SECTION 5

Breastfeeding: the Heart of our Matter

The Maternity Protection Coalition – like the ILO, trade unions and the majority of States in the world – understands maternity protection as a social responsibility. If women are both to work and to have children in decent and healthy conditions, maternity protection is a necessity for all women. Providing paternity leave and parental leave are also important steps towards developing a more involving role for fathers. Financial benefits are vital; they enable women to continue providing basic necessities to the family while they are out of the workforce during their maternity leave. Job protection and non-discrimination are also a central aspect of maternity protection, because if women fear they will lose their jobs, they may fail to take sufficient leave time – to the detriment of their own health and their baby's health.

The goal of this MPC Campaign Kit is to help combine breastfeeding advocacy with advocacy for maternity protection. Breastfeeding advocacy has primarily come from the health and consumer communities, while maternity protection has been an issue more for the economic and labour sectors, especially the trade unions. The adoption in 2000 of new ILO Maternity Protection instruments, Convention 183 and Recommendation 191, and the adoption in 2002 of the WHO/UNICEF Global Strategy on Infant and Young Child Feeding give activists more reasons to plan joint actions and to assure a place for breastfeeding on the maternity protection agenda.

The various stakeholders – government, trade unions and employers – must be informed about the importance of breastfeeding. Their support plays a central role to enable women to follow the recommendations of the WHO/UNICEF Global Strategy: to breastfeed exclusively during a child's first six months, then continue breastfeeding until age two or beyond while giving safe and adequate complementary foods.[1] A key step toward this goal is to ensure that the minimum standards set by the International Labour Organisation are implemented at the workplace.

It is clear that the founders of the ILO in 1919 understood that breastfeeding is an integral part of motherhood, and thus deserves protection at the workplace. Social and economic trends since 1919 have reduced breastfeeding rates, and in turn led to a loss of the shared understanding about the lives of breastfeeding women that comes from everyday contact within the family, the neighbourhood, and the workplace. To assist in the re-building of community knowledge about the real lives and needs of breastfeeding women at work, this kit offers several tools for informing the stakeholders about the issue.

- The Texts of ILO Convention 183, Recommendation 191, and Convention 184.
- Scientific evidence for the health and economic value of breastfeeding is continually expanding. **Breastfeeding: Everyone Benefits** is a recent summary (see page 3 in this section).

1. WHA55.15 (2002): "10…As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirement, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond." The Global Strategy recommendation is based on Resolution WHA54.2 (2001), which itself is based on the review of scientific data on the optimal duration of breastfeeding.

- The workplace was identified as one of four target areas for breastfeeding advocacy in the **Innocenti Declaration**, adopted in 1990 by participants at a WHO/UNICEF policymakers' meeting and updated in 2005. The Innocenti Declaration 2005 on Infant and Young Child Feeding is a recent document that reaffirms the objectives of the first Innocenti Declaration (1990) as well as those of the Global Strategy (2002).
- **Women, Work and Breastfeeding: Everybody benefits!** In 1993 this World Breastfeeding Week (WBW) Action Folder was the basic document used by WABA to launch its maternity protection campaign, which is still on-going.
- **Steps towards a People-Friendly Workplace** is a pamphlet that WABA developed in conjunction with Human Resources experts. It is targeted to employers.
- In **WHA Resolutions** there are excerpts of important World Health Assembly documents.
  1) **WHA 34.22 – The Code** summarises the eleven articles of the International Code of Marketing of Breast-Milk Substitutes from 1981.
  2) **Subsequent WHA Resolutions - 1982-2008** reviews relevant resolutions from the biennial discussions of infant and child feeding at the WHA.
  3) A brief description of the **WHO/UNICEF Global Strategy on Infant and Young Child Feeding** is given, and there are excerpts from the text that refer to maternity protection.
- Two interventions from the 2000 meeting of the ILO Committee on Maternity Protection are included here: the **UNICEF Statement to the ILO Conference 2000** and the **WHO Statement to the ILO Conference 2000**. They contain evidence-based recommendations concerning the health and human rights of women and children.
- **Every Woman's Right to Breastfeed** is a pamphlet that details the basis for considering breastfeeding as a human right that can be found in international human rights instruments.
- **Costs and Benefits of Protecting Breastfeeding** is a handout for employers and policy-makers that briefly explores the costs and benefits of supporting breastfeeding in the workplace.
- **Breastfeeding and the Workplace** describes in detail the conditions that are needed to support breastfeeding employees at the worksite.
- The global women's movement included language about breastfeeding and the workplace in the **Platform for Action**, Fourth World Conference on Women, 1995

A note about numbers

The careful reader will note that the recommendations often vary from one document to the next. Two obvious examples are the number of weeks of maternity leave and the recommended length of exclusive breastfeeding. In addition, an individual mother-baby pair may have needs that fall short or go beyond the length of time recommended as a universal rule.

The ILO standard of 14 weeks for maternity leave is a *minimum*. As long as so many countries still fall short of the minimum, then 14 weeks may have to be the primary goal. However, the general rule for maternity leave is: *longer is better for breastfeeding*. Flexibility is helpful, too. Some babies adapt easily to change, while others are more challenging.

In 2000, WHO commissioned a thorough review of published scientific literature on the optimal duration of exclusive breastfeeding. The conclusions led WHA to recommend six months of exclusive breastfeeding as a global public health recommendation (WHA54.2, 2001 and Global Strategy, 2002). This is the most recent global recommendation on exclusive breastfeeding. It should be noted however, that many concerned parties are still not aware of it and continue advising shorter duration (four to six months, for example).

BREASTFEEDING: EVERYONE BENEFITS

Breastfeeding has been found to be vital for child survival and is also beneficial for mothers' health. Breastfeeding contributes positively to the nation's economy, to employers, families and communities.

Here is some basic information about the benefits of breastfeeding which will be useful for educating allies or convincing opponents in a campaign.

Breastfeeding Benefits for Children

Before a baby is born, the uterus protects him or her from most of the germs to which the mother is exposed. After birth, the mother's milk continues to protect against many of the viruses, bacteria and parasites to which the baby is now exposed. Several substances in breastmilk not only prevent diseases; some stimulate and strengthen the development of the baby's immature immune system. This results in better health, even years after breastfeeding has ended. For these and other reasons, based on scientific evidence, the World Health Assembly has adopted, as a public health recommendation, that babies should be fed exclusively on breastmilk for six months and continue breastfeeding at least until two years of age (1).

Breastfeeding promotes child survival:

- *"If all babies were fed only breastmilk for the first six months of life, the lives of an estimated 1.5 million infants would be saved every year and the health and development of millions of others would be greatly improved,"* states UNICEF in its 2002 edition of *Facts for Life* (2).
- In resource-poor settings, exclusive breastfeeding may be the best option for HIV-positive mothers (3).
- Breastfeeding is an essential means of providing *food security* for millions of infants worldwide (4), and even more so in developing countries and in regions having to cope with war, conflict, population displacement, natural disasters, or economic crises.

Breastfeeding reduces the incidence of infectious diseases:

- *Otitis media:* Middle ear infections are one of the most frequent reasons for seeing the doctor. In a US study, infants from birth to twelve months who were not breastfed had twice as many ear infections as babies who were exclusively breastfed for about four months (5).
- *Diarrhoea*: The antibodies in a mother's milk protect her baby from the germs causing diarrhoea. In poor communities, diarrhoea caused by bottle-feeding is responsible for acute sickness. The cycle of illness, dehydration and malnutrition weakens the child, often fatally. A study from the Republic of Belarus shows that infants exclusively breastfeeding at three months have 40% less risk of developing gastrointestinal infections (6).
- *Pneumonia*: Worldwide, pneumonia is one of the leading causes of death in children under five years of age. A study in Brazil showed that the risk of hospitalisation for pneumonia among non-breastfed infants was 17 times greater than that for breastfed infants (7).

Breastfeeding reduces the risk of asthma and other allergies:

- In Australia, risk of childhood asthma decreases by at least 40% in infants breastfed for four months (8).
- A Medline review of twelve studies relating breastfeeding and asthma points out that exclusive breastfeeding reduced the risk of asthma by 30%, and showed still better results (48%) in families with a history of asthma-related illnesses (9).

People who were breastfed as babies have lower risk of type 2 diabetes:

- This outcome may be the result of getting the right mix of nutrients plus the anti-inflammatory effects of human milk. (10)

Breastfeeding improves IQ outcomes:

- In Denmark, a recent study confirmed that breastfeeding affects brain development as measured in the child's ability to crawl, to grip and to babble in polysyllables: the longer the duration of breastfeeding, the higher the child's capacities (11).

Long-term effects of breastfeeding on health:

- *Bone mass*: In Tanzania, a study demonstrated that there was significant association between breastfeeding in infancy and higher bone mineral density among the eight year-old boys examined, in comparison with children that had not been breastfed (12).
- *Haemophilus influenzae meningitis*: In Sweden, a study showed that low breastfeeding rates were followed, five to ten years later, by increased meningitis rates (13).
- *Obesity*: In a number of countries (Germany, Czech Republic, the UK, the USA) research demonstrates that breastfeeding reduces the risk of obesity and overweight (14).

Benefits for Mothers

Breastfeeding is an integral part of the reproductive cycle: exclusive breastfeeding, followed at six months by the introduction of appropriate complementary foods, and continued breastfeeding until the age of two years or more, completes this cycle. Studies have shown that there are many women for whom contraception is unavailable, unaffordable or unacceptable. For these women, breastfeeding (according to the LAM criteria mentioned below) is the primary means of delaying pregnancy and spacing births. Moreover, breastfeeding develops emotional and psychological well-being in mothers, and has numerous health advantages.

Breastfeeding helps in spacing children:

- As long as a mother breastfeeds fully or nearly fully and as long as her periods have not returned, her protection against pregnancy during the first six months is 98 % (15). This family planning method is called the Lactational Amenorrhea Method - LAM.

Breastfeeding results in the reduction of anaemia:

- In the first hours and days after birth, early breastfeeding brings about uterine contractions, preventing excessive blood loss.
- Over the months, breastfeeding reduces the frequency and severity of anaemia by delaying the return of the monthly period and helping the mother build her iron reserves (16).

Long-term effects of breastfeeding on mothers' health:

- *Type 2 Diabetes:* Lactation is associated with a lower risk of developing type 2 diabetes in the 15 years after birth. For each addition year of lactation, risk drops by 14-15%. (17)
- *Breast cancer*: Studies from the US, China, Japan, New Zealand, the UK and Mexico show that women who breastfed their children have reduced risk of developing breast cancer and that the risk declines with increased duration of breastfeeding (18).
- *Ovarian cancer*: Breastfeeding for at least two months per child decreases the mother's risk of developing epithelial ovarian cancer (19).
- *Osteoporosis*: The risk of hip fracture amongst women over 65 is reduced by half for those who have breastfed. It decreases by another quarter for those who have breastfed each of their children at least nine months (20).

Benefits for Families

Preparing for the arrival of the new baby, undergoing the birth process, and adapting to the child's first months are among the most extraordinary, testing, and emotional periods that parents and families experience. Loving, caring for, nurturing, but also worrying about one's child are normal feelings and are sometimes overwhelming. Any illness takes an emotional toll on families;

sickness in a newborn baby or a working mother causes even more worry. Health care costs are constantly increasing and can represent considerable strain on the family budget.

Breastfeeding strengthens family ties:

- Studies have shown the emotional and psychological importance, as well as the bonding effects of breastfeeding to both mother and child. The importance of bonding is even greater when mothers return to work (21).
- Breastfeeding develops a mother's confidence in her physical and emotional capacities (22).

Breastfeeding brings economic benefits and helps to save time:

- Savings on the purchase of breastmilk substitutes and other feeding equipment.
- Less time spent having to buy formula or other necessary products.
- Less spending on medical care and medication.
- Less spending on birth control methods.
- Less time preparing bottles, including fetching water, fuel, and cleaning utensils.
- Less time and worry spent on having to care for illnesses that could often be avoided.

Benefits for Employers

When infants and children are sick, mothers or fathers often stay home to care for them. National laws may allow parents to take holiday leave or to call in sick themselves. This absenteeism is costly to employers – and to national budgets for health care. Moreover, many employed women have only a short period of paid maternity leave. If they want to breastfeed their babies, it is important to set up favourable conditions at the workplace. Many labour laws provide paid or unpaid daily breastfeeding breaks, and many employers set up breastfeeding facilities on-site for their female workers. Adequate hygienic facilities for breastfeeding or expressing and storing breastmilk are relatively easy and inexpensive to provide.

Breastfeeding reduces staff absenteeism:

- Studies in the USA and elsewhere have shown that breastfed babies had statistically fewer episodes of illness than formula-fed infants and that mothers of breastfed babies were less absent (only 25% of one-day maternal absences) than mothers of bottle-fed babies (23).

Breastfeeding contributes to more stable workforce:

- Employers who support their female employees (maternity benefits, breastfeeding breaks, rest periods...) note improved staff morale, less turnover and increased loyalty to the enterprise.

Benefits for Society

Breastmilk is a living substance. It is unique and non-replaceable, specifically tailored to the changing needs of each baby. It is the first human food *par excellence*, the best example of how humanity can sustain itself through provision of a complete food for human babies. Breastfeeding also makes economic sense because it is less costly to produce than formula. It also allows society to make considerable savings in health care costs.

Breastfeeding helps to protect the environment:

- Ecological in its production, consumption and disposal, it is a natural and renewable resource.
- Less industrial production, transportation, packaging, and disposal pollution: breastfeeding produces hardly any waste.

Breastfeeding results in overall economic benefits:

- Nations can save huge amounts on the purchase and distribution of commercial breastmilk substitutes (often in foreign exchange). In India for example, at the national level, women produce

approximately 3,900 million litres of milk over a two-year period (which corresponds to the usual lactation period of Indian mothers). If the milk had been purchased in the form of tinned cows milk, it would have cost close to US$3 billion, or more than three times the combined budgets of the Departments of Education, Health and Family Welfare, and Science and Technology during that same period of time. In Guatemala, annual spending on breastmilk substitutes amounts to approximately US$48 million (24).

- Savings on health care expenses for preventable acute and chronic illnesses: an Australian study calculated that if breastfeeding at three months of age increased in prevalence from 60% to 80%, Australian $3.7 million would be saved on treating gastro-intestinal diseases alone (25). Researchers in Newfoundland, Canada, estimated that improved prevalence of breastfeeding could save the province up to Canadian $370,000 per year on the care of babies with asthma and eczema (26).

As the benefits of breastfeeding have a positive impact on all levels of society, it is all the more important that the responsibility for supporting women to breastfeed optimally is carried by all of society.

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