



LactaWebinar: Breastfeeding challenges for working mothers and their families in different workplace settings

International experts will guide us through the LactaWebinar today and share their professional perspectives with us



Dr. Alice Lakati

Director of Research and Community Extension, Amref International University, Kenya



Josephine W. Munene

Maternal, Infant and Child Health Specialist & Lactation Support Professional, Kenya Association for Breastfeeding, Kenya



Gabrielle Sauini

Speech-Language Pathologist and Children's Health Specialist, Associação Brasileira de Pais, Familiares, Amigos e Cuidadores de Bebês Prematuros – Prematuridade.com NGO, Brazil



Dr. Oscar Rojas Trejo

Occupational Health & Wellbeing, Corporate Manager, Mabe Global, Mexico



Kathrin Litwan

Nutrition Expert and Doctoral Candidate, Yale School of Public Health, USA & Switzerland

Find full bios here:

www.LactaHub.org/LactaWebinar

Your voice matters – engage and enrich the discussion and share your thoughts and questions during the Q&A session

- | | |
|---------|--|
| 10 min. | LactaWebinar kick-off and introduction
Kathrin Litwan |
| 10 min. | “Let’s make breastfeeding and work, work”
Dr. Alice Lakati |
| 10 min. | Topic introduction: breastfeeding at the workplace
Kathrin Litwan |
| 15 min. | A multifaceted approach to maintaining exclusive breastfeeding for the recommended duration among working mothers in Kenya
Josephine W. Munene |
| 5 min. | Short break |

- | | |
|---------|---|
| 15 min. | Breastfeeding challenges in Brazil
Gabrielle Sauini |
| 15 min. | Breastfeeding and maternity protection at work
Dr. Oscar Rojas Trejo |
| 30 min. | Q&A
Moderated by Kathrin Litwan
<i>We aim to answer as many questions as possible. If we can’t address them all, we’ll save them and strive to provide written responses with the recording.</i> |
| 10 min. | Closing
Dr. Alice Lakati and Kathrin Litwan |



“Let’s make breastfeeding and work, work”

Dr. Alice Lakati

Director of Research and Community Extension
Amref International University

“Let’s make breastfeeding and work, work!”

Breastfeeding is one of the most effective ways to ensure child health and survival.

- More than half a billion working women are not given essential maternity protections in national laws
- Just 20% of countries require employers to provide employees with paid breaks and facilities for breastfeeding or expressing milk
- Fewer than half of infants under 6 months of age are exclusively breastfed

World Health Organization (WHO), World Breastfeeding Week 2023

“Let’s make breastfeeding and work, work!”

Objectives of World Breastfeeding Week 2023



Inform: People about working parents’ perspectives on BF and parenting



Anchor: Optional paid leave and workplace support as important tools to enable BF



Engage: With individuals and organization to enhance collaboration and support for BF and work



Galvanize: Action on improving conditions and relevant work support for BF

World Health Organization (WHO), World Breastfeeding Week 2023

Amref International University

Solving African health challenges

Pan-African focused on education and research

Quality and affordable health sciences

Dynamic & innovative solutions

Amref International University

Pan-African university on primary healthcare

Strategic Focus

- Develop fit for purpose leaders for primary health care
- Provide a training ecosystem that promotes equitable access to education
- Execute research to drive evidence-based practice for strong primary health care
- Bridge the gap between knowledge and practice



Amref International University

1st Primary Healthcare Congress



Date: November 29 – December 1, 2023

Venue: Amref International University main campus, Langata Road, Nairobi

Theme: Aligning Practice to evidence in strengthening PHC for lasting health change in Africa

Sub-themes:

- Evidence-based community approaches - models that strengthen equitable access to PHC services
- Social determinants of health - evidence-based interventions that improve health in communities
- Priority PHC service delivery interventions that transform the health of communities (RMNCAH, mental health, NCDs, etc.)
- Interventions to leverage emerging global issues to improve PHC: Climate change; Advances in technology; Global health security
- Evidence for systems strengthening: Social accountability, health leadership, and management; health financing and entrepreneurship

More information:
www.phcongress.com

Amref International University 1st Primary Healthcare Congress



Conveners and Sponsors



Amref International University (AMIU)
1st Primary Health Care Congress

THEME: **Aligning practice to evidence in strengthening PHC for lasting health change in Africa**

CALL FOR ABSTRACTS

Key Dates

- Opening of call for abstracts
02 June 2023
- Abstracts submission deadline
30 August 2023
- Notification of acceptance
Ongoing
- Full Paper Submission deadline
31 Oct 2023

SUB-THEMES

1. Evidence-based community approaches models that strengthen equitable access to PHC services
2. Social determinants of health - evidence-based interventions that improve health in communities
3. Priority PHC service delivery interventions that transform the health of communities (RMNCAH, mental health, NCDs, etc)
4. Interventions to leverage emerging global issues to improve PHC: Climate change; Advances in technology; Global health security
5. Evidence for systems strengthening: Social accountability, health leadership, and management; health financing and entrepreneurship

SCAN ME

+254 720 316019
(congress secretariat)

phcongress@amref.ac.ke

www.phcongress.com

The role of universities & training institutions in breastfeeding

Training health workers on breastfeeding is important:

- Gain knowledge and skills on breastfeeding
- Competences to address challenges of BF by mothers
- Support breastfeeding at the individual, facility, community and national level
- Research on breastfeeding – provide the required evidence
- Lobby for policies that support breastfeeding





Breastfeeding at the workplace

Kathrin Litwan

Nutrition Expert and Doctoral Candidate
Yale School of Public Health

Providing workplace lactation support bears a huge potential to increase breastfeeding rates



Globally, about 22% of female population is in the reproductive age AND economically active. This proportion of women will also potentially benefit from workplace lactation support, together with roughly 2 billion children.

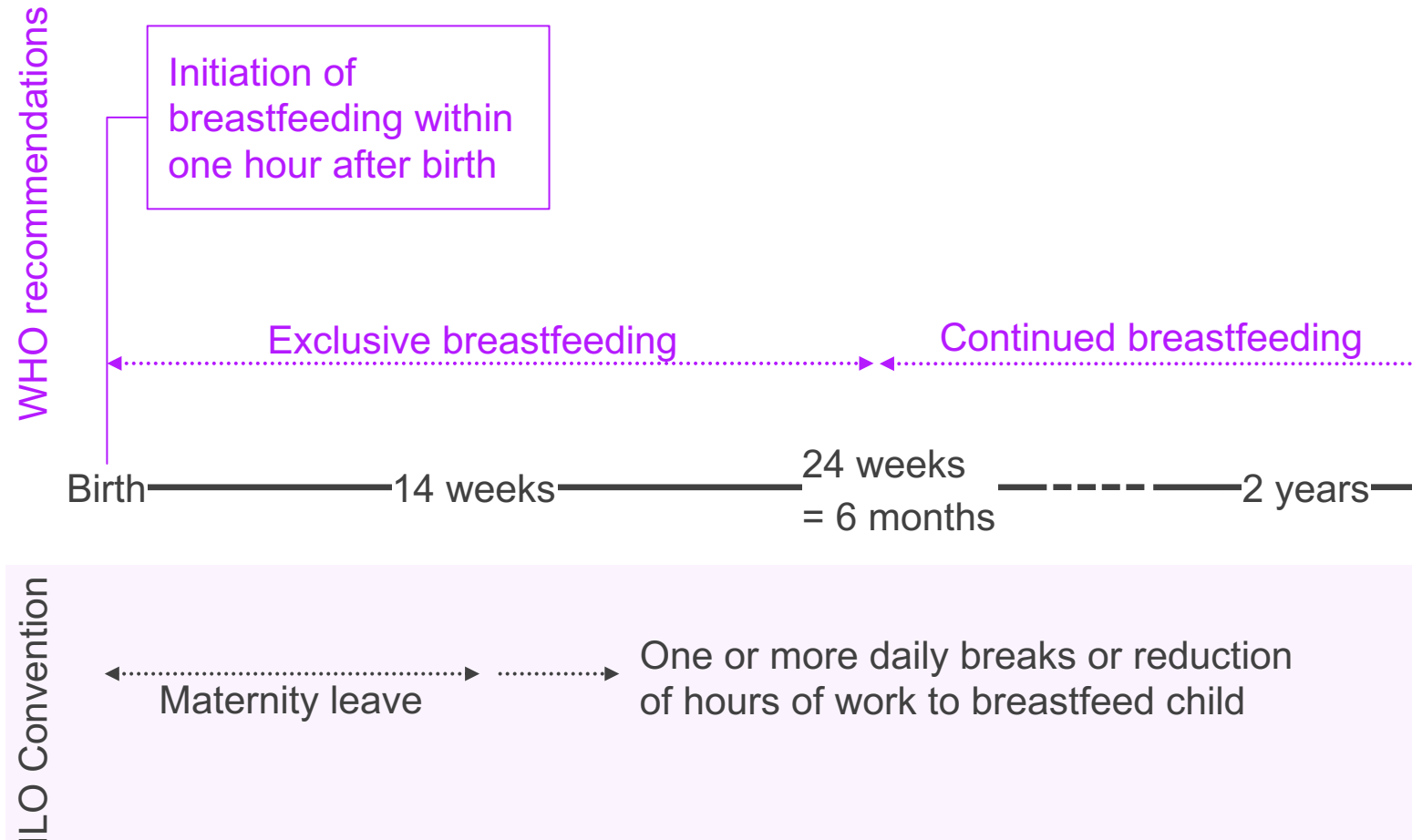
Thus, providing workplace lactation support has the potential to improve global breastfeeding rates.

Working mothers are struggling to meet WHO/UNICEF breastfeeding recommendations

WHO/UNICEF recommendation	Target	Global rates	Situation in working mothers
Initiation of breastfeeding within one hours after birth	70% by 2030	47% for 2015-2021	<p>Return to work is associated with lower rates of exclusive breastfeeding at 6 months of age</p> <p>Globally, interactions with economic status seem to play an important role in the degree of reduction in exclusive breastfeeding at 6 months among working mothers</p>
Exclusive breastfeeding for the first six months of life	70% by 2030	48% for 2015-2021	
Introduction of complementary feeding at six months of life	N/A	N/A	
Continues breastfeeding for at least the first two years of life	60% by 2030	45% for 2015-2021	

What are challenges for working mothers to reach their personal infant feeding goals and/or comply with infant feeding recommendations?

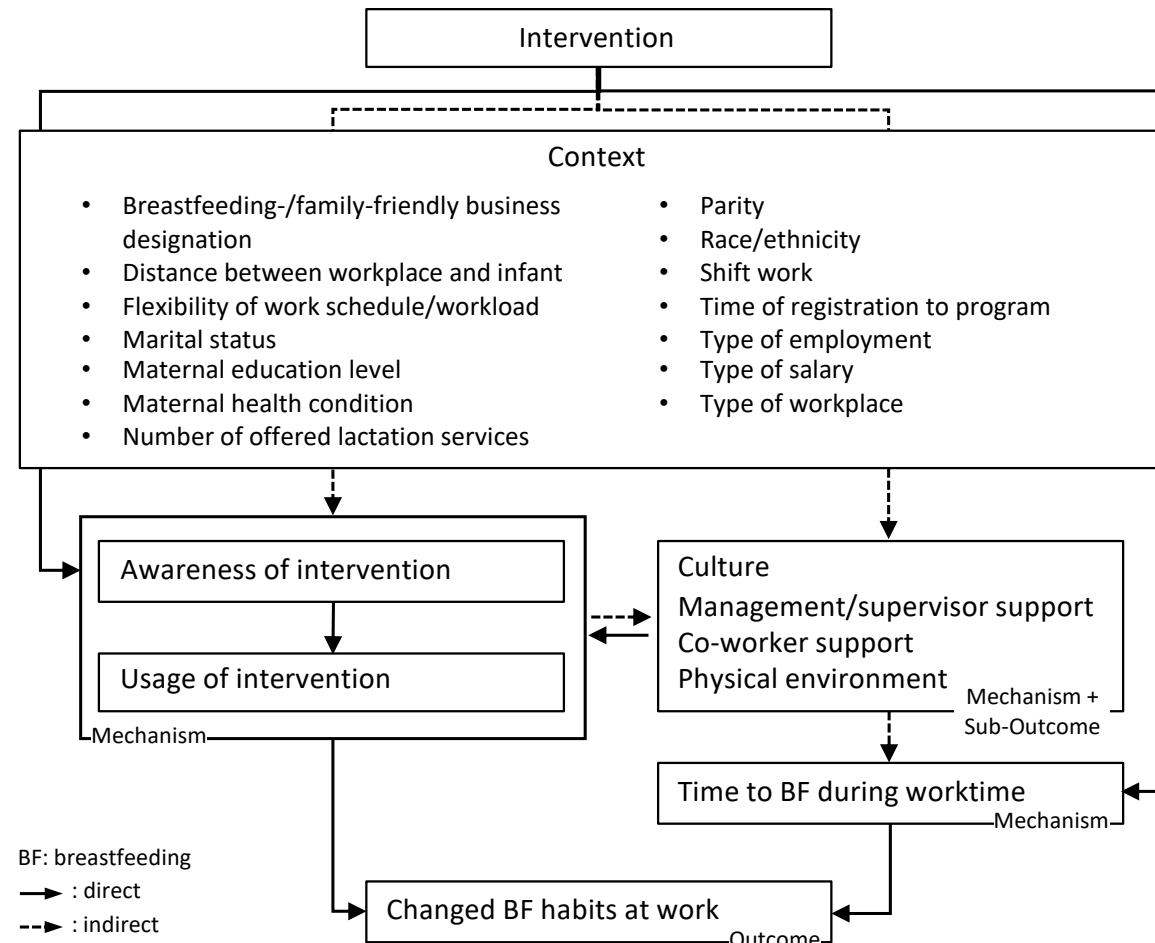
WHO/UNICEF breastfeeding recommendations and ILO Maternity Protection Convention differ in their timeline



ILO convention on maternity protection states a right of the women for daily breaks or worktime reduction to breastfeed child in order to allow women to breastfeed the recommended duration.

How do solutions look like that support working mothers in reaching their personal infant nutrition and health goal?

Optimal occupational lactation support depends on the context



How does successful workplace lactation support in different settings look like?



A multifaceted approach to maintaining exclusive breastfeeding for the recommended duration among working mothers in Kenya

Josephine W. Munene

Maternal, Infant and Child Health Specialist & Lactation Support Professional

Kenya Association for Breastfeeding



Overview

- **KDHS 2022 Data**
 - Employment and occupational status of women in Kenya
 - Infant feeding practices (0-5 months)
- **Legal and regulatory frameworks for working mothers**
- **Factors affecting the duration of exclusive breastfeeding (EBF) amongst working mothers**
- **Recommendations**



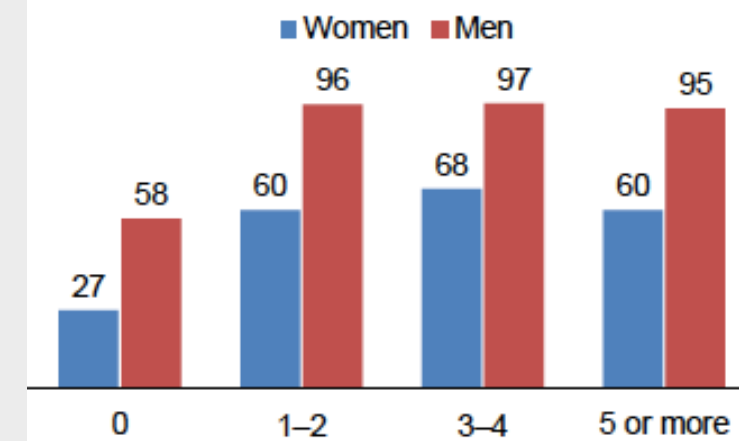
A Kikuyu mother and child
Photo credit: O. Bettmann (Getty Images)

Employment status of women in Kenya

- 52% of women are currently employed compared to 77% of men (age 15-49 years)
- The percentage of **women who were paid in cash only for their work** increased from **55%** in the 2003 KDHS, to **66%** in 2014, and to **79%** in the 2022
- **Majority of couples are dual earners** with 67% of currently married women being employed in the 12 months before the survey
- **The gender wage gap is at an average of 30%** with men earning more than women in all occupations and **7 out of 10 (71%) of married women earning less than their husbands**
- **The labour force participation rate gap between men and women is 29%-36%** for those with children
- **Decision making and bargaining power of currently married women is higher among those who are employed for cash (71%)** than among those employed but not paid cash (62%) and those not employed (60%)

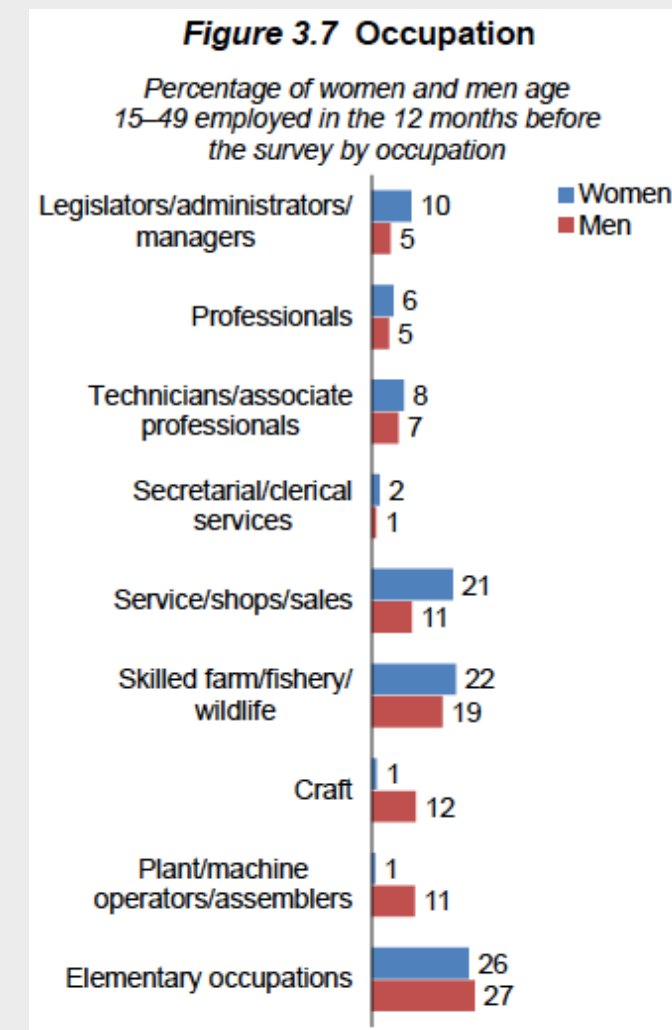
Figure 3.6 Employment status by number of living children

Percentage of women and men age 15–49 who are currently employed



Occupational status of women in Kenya

- **Majority of those who were employed in the 12 months before the survey, are in elementary occupations**
- Workers in the **lowest and second lowest wealth quintiles** are predominantly in the skilled farming/fishery/wildlife, and elementary occupations
- **For women in those quintiles**, approximately 40% work in farming/fishery/wildlife and 30% work in elementary occupations respectively
- **Women who did non-agricultural work were more likely to receive cash only payment** for their work than those who did agriculture work (88% versus 52%)
- **51% of women who did agricultural work in past year were self-employed** compared to 44% of women who did non-agricultural work

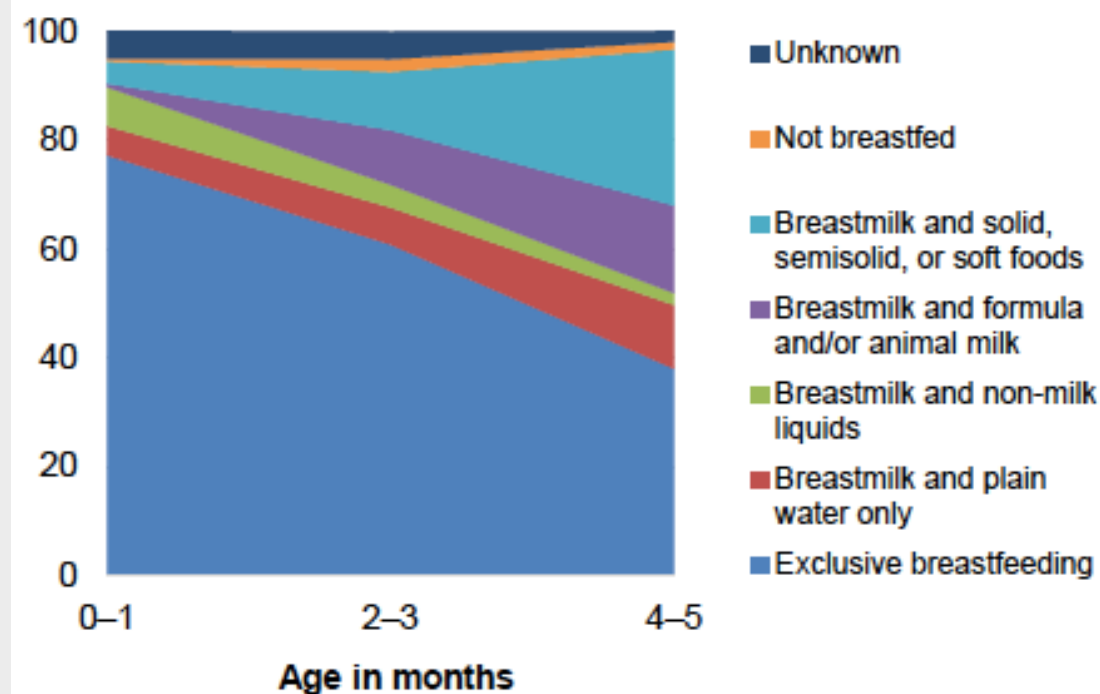


Infant feeding practices: 0-5 months

- There has been a substantial increase in exclusive breastfeeding (EBF) between 2003 and 2022 (from 13% to 60%). **However, EBF is essentially unchanged between 2014 and 2022 at 60%**
- **At age 0-1 month, 77% of children are exclusively breastfed**
- **By age 4-5 months, only 38% are exclusively breastfed, 29% receiving solids, semi-solids, or soft foods** and majority of children are receiving liquids or foods other than breast milk
- **The percentage of children age 0-5 months exclusively breastfed is lowest among children whose mothers are in the lowest wealth quintile (54%)**
- Among women who received ANC for their most recent live birth **81% were counselled about breastfeeding**
- **25% of women whose youngest child was aged 6-23 months were counselled by a health care provider in the previous 6 months about how or what to feed their children**

Figure 11.3 Infant feeding practices by age

Percent distribution of youngest children age 0–5 months



Legal and regulatory frameworks for working mothers

- **Employment Act 2007 – Section 29:** Paid Maternity Leave – Ensuring female employees are entitled to three months maternity leave with full pay and the right to return to the job which they held immediately prior to their maternity leave
- **Health Act 2017 – Section 71 and Section 72:** Ensuring employers establish dedicated spaces with the necessary equipment and facilities for working mothers to breastfeed/ express breastmilk. Employers must also provide break intervals for lactating mothers in addition to the regular times off for meals
 - **Guidelines** for Securing a Breastfeeding Friendly Environment at The Work Place, 2018
- **Breast Milk Substitutes (Regulation and Control) Act, 2012** and The Breast Milk Substitutes (Regulation and Control) Regulations, 2021
- **Breastfeeding Mothers Bill, 2019**, National Assembly Bills, No. 74: The Bill was developed to provide a legal framework for breastfeeding support for working mothers, in response to the gaps that were evident in the implementation of the provisions in the Health Act, 2017

Factors affecting duration of exclusive breastfeeding among working mothers (1/2)

Legislation

- Employment Act 2007 - Section 29 and Health Act 2017 - Sections 71 and 72 focus on contractually employed lactating women who work in formal physical premises
- **No government cash transfers or social assistance for parents** so, those in the informal economy/self employment do not receive paid maternity/paternity leave or childcare support, and these mothers have no job guarantee after giving birth
- **Lack of standardized legal frameworks within which child daycare facilities** should operate especially in urban informal settlements. The Fourth Schedule of the Constitution of Kenya determines that County Governments are responsible for 'childcare facilities' although the specifics of what this means is open to interpretation

Health Care System

- **Ineffective IYCF counselling and inconsistent messaging** due to lack of training and misconceptions about optimal EBF practices among health workers at the facility and community levels
- **Gaps in the continuum of care for the mother-baby dyad** due to weak linkages along the warm chain of support
- **Limited in-depth tailored postnatal breastfeeding counselling** with observations and demonstrations in health facilities due to short in-patient stays, understaffing, overcrowding and lack of related resources

Factors affecting duration of exclusive breastfeeding among working mothers (2/2)

Family, Household and Community support

- Breastfeeding beliefs, cultural practices and social norms that reduce breastfeeding self-efficacy
- **Lack of basic amenities and infrastructure** such as piped water and electricity present health & safety barriers + uneven distribution of domestic work
- Limited availability of at-home childcare and distance to workplace increase women's burden of care

Workplace support

- **Unsupportive organizational culture** and lack of resources, necessary equipment + ongoing IYCF counselling to optimize usage of existing lactation spaces
- **Inflexible work schedules** for parents with children under 6 months of age
- Informal workers in agricultural + elementary occupations are often unable to take their children with them (e.g. farm laborers and domestic workers) or lack access to amenities for expressing & storage of EBM (expressed breastmilk)

Child daycare facilities

- **Informal and unregulated private child daycare services**, majority of which are homebased
- **Untrained staff** and poor quality of care creates lack of trust in providers
- Lack of policies, amenities and necessary equipment to encourage and support use of EBM by the caregivers



Image credit: UNICEF/URC-CHS

Recommendations (1/2)

“Improving BF practices requires multilevel supports, including legislation, BF promotion, peer or health worker BF counselling, workplace support policies and services, and addressing social norms” (Ickes, S.B., et al., 2021)

Legislation

- **Enforcement of the provisions in the Health Act/** Enactment of The Breastfeeding Mothers Bill 2019. Compliance by employers is currently low despite clear guidelines published by MOH
- **Enhancing the services and amenities provided by county governments** such as creches and lactation spaces in public places like trading markets
- **Compelling tertiary education institutions** to also have breastfeeding-friendly policies and provisions for their students
- Include impoverished parents in the **Inua Jamii Cash Transfer Programme to cover maternity/paternity benefits**, etc.

Health Care Systems

- BFHI: Capacity strengthening of the Ten Steps To Successful Breastfeeding
- BFCI: **Upskilling of Community Health Promoters** to conduct home visits & in-depth, tailored IYCF counselling including demonstrations on expressing HBM
- **Clear and strong linkages** between health facilities and the community health programmes for ongoing support
- Structured and regular M2MSGs and community education initiatives to **address cultural practices and social norms**
- Combining key IYCF messages with readily available skilled IYCF counselling to **reduce the influence of BMS marketing** through social media and other underhanded strategies

Recommendations (2/2)

Workplace Support

- **Creating breastfeeding-friendly policies** that include flexi work schedules for parents to support 'dual earner-dual carer' households + redistribution of workload for optimal use of the lactation spaces and protected time
- **Improving access to necessary equipment and supplies** especially in unconventional workplaces (e.g., pumps, storage solutions and coolers)
- Normalizing milk expression and storage by training peers with breastfeeding experience to be **workplace breastfeeding advocates**
- **PPP to provide accessible childcare** (on- or off-site from the workplace), continuing education by health workers on MIYCN & growth monitoring and promotion services

Child Daycare Facilities

- **Harmonized legislation** to regulate child daycare facilities
- **Skills-building of daycare managers/caregivers** through appropriate training
- **County government subsidies** to improving access to financing for the provision of the necessary amenities and equipment for mothers to express and store EBM



Savani Tea Estate (EPK).

Photo credit: Josephine W. Munene



Thank you very much!

Josephine W. Munene

Maternal, Infant and Child Health Specialist & Lactation
Support Professional
Kenya Association for Breastfeeding





Breastfeeding challenges in Brazil

Gabrielle Sauini

Speech-Language Pathologist and Children's Health Specialist, Associação Brasileira de Pais, Familiares, Amigos e Cuidadores de Bebês Prematuros – Prematuridade.com NGO



Breastfeeding laws and benefits in Brazil

Laws

- Paid maternity leave for rural and urban population: 120 days for mothers and 5 days for fathers, no salary loss
- Breastfeeding breaks after returning to work: one hour per day available to breastfeed during the working period until 180 days
- Stability at work for 180 days following delivery

Benefits

- Government program: 180 days for mothers and 20 days for fathers
 - In 2021 1% of all Brazilian companies joined the program
- Breastfeeding support rooms
- Day Care Units inside the companies

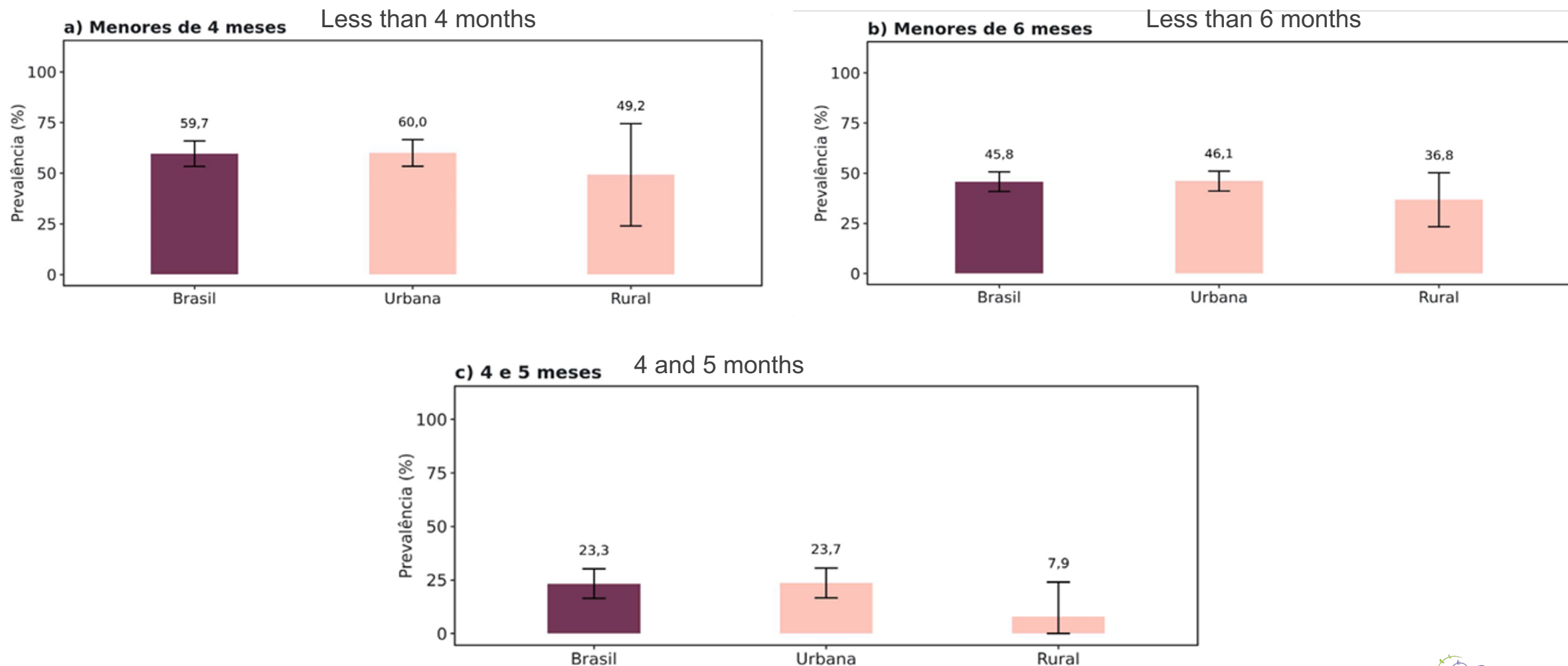


rBLH Brasil



Pedro França - Federal Senate Agency

Breastfeeding rates in Brazilian urban and rural areas



Challenges

Informal Employment

- 90 million women in informal jobs – approximately 43%

Economical Issues

- Brazilian women receive 21% less than men. Average wage of 2 minimum wage → double shift

Home Office

- 33% of the Brazilian companies have women employers working from home

Flexibilization of Laws

- Option to share the last 60 days of maternity leave with the child's father
- Option to expand ML until 8 months, since working part-time after 4 months



Khalaó Therapies

How to support breastfeeding at the workplace?

LIGHT UP breastfeeding in your workplace

- **L**isten to the women and mothers;
 - **I**nternal policies;
 - **G**roups of mothers;
 - **H**ome office - Do not forget it!
 - **T**alk about it - lectures, education, awareness campaign, etc;
-
- **U**nderstand the mother's needs;
 - **P**laces for milk expression and storage.



CDC.gov



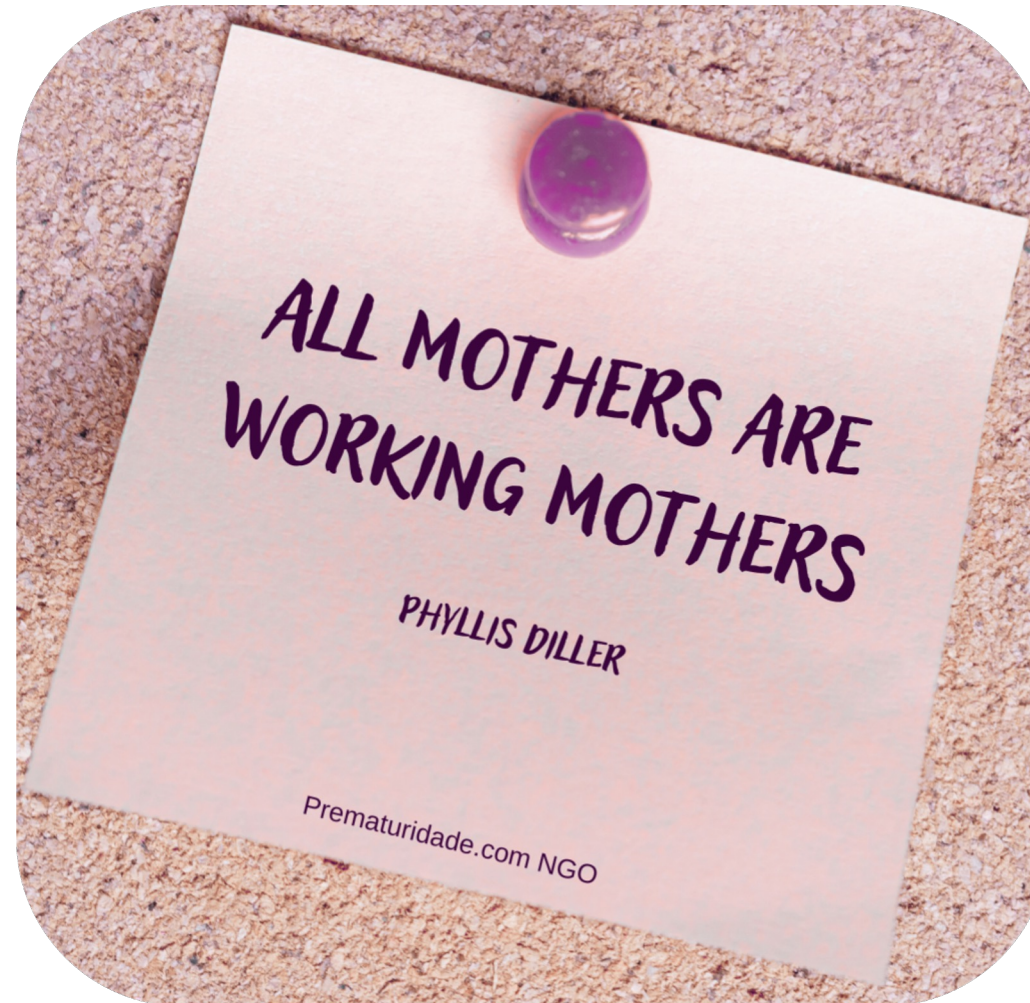
Tian C. parenting.firstcry.com

Expanded paid maternity leave for NICU parents

In 2022, the Federal Supreme Court affirmed that the length of hospital stay after the delivery, whether it be for the mother or the child, must be included in the Paid Maternity Leave.



Keri Barcelos-Putt / "Breastfeeding Mama Talk"





Thank you very much!

Gabrielle Sauini

Speech-Language Pathologist and Children's Health Specialist, Associação Brasileira de Pais, Familiares, Amigos e Cuidadores de Bebês Prematuros – Prematuridade.com NGO, Brazil





Breastfeeding and maternity protection at work

Dr. Oscar Rojas Trejo

Occupational Health & Wellbeing Corporate Manager,
Mabe Global



3 August 2023

Breastfeeding and maternity protection at work

“Breastfeeding rights at work should be a conversation starter to better guarantee a positive experience during this stage in the life and wellbeing of working mothers and their children, as much as their communities and society as a whole”

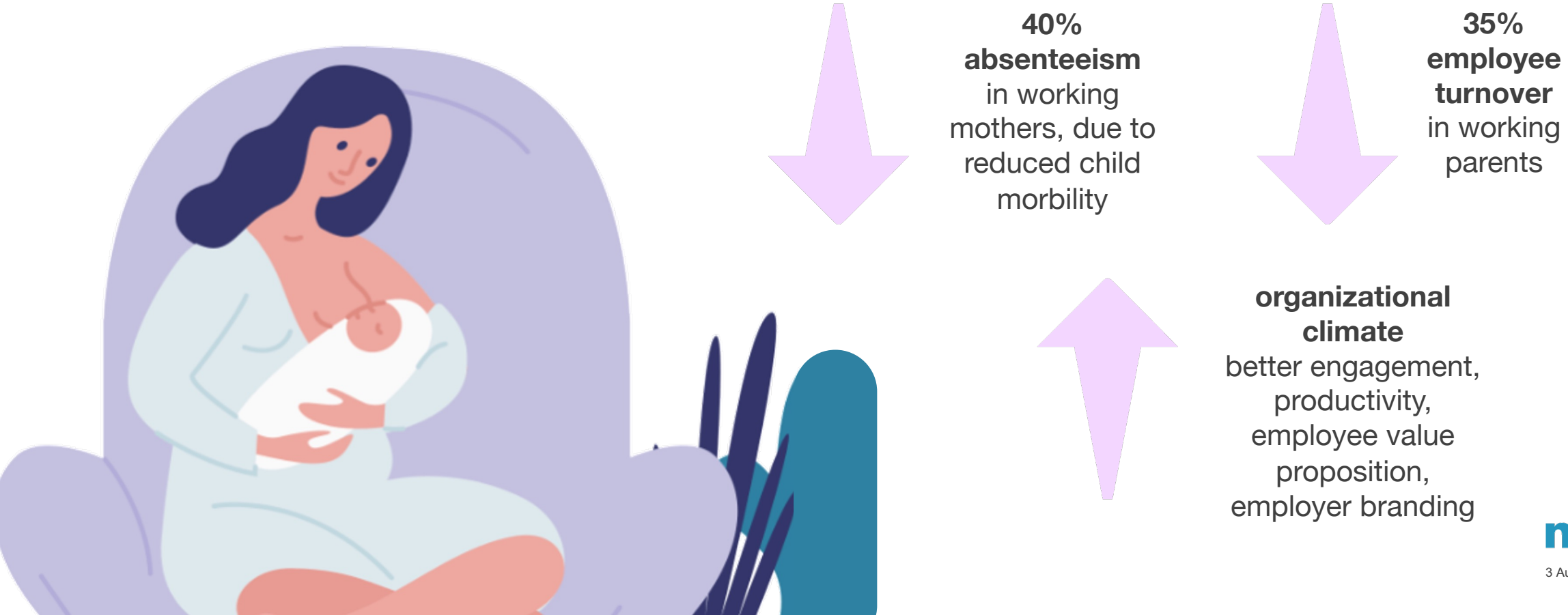
Dr. Oscar Rojas

Occupational Health & Wellbeing

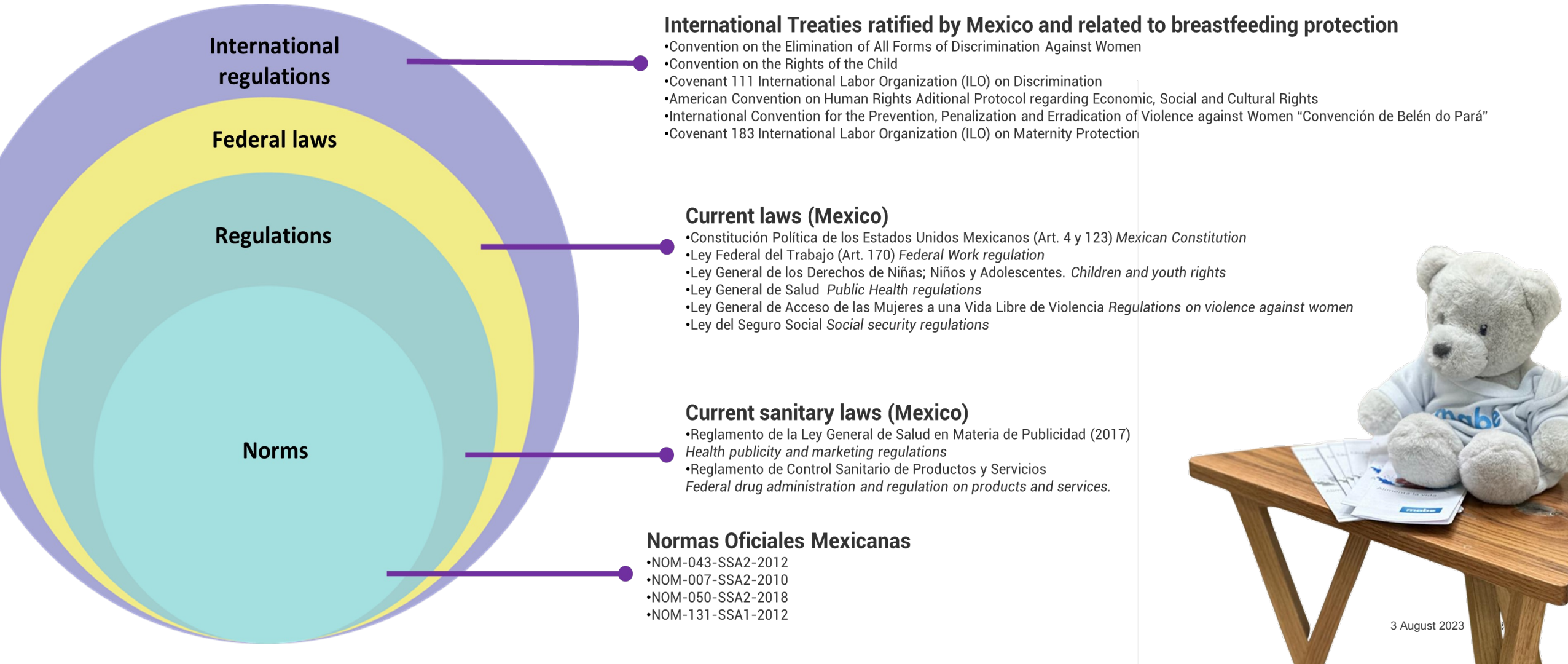


Breastfeeding promotion and benefits

The lack of support in the workplace is one of the leading causes why working mothers stop breastfeeding before the recommended time. Creating safe, sanitary and comfortable spaces for breastfeeding, such as nursing rooms can bring enormous benefits, such as:



Breastfeeding and maternity protection and regulation



What we offer

Wellbeing



Medical follow-up,
nutritional and
psychological
assessments

Facilities



Standardized
nursing rooms
with international
compliance

Benefits



Extended
maternity and
paternity leave
(6 months)

Employee experience

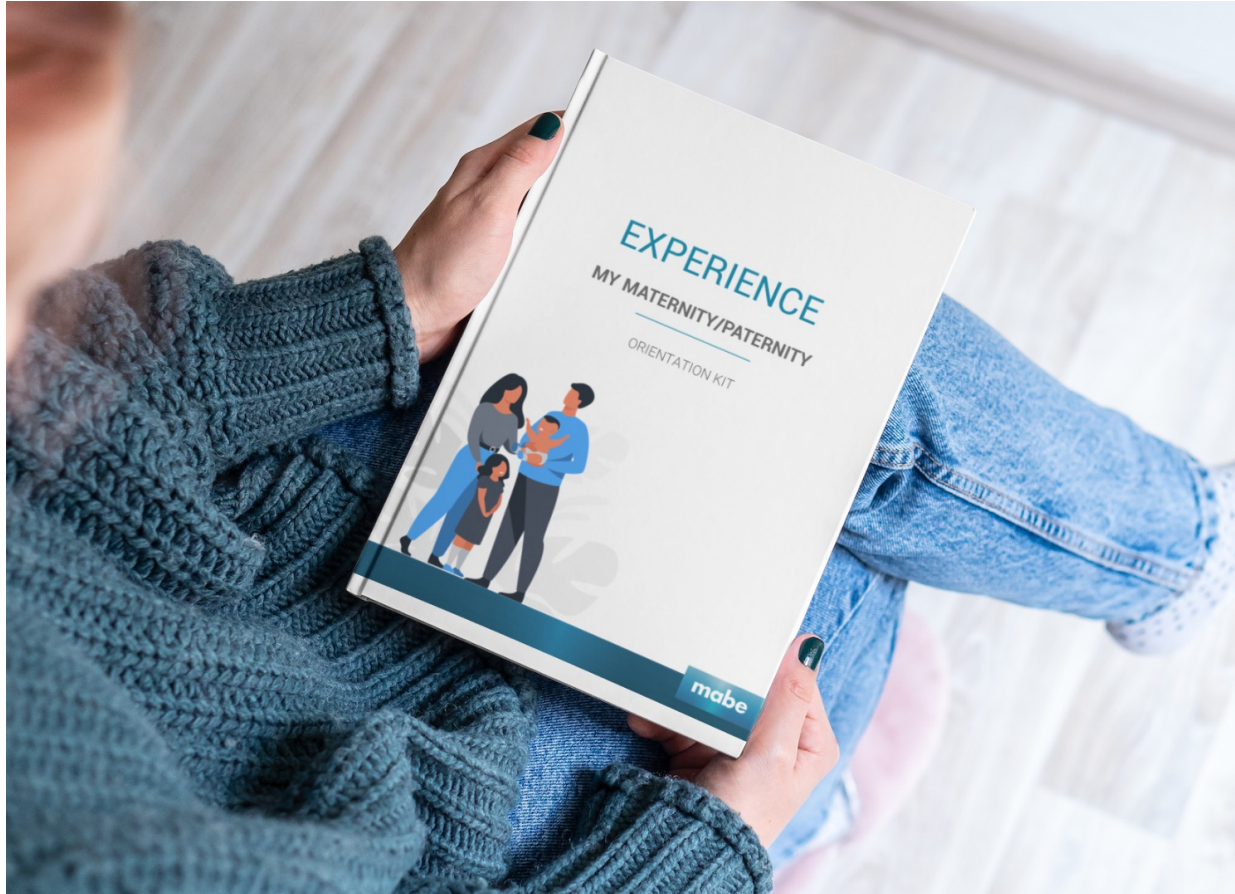


Maternity kit
(baby clothes,
information manual,
mabe Teddy bear)
Parenting school



Next steps:
Centro de Desarrollo Infantil
(San Luis Potosí)

Employee Experience: My Maternity/Paternity Orientation Kit (1/2)



Employee Experience: My Maternity/Paternity Orientation Kit (2/2)



“Amazing, my wife **loved** the maternity kit! Thank you so much. These details make me and my family feel part of the organization.”

David Gutierrez, *Refrigeración TyP*

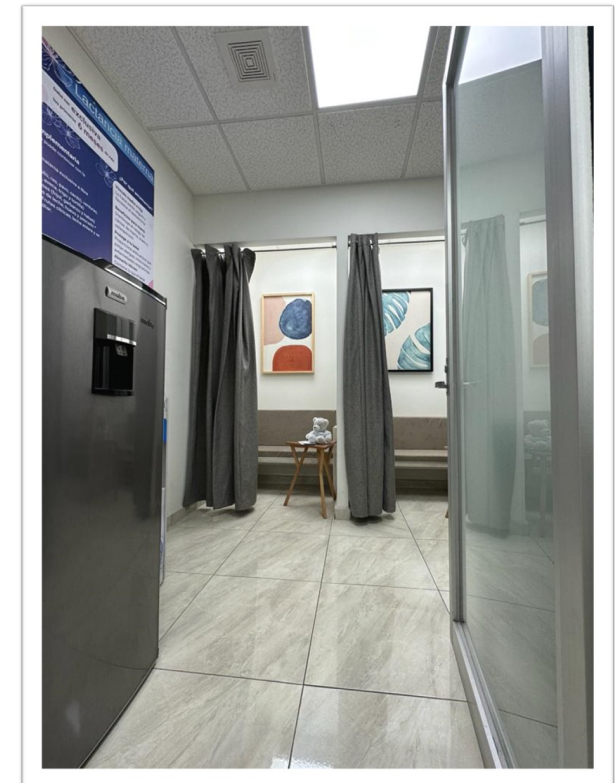
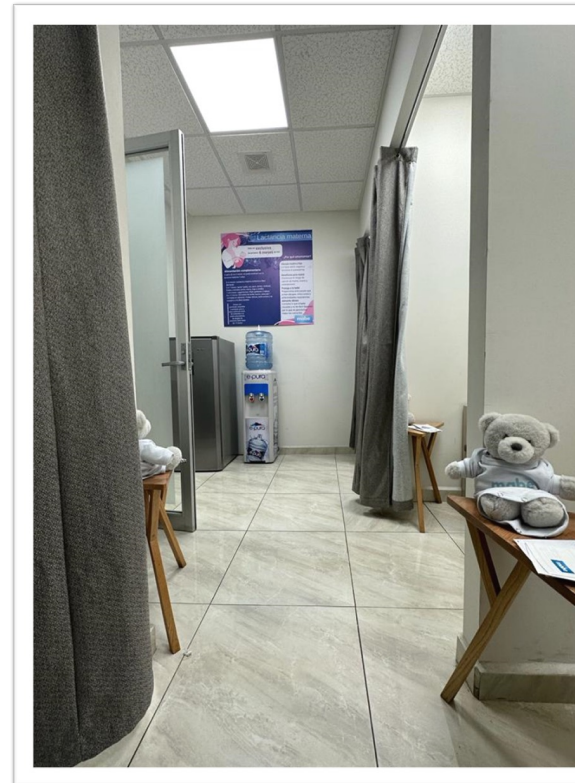
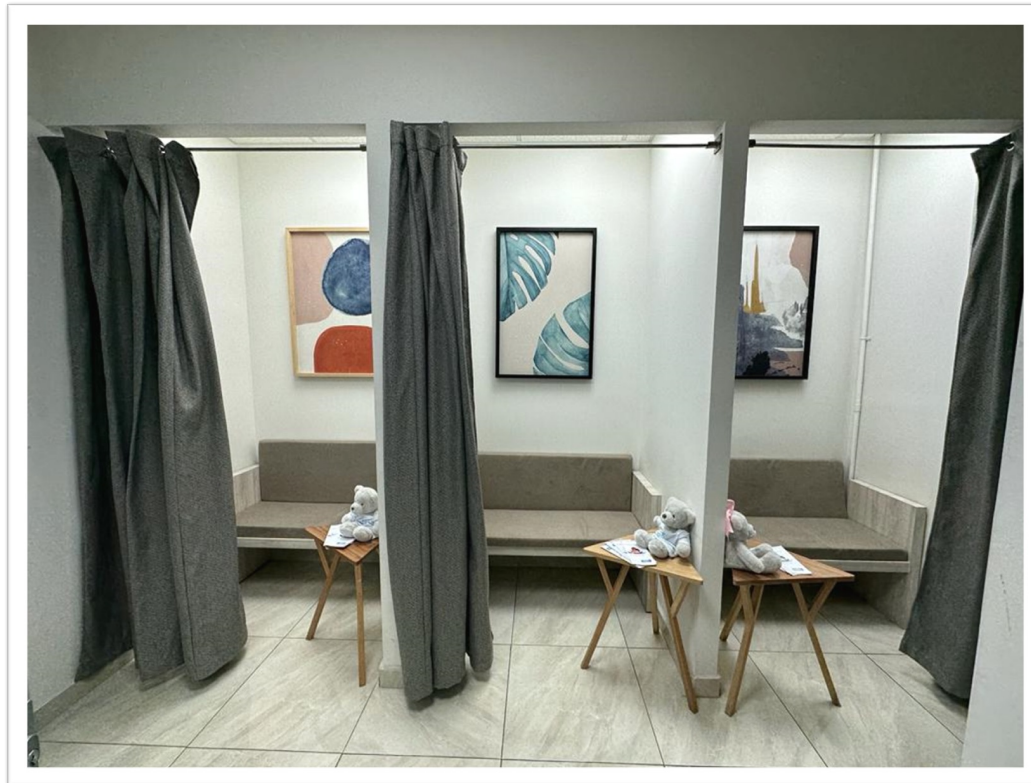
“**I liked it very much**, even if this might seem as a little detail, I feel seen and valued. I loved the teddy bear and so did my girl!”

Arely Acosta, *Information Technology*



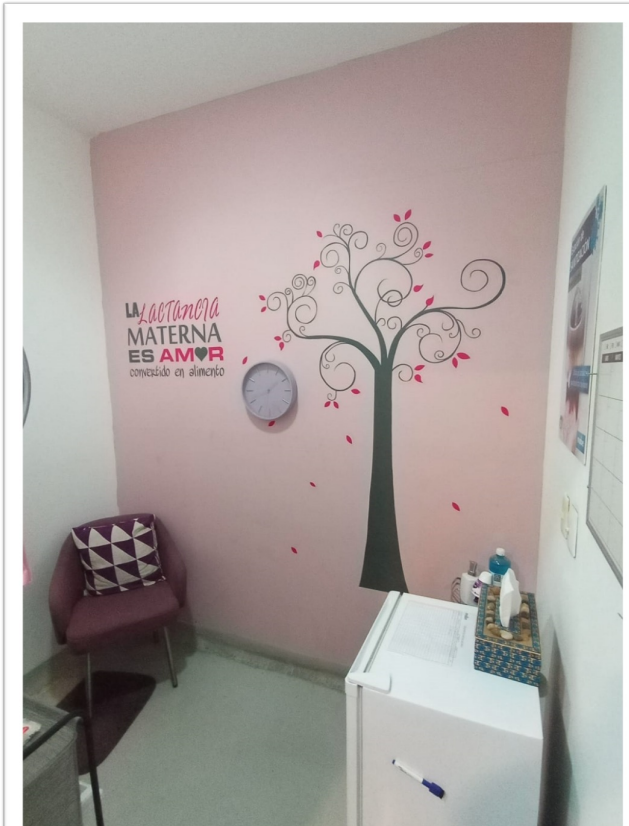
Facilities: Nursing rooms (1/2)

Quantum Plant (Celaya, Guanajuato)



Facilities: Nursing rooms (2/2)

Laundry & clothes care Plant (Saltillo, Coah)





Thank you very much!

Dr. Oscar Rojas Trejo

Occupational Health & Wellbeing, Corporate
Manager, Mabe Global, Mexico



3 August 2023



Closing

Dr. Alice Lakati & Kathrin Litwan



3 August 2023

Closing remarks

- **Work towards meeting WHO 2030 targets'**
- **Paid maternity**
- **Multi-level approach**
- **Supportive culture at home and workplace**
- **Childcare facilities**
- **Healthcare systems**
- **Curriculums**
- **LIGHT UP breastfeeding at the workplace**



Thank you very much!

The recording of this LactaWebinar is available on:
www.LactaHub.org/LactaWebinar

We would like to thank all the expert participants for their time and dedication to bring you this free LactaWebinar.

Illustration by Nadja Baltensweiler