months followed by complementary feeding with continued breastfeeding up to the age of 12 months. For her first child, she was a resident doctor and only received 30 days of maternity leave with no breastfeeding breaks at work. It was challenging for her during the first few months upon returning to work, but her family was very supportive. She expressed her milk to leave at home for them to feed the baby, and if the expressed milk was finished, her husband would bring the baby to her at work. However, for her second child, she received 3 months of fully paid maternity leave and extended for another 3 months of half-paid leave. The maternity leave was very beneficial for her as she was able to enjoy breastfeeding directly and had enough time to express and store breastmilk without stressful demands from her work. Her greatest challenge was the absence of a suitable place at work to privately and comfortably express breastmilk to maintain the supply. Also, there was no creche or day care for babies. She is thankful for her supportive husband who took care of their baby while she was away at work even though he only received one day of paternity leave on the day of birth. She believes that all workplaces and public places should have a private place for breastfeeding mothers to express, pump and store the breastmilk or breastfeed directly if needed.







Alfonso and Luz are lecturers and parents to a 6 year old and 2 year old from **Ecuador**. For her first child, Luz was entitled to paid maternity leave of 84 days after birth and then breastfeeding breaks of 2 hours per day in an 8-hour working shift for 12 months. Alfonso received 10 days of paternity leave. For her second child, Luz got 3 months maternity leave after birth. Breastfeeding break is 2 hours daily in an 8-hour shift after maternity leave until the child is 15 months. Breastfeeding was a challenge because they were separated before the children were physiologically ready to wean from breastfeeding. Nevertheless, she persevered and continued breastfeeding. The eldest breastfeed until 3 years 6 months and the second child continues to breastfeed. Luz did

not have a breastfeeding room at work which made her promote the creation of a breastfeeding support room at her workplace. Currently, her workplace has a breastfeeding support room and free breastfeeding counselling for the employees and students of the institution. Although she did not benefit from this, the institution invested in her to create this support environment. Unfortunately, she received discouragement or criticisms rather than recognition from her peers. The experiences of parenthood and the challenges Luz and Alfonso faced have motivated them to support other couples. Her second child was born during the COVID-19 outbreak and working from home delayed the separation, so she enjoyed breastfeeding without separation until her child was 10 months old. Luz and Alfonso emphasised that each parent is the key to the growth and development of a child. While most needs can be met by the mother, the mother needs the support of her family, ideally her partner to overcome the challenges of motherhood during this time, especially for the woman who is working or studying.





The number of countries meeting the basic standards of Convention, 2000 (No. 183) has increased from 72 in 2014 to 83 in 2022. However, only 10% of countries currently meet the recommended standard of R191. No countries in Africa or Oceania meet this standard. There still seems to be large variation across countries and regions.

There are still many challenges in making parental leave work to support breastfeeding. Some parents are not eligible for different kinds of leave, or the payment does not allow for a decent living in some countries. The association between short, unpaid leave following birth and lower rates of breastfeeding has <u>long been recognised</u>. Working women in the formal sectors often return to work early or utilise their maternity leave fully before the child reaches six months and this often affects exclusive breastfeeding.

Sometimes women instead take on other jobs to increase their income. From a health equity perspective, jobs that do not pay a living wage or informal jobs provide additional barriers to breastfeeding. The result of unjust conditions is the differences in breastfeeding by race, ethnicity and neighbourhood factors, for example. Women demanding their right to breastfeeding breaks are often under subtle pressure from the employer or colleagues not to demand their entitlements.

It is not only the length of maternity leave that has an impact on breastfeeding rates, but also the level of remuneration, with <u>higher pay resulting in a higher likelihood of leave uptake and a longer duration of leave</u>, which is positive for breastfeeding. Protections should be put in place to ensure that the career progression of women is not negatively impacted by the extension of maternity leave, and neither female workers nor companies are forced to bear all the financial costs of creating such a scheme- policymakers should consider complementary programmes that will

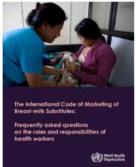
facilitate breastfeeding while women participate in the labour market, for example by promoting the implementation of company policies that encourage breastfeeding at work, such as providing day care facilities or breastfeeding rooms.

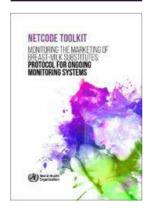
While women in the informal sector can take their children with them to their businesses or work, most public and market spaces are not conducive to this, or parent friendly. Absence or inadequate paternity leave prevents fathers from supporting breastfeeding in the early days of their newborn infants. Without government protection for all people who choose to breastfeed, the region where one lives will often predict breastfeeding intention and duration.











To practise exclusive breastfeeding for six months, all working mothers, in formal as well as informal sectors, public and private, need to be provided with at least 6 months of paid maternity leave and at least 15 days of paternity leave. Parents need to have time following birth to establish and support breastfeeding. They need information on the advantages of breastfeeding and on their rights to breastfeed as well as the right to maternity/parental leave. Maternity leave is critical to enabling early, exclusive and continued breastfeeding. Longer maternity leave is associated with lower infant mortality in low- and middle-income countries. For each month of additional maternity protection, there is a reduction of nearly eight infant deaths per 1,000 live births.

Parental leave allows the inclusion of fathers/partners in the support of breastfeeding and will lead to greater gender equality and help to protect women from career discrimination. If parents are supported by employers when they return to work, they are more likely to be able to ensure that their infants and young children continue with breastfeeding.

Legislation providing maternity protection to all working pregnant and lactating women is a must to support their needs and choices. They need reasonable parental leave and help to combine breastfeeding and work. Furthermore, there is also a need to protect women and families against predatory marketing practices from the commercial milk formula industry by adopting and enforcing the WHO International Code of Marketing of Breastmilk Substitutes.



Once a mother returns to work, the provision of hygienic
breastfeeding rooms, storage facilities, breastfeeding breaks, and access to childcare can help her continue breastfeeding for as long as she chooses. Family-friendly workplace policies attract more women to the workforce and reduce constraints on women's time, increasing per capita income and benefiting national economies. The provision of workplace breastfeeding rooms and nursing breaks are low-cost interventions that can improve breastfeeding, job performance and employee retention.

Both working parents require flexible working arrangements when possible, to enable mothers to breastfeed and partners to help with childcare and to support breastfeeding. They will need assurance against employment discrimination and job protection in an environment that is supportive of breastfeeding.

Working mothers in particular should receive breastfeeding counselling and support during both the antenatal and postnatal period, to build their confidence and skills to enable them to breastfeed in the face of challenges. This support could be provided or made accessible by the workplace health departments.



Pass laws to provide paid maternity leave for at least six months for all employees through public sector funds. Improve coverage of paternity and parental leave legislation to enable fathers to be fully involved.

Develop systems for funding of maternity and paternity protection for the informal sector and self-employed workers. Work to enforce the provision of Maternity Protection as a matter of policy among employers.

Make it a legal requirement to provide breastfeeding rooms in workplaces employing women with guaranteed right to breaks to breastfeed for at least 24 months.

Promote <u>initiatives</u> by personnel to support breastfeeding among mothers in both formal and informal workplaces.

Advocate for family-friendly workplaces and public places, for example allowing for breastfeeding in public such as in canteens and recreation areas.

Create and facilitate a breastfeeding-friendly accreditation package for workplaces. Ask health insurance companies to cover breastfeeding support services inside and outside the workplace, helping them to understand the health benefits of doing so.

Allow flexibility for parents to decide how and when to take other leaves after maternity leave has ended. Enact and monitor the International Code of Marketing of Breast-milk Substitutes regularly.





Guarantee at least six months of paid maternity leave for mothers

Provide paternity leave for fathers

Make sure that the information about leave entitlements is clear for parents, and explain how to arrange them and get payments, and who administers it.

Provide suitable <u>breastfeeding rooms</u> and allow enough break time to express breastmilk or breastfeed. Make skilled help available on the work premises for mothers to express and store breastmilk, and also to support breastfeeding generally in this situation.

If possible arrange or subsidise for childcare facilities to be available near the workplace Offer flexible work schedules and telework options if possible for employed mothers during the first two years after birth.

Enrol your workplace as an accredited breastfeeding-friendly workplace, and publicise the advantages of the practice.

Ensure that there is no employment discrimination against mothers or fathers who take parental leave.

Involve employees and union groups when developing policies, and ensure that they understand family-friendly practices and maternity protection, paternal and parental leave.

Union groups should advocate for longer leave and monitor the use of the leaves.

Health professionals involved in occupational health, should be concerned with maternity protection and paternal and parental leave and maintaining breastfeeding as an important occupational issue.

Health workers caring for expectant parents, should support and help them antenatally and postnatally to plan their leave to enable exclusive and continued breastfeeding.



Speak with your employer as early as possible about maternity/paternity/parental leave and plans for breastfeeding at the workplace.

Negotiate your return-to-work conditions to maintain your ability to breastfeed.

Make a plan for returning to work that will work for you and your baby.



Support the breastfeeding mother to establish and maintain breastfeeding before, upon and after each of you return to work.



Encourage countries to work towards improving maternity and parental protection in line with the Maternity Protection instruments as a minimum and preferably for six months paid maternity leave.

Advocate for parental leave to be applicable also in the informal work sector, and help people to find ways to apply it in different situations

Inform employers about the need to invest in supporting breastfeeding at their workplace and the benefits to themselves of providing maternity protection because it can enhance productivity of the working parents.

Advocate for breastfeeding rooms at the workplace, breastfeeding breaks, and flexible working hours for parents. Encourage employers and others, who have seen the benefits of parental leave where they work, to publicise and recommend it to others.

Approach government officials and help them to understand about the value of exclusive breastfeeding, extended maternity and paternity leave and breastfeeding-friendly workplaces in public and private sectors, and ask them what they might be able to do to help.

Organise breastfeeding support groups for working parents helping them to discuss how to breastfeed their babies and to give each other emotional support and practical assistance.

Mobilise related civil societies to continue advocacy for the right to paid leave for working parents.

Inspire fathers to create father groups, so they can share experiences and tips on how to support their partner in childcare and breastfeeding.

www.worldbreastfeedingweek.org

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See FAQ on www.worldbreastfeedingweek.org for further information.



World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations dedicated to the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC). WABA coordinates the annual World Breastfeeding Week campaign.