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

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker/Presenter</th>
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<tbody>
<tr>
<td>10 min.</td>
<td><strong>LactaWebinar kick-off and introduction</strong></td>
<td>Kathrin Litwan</td>
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<tr>
<td>10 min.</td>
<td>“Let’s make breastfeeding and work, work”</td>
<td>Dr. Alice Lakati</td>
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<tr>
<td>10 min.</td>
<td><strong>Topic introduction: breastfeeding at the workplace</strong></td>
<td>Kathrin Litwan</td>
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<tr>
<td>15 min.</td>
<td>A multifaceted approach to maintaining exclusive breastfeeding for the recommended duration among working mothers in Kenya</td>
<td>Josephine W. Munene</td>
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<td>5 min.</td>
<td><strong>Short break</strong></td>
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<tr>
<td>15 min.</td>
<td><strong>Breastfeeding challenges in Brazil</strong></td>
<td>Gabrielle Sauini</td>
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<tr>
<td>15 min.</td>
<td><strong>Breastfeeding and maternity protection at work</strong></td>
<td>Dr. Oscar Rojas Trejo</td>
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<td>30 min.</td>
<td><strong>Q&amp;A</strong></td>
<td>Moderated by Kathrin Litwan</td>
</tr>
<tr>
<td>10 min.</td>
<td><strong>Closing</strong></td>
<td>Dr. Alice Lakati and Kathrin Litwan</td>
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*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.*
“Let’s make breastfeeding and work, work”

Dr. Alice Lakati
Director of Research and Community Extension
Amref International University
Breastfeeding challenges for working mothers and their families in different workplace settings

“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

Source: https://www.who.int/campaigns/world-breastfeeding-week/2023
Breastfeeding challenges for working mothers and their families in different workplace settings

“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

Source: https://www.who.int/campaigns/world-breastfeeding-week/2023
Breastfeeding challenges for working mothers and their families in different workplace settings

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

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

Amref International University
1st Primary Healthcare Congress

Conveners and Sponsors
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
Breastfeeding challenges for working mothers and their families in different workplace settings

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total world population</td>
<td>7'951'149'546</td>
<td></td>
</tr>
<tr>
<td>Female population</td>
<td>3'951'721'325</td>
<td>49.7% female population, % of total</td>
</tr>
<tr>
<td>Female population aged 15-49 year</td>
<td>1'944'246'892</td>
<td>49.2% female population, 15-49 years, % of female population</td>
</tr>
<tr>
<td>Women aged 15-49 years in labor force</td>
<td>865'189'867</td>
<td>44.5% female employment-to-population ratio</td>
</tr>
<tr>
<td>Children</td>
<td>1'989'936'694</td>
<td>2.3 birth per women</td>
</tr>
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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.
Breastfeeding challenges for working mothers and their families in different workplace settings

**Working mothers are struggling to meet WHO/UNICEF breastfeeding recommendations**

<table>
<thead>
<tr>
<th>WHO/UNICEF recommendation</th>
<th>Target</th>
<th>Global rates</th>
<th>Situation in working mothers</th>
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<tbody>
<tr>
<td>Initiation of breastfeeding within one hour after birth</td>
<td>70% by 2030</td>
<td>47% for 2015-2021</td>
<td>Return to work is associated with lower rates of exclusive breastfeeding at 6 months of age</td>
</tr>
<tr>
<td>Exclusive breastfeeding for the first six months of life</td>
<td>70% by 2030</td>
<td>48% for 2015-2021</td>
<td>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</td>
</tr>
<tr>
<td>Introduction of complementary feeding at six months of life</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
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<tr>
<td>Continues breastfeeding for at least the first two years of life</td>
<td>60% by 2030</td>
<td>45% for 2015-2021</td>
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What are challenges for working mothers to reach their personal infant feeding goals and/or comply with infant feeding recommendations?
Breastfeeding challenges for working mothers and their families in different workplace settings

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

Initiation of breastfeeding within one hour after birth

Exclusive breastfeeding

Continued breastfeeding

Birth to 14 weeks = 6 months

WHO recommendations

Maternity leave

One or more daily breaks or reduction of hours of work to breastfeed child

ILO Convention

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

Optimal occupational lactation support depends on the context

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

Intervention

Context
- Breastfeeding-/family-friendly business designation
- Distance between workplace and infant
- Flexibility of work schedule/workload
- Marital status
- Maternal education level
- Maternal health condition
- Number of offered lactation services
- Parity
- Race/ethnicity
- Shift work
- Time of registration to program
- Type of employment
- Type of salary
- Type of workplace

Awareness of intervention

Usage of intervention

Maintenance

BF: breastfeeding
- : direct
- : indirect

Time to BF during worktime

Changed BF habits at work

Mechanism

Outcome

Mechanism + Sub-Outcome

BF: breastfeeding


3 August 2023
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
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%)

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.

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

**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.

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
  
  o **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
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
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 challenges for working mothers and their families in different workplace settings

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
  o In 2021 1% of all Brazilian companies joined the program
• Breastfeeding support rooms
• Day Care Units inside the companies

Art 392 CLT - decree law nº 5.452 May 01, 1943, / Brazilian Federal Revenue
Breastfeeding challenges for working mothers and their families in different workplace settings

Breastfeeding rates in Brazilian urban and rural areas

- **Less than 4 months**
  - Brasil: 59.7%
  - Urbana: 60.0%
  - Rural: 49.2%

- **Less than 6 months**
  - Brasil: 45.8%
  - Urbana: 46.1%
  - Rural: 36.8%

- **4 and 5 months**
  - Brasil: 23.3%
  - Urbana: 23.7%
  - Rural: 7.9%
Breastfeeding challenges for working mothers and their families in different workplace settings

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
How to support breastfeeding at the workplace?

**LIGHT UP** breastfeeding in your workplace

- Listen to the women and mothers;
- Internal policies;
- Groups of mothers;
- Home office - Do not forget it!
- Talk about it - lectures, education, awareness campaign, etc;

- Understand the mother’s needs;
- Places for milk expression and storage.
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.
ALL MOTHERS ARE WORKING MOTHERS

PHYLLIS DILLER

Prematuridade.com NGO
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
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 challenges for working mothers and their families in different workplace settings

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:

- 40% absenteeism in working mothers, due to reduced child morbidity
- 35% employee turnover in working parents
- Organizational climate: better engagement, productivity, employee value proposition, employer branding
Breastfeeding and maternity protection and regulation

International Treaties ratified by Mexico and related to breastfeeding protection
- Convention on the Elimination of All Forms of Discrimination Against Women
- Convention on the Rights of the Child
- Covenant 111 International Labor Organization (ILO) on Discrimination
- American Convention on Human Rights Additional Protocol regarding Economic, Social and Cultural Rights
- International Convention for the Prevention, Penalization and Eradication of Violence against Women “Convención de Belén do Pará”
- Covenant 183 International Labor Organization (ILO) on Maternity Protection

Current laws (Mexico)
- Constitución Política de los Estados Unidos Mexicanos (Art. 4 y 123) Mexican Constitution
- Ley Federal del Trabajo (Art. 170) Federal Work regulation
- Ley General de los Derechos de Niñas, Niños y Adolescentes. Children and youth rights
- Ley General de Salud. Public Health regulations
- Ley General de Acceso de las Mujeres a una Vida Libre de Violencia Regulations on violence against women
- Ley del Seguro Social Social security regulations

Current sanitary laws (Mexico)
- Reglamento de la Ley General de Salud en Materia de Publicidad (2017) Health publicity and marketing regulations
- Reglamento de Control Sanitario de Productos y Servicios Federal drug administration and regulation on products and services.

Normas Oficiales Mexicanas
- NOM-043-SSA2-2012
- NOM-007-SSA2-2010
- NOM-050-SSA2-2018
- NOM-131-SSA1-2012
Breastfeeding challenges for working mothers and their families in different workplace settings

What we offer

Wellbeing
- Medical follow-up, nutritional and psychological assessments

Facilities
- Standardized nursing romos 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)
Breastfeeding challenges for working mothers and their families in different workplace settings

**Employee Experience: My Maternity/Paternity Orientation Kit (1/2)**
Breastfeeding challenges for working mothers and their families in different workplace settings

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

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
Closing

Dr. Alice Lakati & Kathrin Litwan
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