

Linking the WHO's IYCF and health recommendations to other relevant UN/ILO conventions and the need to harmonize policies

Laurence M. Grummer-Strawn

WABA/UNICEF Stockholm Symposium

Contemporary solutions to an age-old challenge: Breastfeeding and work
26-28th September 2015



World Health
Organization

Maternity leave

- WHO Global strategy on infant and young child feeding
 - “Infants should be exclusively breastfed for the first six months of life”
- ILO
 - C183: “A woman to whom this Convention applies shall be entitled to a period of maternity leave of not less than 14 weeks.”
 - R191: “Members should endeavour to extend the period of maternity leave referred to in Article 4 of the Convention to at least 18 weeks.”
 - C183: “Maternity leave shall include a period of six weeks' compulsory leave after childbirth”
 - R191: “woman is entitled to choose freely the time at which she takes any non-compulsory portion of her maternity leave, before or after childbirth”



Maternity leave

- ILO Convention covers half the period of exclusive breastfeeding
- Difficult, although not impossible, to maintain exclusive breastfeeding after return to work
- Implementation is limited (as of 2013)
 - 53% of countries meet C183 standard
 - 23% of countries meet R191 standard
 - Increased from 1994



Nursing breaks

- WHO Global strategy on infant and young child feeding
 - “Infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.”
- ILO
 - C183: “one or more daily breaks or a daily reduction of hours of work to breastfeed her child”
 - R191: “the frequency and length of nursing breaks should be adapted to particular needs”
 - C3: “a woman shall in any case, if she is nursing her child, be allowed half an hour twice a day during her working hours for this purpose”



Nursing breaks

- ILO places no age limit on breaks
- But in implementation
 - 63% of countries limit accommodations to less than 24 months



Facilities for nursing

- WHO Global strategy on infant and young child feeding:
“Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for example
 - paid maternity leave
 - part-time work arrangements
 - on-site crèches
 - facilities for expressing and storing breast milk and
 - breastfeeding breaks”
- ILO
 - R191: “provision should be made for the establishment of facilities for nursing under adequate hygienic conditions at or near the workplace”



Facilities for nursing

- Recommendation does not distinguish between
 - Facilities for breastfeeding: Rooms with beds, room for nursing, child care facilities
 - Facilities for milk expression: Other than a bathroom, necessary equipment, refrigeration, electrical outlets, provision of a pump
- Currently no WHO recommendations on feeding at the breast versus feeding of expressed milk. But concerns over:
 - Sanitary conditions for storage
 - Use of bottles
 - Cyclical changes in milk composition (fore/hind, diurnal variation)
 - Suckling behaviour
 - Maintenance of milk supply



Alternative Accommodations

- Options:
 - Part-time work
 - Flexible work hours
 - Job sharing
 - Telecommuting
 - Bring the baby to work
 - Special allowances for travel
 - Access to skilled support
- Dependent on the nature of the work
- Difficult to codify into international or national policy



Summary

- Adherence to exclusive breastfeeding recommendation difficult under ILO convention
- Accommodations after return to work largely focus on milk expression
- Main issue is implementation of convention
- Combining breastfeeding and work will require job-specific solutions





Thank you

www.who.int/nutrition



World Health
Organization