

COSTS AND BENEFITS OF PROTECTING BREASTFEEDING

Increasing numbers of women are spending their childbearing years in the workforce. Women supply the main financial support for 30% of the world's homes, and make up 50% of potential workers. By 2010, it is predicted that 70% of women will be employed during their childbearing years. Will they be breastfeeding their babies?

A breastfeeding mother is productive. She is producing food and providing protection and care for her child. At the same time, she safeguards her own health. Many other people also benefit indirectly from her productivity, but it is difficult to measure the effect. Here are some facts to consider.

The global public health recommendations for infant feeding are exclusive breastfeeding (nothing but human milk) for the first six months, then continued breastfeeding with added complementary foods until two years of age or beyond. It is a challenge to sustain breastfeeding at this level when a woman is employed, for milk production depends on frequent feeding. The ideal arrangement is for mother and baby to be together. The mother can work at home or bring the baby to her job, especially while the baby is young. The next best choice is to work near the baby, getting together a few times during the work day for feedings. If neither of these arrangements is possible, then the mother can offset the effects of separation from her baby by expressing or pumping her milk at the workplace and taking it home for her baby to drink the next day.

Employed mothers need *time, space and support* at work to be able to follow the global recommendations. What arrangements enable them to do this?

Information and support

- First of all, women need to know that they *can* breastfeed and work. Information can come from a health worker, a breastfeeding support programme at work, and—best of all—from other women who have done it.
- Co-workers and managers need to know why breastfeeding is important and how they can support the mother. Family members also need to know how they can help. Encouragement and support from employers, fellow workmates, and family cost nothing but have immeasurable value for new mothers returning to work.

Maternity leave

- It takes time to establish breastfeeding. 14-18 weeks is the minimum that was set by the International Labour Organisation in 2000; this includes six weeks of compulsory leave after giving birth. Six months of maternity leave would be ideal.
- When maternity leave is paid, more women are able to make use of it.
- Flexibility of scheduling is desirable, for instance returning to work part-time at first.

Maternity leave does have costs.

- The costs include income replacement for the worker while she is on leave, possibly a replacement worker during her absence, and re-training if needed when she returns from leave.
- Funding for maternity leave can come from compulsory social insurance schemes, just like other programmes that support workers, like pension, disability, and unemployment benefits. Other methods include credit funds, health fund schemes, cooperatives, and mutual benefit societies.
- If women workers quit their jobs when they have children, employers bear the costs of high turnover, including recruitment, hiring, orientation, and training of new workers.

Breastfeeding breaks after returning to the job

- A 30-minute break for every four work hours is typical.
- Mothers need more frequent breaks at first, then less frequent breaks as the baby gets older.
- Break time should be paid time, especially if other types of break (such as smoking breaks, toilet breaks, lunch breaks, coffee breaks) are paid.

Breastfeeding breaks do have costs.

- Two half-hour breaks per 8-hour day add up to 1 hour per day or 12.5% (1/8) of a day's pay.
- In some jobs, a replacement worker or a rearrangement of shifts is needed to cover workers during their breaks.
- Costs to the employer are offset by the savings in healthcare costs for breastfeeding mother and baby (if employer pays for healthcare) and by less parental absenteeism and greater productivity.

Babies who do not breastfeed are sick more often and for longer periods than exclusively breastfed babies. Workplace breastfeeding support programmes in the US resulted in a 28% decrease in absenteeism and a 36% drop in sick child health care costs.

Facilities

A breastfeeding woman needs

- Easy access to a small, clean space with room to sit down and a door, screen, or curtain. Because she is preparing food for her baby, this space should not be a toilet.
- Access to a sink and tap.
- Secure storage for her milk, such as a locker, or space for a small cooler at her work station.

Cost of Facilities

- The physical components of breastfeeding facilities are already present in workplaces that provide space where workers can eat and wash their hands. What is needed is a creative approach to ensure that women are assured a private place where they can relax and be protected from interruption. This space can be as small as 1 x 1.5 metres.

In the USA, the Aetna company reported a \$2.18 return on investment for every \$1.00 spent on breastfeeding support for employees.

Day-care facilities and other accommodations

- Facilities for child care at or near the workplace allow mothers to breastfeed directly during breaks in the work day.
- A reserved parking space is helpful for mothers who go home to breastfeed at lunchtime, or for a caregiver who brings the baby to work for feedings.

The worker who has taken care of her baby and herself by nursing or expressing milk returns to her task physically and mentally comfortable, knowing her baby's milk supply is secure, and ready to work efficiently.

"Our business decided a long time ago that people are our most important asset. If you take care of them, the business will take care of itself." Human Resources Manager, Pizza Hut, USA

An efficient, stable, and loyal workforce gives a competitive advantage to the employer.

The indirect benefits of breastfeeding reach far beyond the balance sheet of the workplace. Breastfeeding mothers are a national resource, but one that is difficult to acknowledge in national budgets.

When babies are well fed

Everyone benefits when children get the nourishment they need in order to develop their full potential—as students, as family members, as the next generation of workers.

When women are healthier

Everyone benefits when women are protected from iron-deficiency anaemia. Breastfeeding mothers rebuild their bodies' iron stores better after pregnancy because the return of menstruation is delayed. Everyone benefits when women have lower rates of diabetes, osteoporosis, and breast and ovarian cancers. Breastfeeding reduces women's risk of these diseases.

When babies are strong and resist infections

Everyone benefits when babies are protected against ear and respiratory infections and diarrhoea. Caring for sick babies uses time and money and takes parents away from their jobs.

In India, if an increase in exclusive breastfeeding prevented only one episode of diarrhoea per child per year, the money saved would exceed the national budget for child health. Lactation amenorrhoea (delay of menses) is by far the top contraceptive in the country, with a value equal to nearly half the budget for the national family planning programme.

When milk for babies is produced at home, rather than purchased

Everyone benefits when mothers provide milk for their children. Buying breastmilk substitutes can cost a family from 5% (New Zealand) to 50% (Indonesia) to more than 200% (Nigeria) of the national minimum wage. For a nation, importing baby milks and foods uses up scarce foreign exchange. Manufacturing infant foods to replace human milk diverts agricultural land, water, fertilizer, and fuel from producing food for everyone.

Mothers' milk contributes to national food production, but it is rarely recognized as having any monetary value...except in Norway. Norway has counted production of human milk in its national food statistics since 1992. They use a value of \$US 50 per litre, since that is what a human milk bank would have charged for a litre of pasteurized donor milk in 1992. In contrast, when economists estimated that the GDP in Mali would increase by 5% if human milk were included, they based their calculation on a value of only \$1 US per litre.

Australian economist Julie P. Smith estimated a price for human milk production for Australia in 1992. Using the value of US\$50 a litre (A\$67), 33 million litres of human milk contributed A\$2.2 billion to the economy. If Australian mothers had met their nation's target for breastfeeding in 1992, the value would have increased by A\$0.5 billion. If they had achieved the global recommendation, it would have been A\$3.5 billion more.

Smith comments, "Mothers' time investment in human capital through breastfeeding is large. If society doesn't share some of this economic cost (e.g. via maternity leave and other accommodations), breastfeeding reduces to socially suboptimal levels."

*Everyone benefits when babies are breastfed.
Everyone should share the costs*

This document was prepared by Chris Mulford ILCA/WABA, as part of the enclosures for the Maternity Protection Campaign kit. The MPC Kit was produced in 2003 by the Maternity Protection Coalition (MPC), comprising the International Baby Food Action Network (IBFAN), the International Lactation Consultant Association (ILCA), the LINKAGES Project and the World Alliance for Breastfeeding Action (WABA), with technical assistance from International Maternal & Child Health, Uppsala University, Sweden (IMCH) and the United Nations Children's Fund (UNICEF). The second edition, produced in 2008, includes two new MPC members: La Leche League International (LLL) and Academy for Educational Development (AED). LINKAGES, a former project of AED, is no longer an MPC member. The MPC supports women's rights to breastfeed and work, by advocating for implementation and monitoring of improved maternity protection entitlement.

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