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BREASTFEEDING AND FAMILY-FRIENDLY POLICIES

An evidence brief

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Introduction

A robust body of evidence highlights the importance of breastfeeding for the optimal health and long-term well-being of women and children worldwide. Children who are breastfed have reduced risk of acute and chronic illness and improved cognitive outcomes,[1, 2] resulting in higher educational achievement and earning potential compared with non-breastfed children.[2, 3] The World Health Organization (WHO) recommends that infants be exclusively breastfed for six months, including initiation within the first hour of life, and that they are continue to breastfeed for up to two years or beyond.

With adequate scaling up of breastfeeding to recommended levels, the lives of more than 820,000 children younger than 5 years old could be saved and 20,000 cases of breast cancer could be prevented.[1] Further, emerging scientific research indicates that human milk is a living tissue, replete with components that cannot be replicated elsewhere, contributing to a growing awareness that breastfeeding delivers personalized medicine[1] by providing environment-specific immunities and seeding the beginnings of a healthy microbiome.[1, 4–7] These effects are critical to ensure safety and reduce risk for vulnerable infants and children in high-risk settings.[8–11]

Moreover, through optimal breastfeeding practices, societal benefits are realized through reduction of health-care costs of US$300 billion,[12] and also through healthier populations of children who can achieve their full potential[10] and contribute to vibrant economies.[2, 3] There is an estimated return on investment of between $1 and $35 with breastfeeding. Both economic gains and improved child survival are associated with at least 50 per cent exclusive breastfeeding in infants aged 0–6 months by 2025.[13]

Despite the positive effects of breastfeeding, currently only 40 per cent of children younger than 6 months old are exclusively breastfed as recommended, far lower than the 2030 target of 70 per cent.[14] The workplace setting represents a substantial barrier to breastfeeding continuation among women who wish to breastfeed. Worldwide, only 40 per cent of women with newborns have even minimal maternity benefits in their employment setting. This disparity widens among countries in Africa, where only 15 per cent of women with newborns have any protection.[15]
At the country level, emerging research demonstrates improved breastfeeding rates among countries that mandate family-friendly policies by way of any form of extended leave following birth and by the requirement for employers to implement breastfeeding programmes.[16, 17] The International Labour Organization (ILO) Maternity Protection Convention 2000 (no. 183) standards include at least 14 weeks of paid maternity leave, and countries are recommended to provide at least 18 weeks (as per Recommendation 191) as well as workplace support for breastfeeding families.[18] Yet, the 2018 WHO/UNICEF Global Breastfeeding Collective Scorecard reported that only 12 per cent of countries currently provide 18 weeks of maternity leave, approximately half of the 2030 target of 25 per cent.[19]

This evidence brief aims to provide a summary of the evidence that supports a collective effort between early childhood development and breastfeeding experts to advocate for family-friendly policies so that children worldwide can reach their full human potential.

Evidence

Family-friendly policies that support lactation are critical to maternal health and well-being, infant health and development, and gender equity in the workplace. Maternity leave policies have a positive impact on breastfeeding initiation, exclusivity and duration. Returning to paid work too soon after the birth of a child has been shown to have a detrimental effect on breastfeeding initiation, exclusivity in the first six months, and duration.[20–25] Maternity leave policies have been studied more extensive-

ly than paternity leave or shared parental leave policies, although increased attention has turned to policies that extend beyond maternity leave alone.[26–30]

A recent review examining the relationship between maternity leave and breastfeeding duration in Australia, Brazil, Ghana, Ireland, Israel, Jordan, Mynamar, Spain, Thailand, Turkey, the United Kingdom, the United States concluded that there is a positive association between maternity leave policies and breastfeeding duration.[23] This review shows that women who had a three-month maternity leave were at least 50 per cent more likely to breastfeed for a longer period of time than women returning to work prior to three months. Women with six months or more maternity leave were at least 30 per cent more likely to maintain any breastfeeding for at least the first six months. A limitation of this review is that it did not separate paid versus unpaid leave. The difference in whether maternity leave is paid is likely to be important.[22, 31, 32] For instance, a cross-sectional study from Brazil showed a significant association between paid maternity leave and exclusive breastfeeding of infants under 6 months of age.[22] In this study, the rate of exclusive breastfeeding was 50 per cent. Among the mothers who were exclusively breastfeeding, 91 per cent were on paid maternity leave, and these mothers had higher rates of exclusive breastfeeding when compared with mothers who were on unpaid leave or did not have a source of income while breastfeeding.

To ascertain the effects of maternity leave policies on breastfeeding outcomes in low and middle-income countries (LMICs), a quantitative analysis of data in 38 LMICs demonstrated that extending the duration of nationally mandated maternity leave may be effective in improving recommended breastfeeding practices.[16] Another systematic review to identify barriers to recommended exclusive breastfeeding practices in 14 LMICs indicated that legislation and regulations on the marketing of breastmilk substitutes, paid maternity leave and breastfeeding breaks for working mothers were key priorities for LMICs.[33]

The United States is the only high-income country without federally mandated paid parental leave.[34] In this setting, leave policies vary based on state and employer policies. The California Paid Family Leave was the first programme in the United States that provides working parents with paid time off for bonding with a newborn, with benefits based on 55 per cent of weekly pay (subject to a cap). A 2015 report found that breastfeeding rates increased in the state of California by 10–20 per cent at three, six and nine months, following the implementation of six weeks of partially paid family leave.[29] After adjusting for education, income, race, parity, marriage/cohabitation, and psychosocial stress, mothers with less than six weeks of maternity leave were at highest risk of early breastfeeding cessation.

Benefits for women

Longer durations of maternity leave are associated with improved maternal physical and mental health, in the postpartum period and across the life course. Maternity leave has positive effects for both the physical and mental health of mothers.[35] For example, increased duration of leave has an association with lower postnatal depression and improved physical health.[36, 37] These effects appear to remain significant across the life course both for maternal physical[1] and mental health, although more robust longitudinal studies are necessary. In turn, maternal wellness supports optimal child development.[38]

Benefits for children

Research has demonstrated that paid maternity leave is associated with improved child health outcomes. Infants are more likely to be breastfed, have better attendance at well-baby visits, higher rates of immunizations,[39] lower rates of infant mortality[40] and improved early brain development[41, 42] when their parent has access to paid leave. Since breastfed babies generally experience fewer illnesses, parents miss fewer days of work.

Benefits for employers

Lactation support in the workplace is good for businesses, because it supports maternal and infant health and well-being. In high-income countries (HICs), a mother's return to paid work is associated with a high prevalence of milk expression and feeding infants with expressed human milk.[43, 44] Thus, workplace accommodations commonly address the needs of employees who wish to express milk while at work. However, such accommodations do not incorporate the needs of parents who wish to return home or to a day care to feed their baby. In studies of workplace accommodations, most of which have been conducted in high-income countries, the most common workplace lactation accommodations for employees include providing lactation space, breaks and comprehensive lactation support programmes (defined as a combination of multiple workplace accommodations).[45]

These accommodations have been shown to improve breastfeeding initiation, duration and exclusivity, as well as non-breastfeeding-related outcomes, such as job satisfaction and job commitment.[17, 45–48] For example, breastfeeding self-efficacy is significant to mothers in the United States balancing work and meeting their breastfeeding intentions and outcomes.[49] Several recent studies from LMICs such as Ethiopia,[50] Haiti,[51] , India[21] , Nigeria,[52] and Sri Lanka[53] provide additional evidence of consistent types of barriers to breastfeeding for working mothers. Weak support for lactation in the workplace may have negative consequences on infant feeding practices, such as early breastfeeding cessation and maternal stress.[54]

Lactation support for employees may save employers money in the long- run, as one analysis from the Unites States demonstrates that companies with a breastfeeding support programme save on average $3 for every $1 they invest.[55] Providing workplace lactation programming helps to maintain a stable workforce by reducing employee turnover.[56] Employees who wish to breastfeed are more likely to return to a worksite that provides a supportive breastfeeding environment. For example, businesses in the United States with lactation support programmes report employee retention rates of 83–94 per cent, compared with the national rate of 59 per cent.[55] Providing a supportive environment for lactation in the workplace improves a company's reputation by reflecting its investment in the welfare of its employees and their families.

Family-friendly policies and high-income countries

The coverage of laws and policies to support breastfeeding families in the workplace in HICs demonstrates persistent disparities, in part due to variations in the ways that employers across a range of sectors implement maternity leave policies, other family-friendly policies, and workplace lactation support.[57] For example, a study of breastfeeding among 682 mothers enrolled in a social protection programme for women, infants and children in the state of New Hampshire in the United States found that women working in service industries reported the lowest rates of both breastfeeding initiation and workplace support for breastfeeding and expressing breastmilk.[58] A survey of women in the United States Army found that less than half who were surveyed were breastfeeding (44 per cent), 53 per cent reported feeling supported for breastfeeding, and only 13 per cent of respondents who provided information about workplace support indicated they had access to a private room, sink and refrigerator.[59]

Implementation of maternity leave and breastfeeding policies varied significantly by type of industry, with higher-paying industries/employers having more supportive policies and workplace accommodations and women in the service and production/transportation industry having the least support. Other socially complex factors associated with inequity in the employment environment have been shown to reduce breastfeeding outcomes. For example, hazardous conditions and lack of autonomy in the workplace were found to be associated with poorer breastfeeding outcomes in a cohort of 890 Australian working mothers.[60] In a prospective cohort of 2,172 African American women in the United States, racial discrimination in the workplace setting was associated with shorter

breastfeeding duration among women who initiated breastfeeding.[61]

National policies and legislation may support equitable implementation of paid leave and workplace support and also provide oversight and accounatbility so that all families will benefit from the provisions. In addition, places of employment can support national legislation through policies and programmes that ensure equity in these settings. Examples of support include culturally appropriate lactation support and care, as well as eliminating structural oppression and discrimination.[61]

Continuum of policies in childcare settings

Available evidence largely focuses on policies related to the mother with regard to family-friendly policies. For lactation to continue and to ensure that children receive breastmilk during times of separation, women require opportunities in the workplace to either feed children directly or to express milk. With milk expression comes the inevitable question of who is feeding the child during the time of separation to ensure that breastmilk feedings continue?
Many countries with paid leave also offer access to affordable, high-quality child care.[62] In other countries without paid leave, childcare providers may extend support to breastfeeding mothers after their return to work. For example, a study based in the United States using the Infant Feeding Practices Study II evaluated breastfeeding practices among 183 mothers whose infants were in non-parental childcare at 3 months of age. The findings indicated that breastfeeding at six months was significantly associated with childcare provider support for feeding expressed human milk and supporting mothers to breastfeed on-site before and after work.[63] A qualitative study of 23 childcare providers' attitudes in the state of Florida in the United States revealed several barriers to supportive lactation programming for clients, including perceived priority for lactation support, high costs of implementing change, and mis-alignment with providers' perceptions of what families need.[64] More research is needed to understand the importance of childcare provisioning as well as lactation support among childcare providers on maternal and infant health outcomes in both HICs and LMICs.

Key points

Overall trends in the reviewed literature indicate that national policies and workplace interventions may support increased initiation, exclusivity and longer breastfeeding duration among families choosing to breastfeed. Generally, longer leave is better than shorter leave, and paid leave appears to be associated with better breastfeeding outcomes compared with unpaid leave. Also, national standards may provide greater protection for breastfeeding by requiring compliance in the employment sector to ensure equitable access to supportive services. In turn, on the population level, optimal breastfeeding provides opportunities for children to grow and thrive and reach their full human potential. Based on this summary, the following key points are highlighted:

- Much of the available evidence surrounds maternity leave policies compared with other types of family-friendly policies such as those involving other parents. *More research is needed to understand parental leave policies in the context of other partners in a caregiving role to the breastfeeding child.*
- Much of the available evidence focuses on interventions to support women who breastfeed in the workplace environment compared with support for breastmilk feeding in the childcare environment. Clinically, both members of the dyad are important. *More research is needed to understand how to optimally support the breastfeeding child during times of separation from the parent.*
- Evidence from the workplace environment appears to target opportunities for milk expression – e.g., break time and space compared with feeding children directly at the breast. *More research is needed to identify and understand innovative workplace environments that promote direct feeding at breast.*
- Much of the available evidence pertaining to lactation support in the workplace comes from the United States and other HICs, whereas information about national policy implementation may be more broadly described. *More research is needed to identify and evaluate workplace policies and innovative programmes in HICs and LMICs alike.*

Recommendations

National policies and legislation that protect, promote and support breastfeeding will offer economic benefits, ensure a healthy future workforce, and simultaneously enhance maternal and child health, early childhood development, and gender equity in the workplace. Governments create conditions for population health in part by enacting, implementing and enforcing responsible policies that are informed by experts and stakeholders in the private sector. Therefore, there are implications both for the government sector and for the private sector. Women who breastfeed would likely benefit from the collaborative efforts between the two sectors. Based on the literature reviewed, returning to work too soon after birth presents substantial challenges to women who are breastfeeding. Family leave policies are important, but the evidence demonstrates that a supportive employment sector is equally important for continued breastfeeding.

The ILO standards summarized below appear to be at least minimally consistent with the evidence to protect breastfeeding in the workplace. Therefore, governments are called upon to enact/ratify, implement and enforce the ILO Maternity Protection Convention, 2000 (no. 183) and associated Recommendations (R191). Specifically, families need **time**, **resources** and **services**.

Time

GOVERNMENT

- At least 14 weeks of paid leave around childbirth and strive for at least 18 weeks.
- Given that WHO recommends a minimum of six months of exclusive breastfeeding, 18 weeks is not enough to support this recommendation. Despite the fact that evidence is limited, it is reasonable to strive for an aspirational goal of at least 26 weeks of paid leave.

PRIVATE SECTOR

- Provide adequate paid breaks for breastfeeding or expressing milk. Adequate paid breaks are understood to be determined by the breastfeeding parent and not the employer.

Resources

GOVERNMENT AND PRIVATE SECTOR

- Health protection at the workplace for pregnant and breastfeeding women.
- Cash and medical benefits.
- Employment protection and non-discrimination.
- Breastfeeding support after return to work.

Services

PRIVATE SECTOR

- Provide clean, private, safe and hygienic spaces with a locked door for expressing milk and refrigerator space for storing expressed milk.
- Offer comprehensive and culturally appropriate lactation support to employees, which includes breaks, private space, and lactation counselling support and education services.
- At a minimum, private sector employers need to comply with any existing legislation on maternity leave and workplace breastfeeding support. Employers have a responsibility to ensure safety for women in the workplace free from discrimination and environmental hazards.

For collaborations between governments and the private sector:

GOVERNMENT

- Fund research to better understand effective policies and programmes and also provide funding to the private sector to develop innovative workplace and childcare support of breastfeeding.
- Ensure that the costs of family leave policies are not passed on to individual employers, but rather assumed by social insurance or public funds, according to ILO CI83.

PRIVATE SECTOR

- Provide the government with examples of cost-effective programmes and data to support policies. Governments can promote innovative programmes through health ministries to gain buy-in from other employers.

Parents in low-resource settings

The task for this paper was to review and present evidence associated with family-friendly policies that support breastfeeding in the interest of optimal early childhood development. A summary of the research to address this task was presented, although paradoxically, what does not appear in the literature is worth mentioning. A substantial gap in the literature remains surrounding women and work and breastfeeding in low-resource environments and fragile settings. The ILO reports that women provide three times the unpaid care work compared with men.[65] Informal sector employment and unpaid care work restricts women from accessing social protection policies that support breastfeeding, such as maternity leave. In these settings, leave policies and workplace support policies have little to no bearing.

Research to support breastfeeding women engaged in informal employment is critical to support breastfeeding in these settings. The trade-offs between breastfeeding and labour/care work may be different in these settings compared with women engaged in a formal employment structure. Any labour that requires women to spend long periods of time away from their infants may disrupt breastfeeding, necessitating supplementation and breastfeeding cessation. All of these factors increase the risk of infectious diseases and acute malnutrition, and ultimately compromise optimal early childhood development.[8, 66, 67]

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