Position Paper on Breastfeeding and Work

1.0. Introduction

1.1. The role of the lactation consultant is to provide care, problem-solving, education, and counseling to breastfeeding mothers and their families. These clinical services, however, make up just one part of the community system that supports women while they are breastfeeding their children. Mothers also need to be able to integrate breastfeeding with other activities, especially with the work that they do to earn income or to maintain their family and household, as well as their own self-care and leisure pursuits. In this position paper, the International Lactation Consultant Association (ILCA) expresses its endorsement for women’s right to receive support for breastfeeding in the context of their paid and unpaid work. The paper also spells out the role of the Association and International Board Certified Lactation Consultants in reducing the barriers that mothers face as they seek to harmonize breastfeeding and work.

1.2. Women’s conditions of work have been changing and continue to change. Throughout the 20th century, increasing numbers of women worked in jobs outside the home, and in jobs that were traditionally held by men. Worldwide, the number of households headed by women and the number of women migrating to seek better economic opportunities are increasing. Many studies have shown that women who are employed while their children are young initiate breastfeeding at the same rate as unemployed women, but they stop exclusive breastfeeding sooner and wean earlier.

1.3. In 2000, the International Labour Organization (ILO) adopted the third Maternity Protection Convention (C183) in its 81-year history. Worksite support for workers who are breastfeeding their babies has been a basic provision of maternity protection since the first Maternity Protection Convention (C3) in 1919. In 1999, ILCA was one of a group of non-governmental organizations (NGOs) that formed the Maternity Protection Coalition (MPC), aiming to retain and strengthen breastfeeding protection in C183. The MPC continues to encourage and train breastfeeding advocates and others to work for strong maternity protection through the legal system, in the workplace, and throughout the community.

1.4. The provisions of C183 help to protect breastfeeding. Health protection, job protection, and non-discrimination of women workers who are pregnant or lactating are key concepts of maternity protection. Maternity protection entitlements include maternity leave, maternity and newborn health care, income replacement while the worker is on leave, and the right to paid nursing breaks when she returns to work. C183’s companion recommendation, R191, calls for “facilities for nursing under adequate hygienic conditions” at or near the worksite. C183 is the first ILO maternity protection convention to call for these entitlements to be available to all employed women, even women employed in the informal economy.

1.5. Compared to the formal workplace, where the employers and workers pay into a national benefits system, it is more difficult to assure maternity protection for the large proportion of women who work in agriculture, in part-time, casual, or temporary jobs, in Export Processing Zones, and in the informal economy as domestic workers, self-employed vendors, or crafts-women, in illegal jobs, or as unpaid workers in family-run enterprises. Yet they and their children have the same rights to health and nutrition as the families who work in the formal economy.

1.6. Women also do the majority of the unpaid caring work that sustains their families. The workload that results from this gender-unequal division of family work affects the time and energy women have available for breastfeeding.

1.7. Most child-rearing is work that can be shared with others, but it is only mothers who carry a child through pregnancy, give birth, and provide their milk to feed and protect the child. When compared to men and to women without young children, this additional work of reproduction puts childbearing women at a competitive and financial disadvantage for supporting themselves and their families. In the early 20th century, the ILO’s C3 established a strategy for adjusting the workload for employed mothers of young children through the legal system. By safeguarding the mother’s job, maternity protection laws help to ‘level the playing field’ for childbearing women in the formal economy. In addition, these laws protect the health of both mother and child. Some governments provide a child benefit or tax credit, which also subsidizes the work of child-rearing. Childbearing women who work in the informal economy or as unpaid contributing family workers, and women who do unwaged work to maintain the family and household also require maternity protection. This protection can be provided by means of legal entitlements and/or through community and family support.
1.8. Children are the workforce of the future. Society can best safeguard its future by protecting breastfeeding in every situation, so that each child can reach his or her unique, inherent potential for health, growth, development, physical ability, and intellectual capacity. By providing specialized nutrients for growth and development of the nervous system, breastfeeding contributes to brain development. By providing excellent oral exercise and reducing the incidence of ear infections, breastfeeding contributes to the development of normal speech and hearing. By reducing infection rates in young children and chronic disease throughout the life-span, breastfeeding can reduce the time lost from schooling and work because of illness. Healthy, well-nourished children will be able to benefit the most from opportunities for education and training.

2.0. Research

2.1. In the years before researchers understood the composition and effects of human milk, many women relied on human milk substitutes such as complementary foods and modified animal milks to cope with the challenges of combining mothering with other work. Experience and continuing research have shown that feeding infants on human milk substitutes falls short on the grounds of health, human development, emotional bonding, and economic and environmental sustainability. Complementary foods are often lacking in quantity and quality as well. The toll of inadequate feeding for infants and young children is greatest in conditions of poor sanitation, contaminated water, and low family income, but it is significant for families in even the most privileged conditions.

2.2. Many research studies show that it is possible and cost-effective to protect, promote, and support breastfeeding for women at work. Studies of the effectiveness of workplace support for breastfeeding in several U.S. corporations have demonstrated improved worker productivity, satisfaction, and loyalty, enhanced public image of the employer, lower absenteeism and employee turnover, and lower health care costs for employers who provide health care coverage. One company reported a conservative estimate of return on investment of 2.18 to 1 for supporting its breastfeeding employees.

2.3. In addition to these benefits for the employer who actively supports breastfeeding by his or her employees, studies have shown that having an enabling environment at work can help women sustain breastfeeding. A 2005 study of women in the United States found that without support, most women discontinued breastfeeding before the end of their first month back at work. Having a supportive environment, however, helps women achieve or even exceed their personal breastfeeding goals.

3.0. ILCA’s Position: Affirmations

3.1. ILCA affirms that women have a human right to breastfeed and a human right to work, and that children’s human rights include their rights to health, food, and care. A number of international documents support the right to breastfeed. Many governments have taken steps to assist childbearing women in combining breastfeeding with employment. The WHO/UNICEF Global Strategy for Infant and Young Child Feeding calls on every nation to develop a comprehensive national policy, which must include such support.

3.2. ILCA affirms that human milk substitutes fall short as a solution to the challenges of combining mothering and work.

3.3. ILCA affirms that women who are lactating must be protected from discrimination or harassment on the grounds of maternity and lactation.

3.4. ILCA affirms that mothers and infants “form a biological and social unit.” Women should be able to choose from a range of workload adjustment strategies that assist them to sustain breastfeeding while working. These accommodations should fit the individual needs of mother and child, changing over time as the child grows.

3.5. ILCA supports paid maternity leave and parental leave, flexible job scheduling, and paid breaks for breastfeeding or milk expression as basic elements of maternity protection. These entitlements make it economically possible for a woman to take time to recover fully from birth, establish lactation, and maintain a breastfeeding relationship with her infant(s).

3.6. The best way to protect breastfeeding is to avoid mother-baby separation. ILCA advocates the following three levels of breastfeeding protection in regard to women’s work:

3.6.a. Strategy #1: Arrangements that keep mother and baby together. It is optimal to keep the breastfeeding baby with the mother while she is working and/or to provide income replacement while she is breastfeeding. Such arrangements include maternity leave, parental leave, working from home, and bringing the baby to the workplace with the mother.

3.6.b. Strategy #2: Intermittent contact for mother and baby by means of breastfeeding breaks. If mother and baby cannot stay together full time, then modifications in scheduling her tasks, such as part-time work, reduction in work hours, job-sharing options, on-site or near-site child care with break time at the job for the mother to visit her child, or the opportunity for the baby’s care provider to bring the baby into the workplace for feeding visits, help to maintain the breastfeeding relationship.
3.6. It must be noted that Strategy #3 involves the most labor-intensive way to breastfeed. It divides breastfeeding into two tasks: a) removing milk from the mother's breasts, plus b) feeding the mother's milk to the baby. Direct breastfeeding gets the "job" done all at one time by utilizing the baby's "labor" to extract the milk. In addition, some women have great difficulty sustaining adequate milk production if they have to spend several hours a day without the stimulus of the baby's suckling. They may need to change to Strategy #1 or #2.

3.7. ILCA affirms that comprehensive breastfeeding education and support help working women achieve their goals and help employers gain bottom-line benefits from providing a worksite lactation program. Education includes classes or individual consultations with an International Board Certified Lactation Consultant (IBCLC) or a trained lactation educator. Support may come from an IBCLC, as well as from employers, supervisors, work colleagues, and other employed mothers.

3.8. ILCA asserts that it is a community responsibility to build women's opportunities to care for their children, both emotionally and physically, by breastfeeding. A mother's paid labor benefits her family and her community. The family and community benefit economically when a mother's health and her child's health are protected through breastfeeding. They also benefit because money does not have to be spent to buy human milk substitutes and provide extra health care for the artificially-fed child and the lactation-suppressed mother. ILCA believes that the labor of childbearing women should not be exploited in ways that take away their opportunity to care for their children by breastfeeding.

4.0. ILCA's Position: Recommendations

4.1. ILCA recommends that ways be found to share the costs of protecting breastfeeding among all the parties that benefit when children are healthy and well-nourished. This includes parents, family members, community members, health insurance providers, employers and co-workers, and the nation as a whole.

4.2. ILCA respects a woman's individual responsibility to decide how to feed her child. Many times every day, a mother makes decisions about how she will feed and care for her child. While acknowledging that a woman has the right to weigh the risks and benefits of infant feeding choices and select a riskier option for her own reasons, ILCA calls on everyone in the global community to reduce the economic, social, and informational constraints which prevent women from choosing to breastfeed.

4.3. ILCA supports efforts to measure and value unwaged domestic work, including the value of human milk production. Although few nations measure the work that women do to care for their homes and the people who live there, this work clearly has economic value. ILCA calls for entitlements to be provided for women's and men's domestic caregiving work, for instance tax breaks, a family allowance and/or a pension fund for family care providers. Specific entitlements should be included for breastfeeding.

4.4. ILCA encourages enterprises that have successfully instituted breastfeeding accommodations to report on their experience so that other employers and workers may benefit. Lactation consultants must acknowledge and address employers' concerns. A range of work settings requires a range of solutions.

4.5. ILCA urges governments and NGOs to explore ways to protect breastfeeding for lactating women in challenging work settings, such as mothers in the military, migrant working mothers, unorganized working mothers, and mothers working illegally. ILCA urges recognition for employers who provide conditions that allow these women to breastfeed.

5.0. ILCA's Position: Actions

5.1. The roles of the International Board Certified Lactation Consultant include protecting the breastfeeding rights of women and children; promoting breastfeeding to women workers and their employers in all work settings; assisting workers, unions, and employers who are negotiating reasonable accommodations for lactating workers; and supporting women as they strive to accommodate the demands of their work to their needs as lactating workers. As the professional association for lactation consultants, ILCA will provide leadership and guidance for lactation consultants as they seek to fulfill these roles.

5.2. ILCA will engage in international advocacy and support national and local advocacy for stronger maternity protection through laws, labor regulations, and collective bargaining agreements, and through family and community support. ILCA is part of the Maternity Protection Coalition and works closely with the World Alliance for Breastfeeding Action (WABA) Women and Work Task Force. Maternity Protection at Work: A Breastfeeding Perspective, a campaign kit produced by the Maternity Protection Coalition, is available as a resource for use in advocacy for the implementation and monitoring of improved maternity protection entitlements.
5.3. ILCA will provide professional development opportunities through which individual lactation consultants can build their knowledge and skills, both to provide clinical lactation support for women at work, and to understand, advocate for, and monitor the implementation of, maternity protection measures.

5.4. ILCA will encourage, support, publish, and circulate research about the challenges, costs, and benefits of providing workplace accommodations for breastfeeding; about the value of breastfeeding to the community, employers, and the nation; about effective methods of clinical support and advocacy; and about the role of coalitions, task forces, and community support networks to make positive changes in the situation of lactating women at work.

Notes

i. ILCA’s partners on the Maternity Protection Coalition (MPC) were International Baby Food Action Network (IBFAN), LINKAGES, and World Alliance for Breastfeeding Action (WABA), with technical support from International Maternal and Child Health—Uppsala, Sweden (IMCH) and United Nations Children’s Fund—New York (UNICEF).

ii. The term “nursing break” is understood at the International Labour Organisation (ILO) to mean break time to breastfeed the baby and/or to express and store milk.

iii. As in the previous note, “facilities for nursing” is understood at ILO to mean a place to breastfeed and to express and store milk.

iv. “In many parts of Africa, women are expected to do domestic and public work and the men the public only. However, with the recent socio-economic changes women are increasingly occupying public responsibilities, but with no concomitant shift from men to domestic roles. The result is identity crisis for men and increase in workload for women.” Reflections on the integration of men in gender and development (GAD) practice in Africa by Fatima I. Adamu, Department of Sociology, Usman Dan Fodiyo University, Sokoto, Nigeria. Available at http://www.gwsafrica.org/african%20feminist%20thinkers/adamu/adamu%20publication6.htm. Accessed May 28, 2007.

v. “No more than 35% of infants worldwide are exclusively breastfed during the first four months of life; complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate and unsafe. Malnourished children who survive are more frequently sick and suffer the life-long consequences of impaired development… Because poor feeding practices are a major threat to social and economic development, they are among the most serious obstacles to attaining and maintaining health that face this age group.” WHO/UNICEF, Global Strategy for Infant and Young Child Feeding, 2003:Annex, paragraph 1. Available at http://www.who.int/nutrition/publications/gs_infant_feeding_text_eng.pdf. Accessed May 28, 2007.

References (Endnotes)


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