



Breastfeeding Committee for Canada

The National Authority for the WHO/UNICEF Baby-Friendly Initiative (BFI) in Canada

Aboriginal Nurses Association of
Canada

Association of Women's Health,
Obstetric and Neonatal Nurses

Canada Prenatal Nutrition
Program

Canadian Association of
Midwives

Canadian Healthcare
Association

Canadian Institute of Child
Health

Canadian Lactation Consultant
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Canadian Nurses Association

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Canadian Pharmacists
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Group on Nutrition

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Society of Obstetricians and
Gynaecologists of Canada

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And other individual experts

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of the writer and not necessarily
the opinions of the members of
the Breastfeeding Committee for
Canada

Proposal to the Federal Labour Standards Review Commission to legislate paid breastfeeding breaks in the revised Canadian Labour Code

From: Breastfeeding Committee for Canada

The Breastfeeding Committee for Canada was established in 1991 as a Health Canada initiative, following the World Summit for Children. The vision of the BCC is to establish breastfeeding as the cultural norm for infant feeding within Canada. The BCC actively supports the protection, promotion and support of breastfeeding and is the National Authority for the implementation of the WHO/UNICEF Baby-Friendly™ Hospital Initiative in Canada. More information about the BCC can be found on the organization's website at www.breastfeedingcanada.ca

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Executive summary

The Breastfeeding Committee for Canada (BCC) appreciates the opportunity to present our views on the importance of legislated paid breastfeeding breaks to the Federal Labour Standards Review Commission.

The Federal Review Commission has identified that balancing work and personal/family responsibilities is an issue for Canadian families. The BCC contends that returning to work constraints women's ability to continue breastfeeding. There is a pressing need for employed women, who are resuming paid work following maternity leave, to be granted access to legislated paid breastfeeding breaks.

Longer and more exclusive breastfeeding has been shown to have important and far-reaching health benefits for both mothers and children. Breastfeeding decreases hospitalization and illness in children, with a consequent reduction in lost parental work time.

Paid breastfeeding breaks are good for business. Employers, who are supportive of breastfeeding, benefit from increased staff retention and loyalty and from a family-friendly corporate image. Decreased employee sick time positively affects productivity. Families are afforded more options in the way partners can make use of parental leave. Mothers who sustain breastfeeding reduce their lifetime risk of breast cancer. Children who breastfeed enjoy better health through childhood and have improved cognitive functioning. Paid breastfeeding breaks could be the much-needed catalyst to a positive and timely cultural shift in public attitudes toward breastfeeding.

The International Labour Organization (ILO) standards for maternity/breastfeeding protection call for paid breastfeeding breaks. The Federal Government has an opportunity to demonstrate leadership by legislating paid breastfeeding breaks in the upcoming revisions to Part III of the *Canada Labour Code*. The Breastfeeding Committee for Canada recommends that this legislation be predicated on adequate educational input and social marketing to make breastfeeding the cultural norm in Canada.

Key recommendations:

1. **Legislation: to include paid breastfeeding breaks in the revised Part III of the Canada Labour Code.** See (ILO) standards for protection of time and space to breastfeed (see Appendix 2) and available at URL: Official ILO report from the Conference that approved of the new Convention 183 and Recommendation 191
2. **Non-legislative support: collaborate with Health Canada and the Public Health Agency to build a strong educational foundation to support positive cultural attitudes to legislated paid breastfeeding breaks.**

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Introduction:

In Canada, as in all western countries, women with young children and mothering responsibilities are moving into the workforce in unprecedented numbers. Bianchi (2000) identifies this " as the most revolutionary change in the American family in the twentieth century". Mothers deal daily with the tension generated by the conflict between the time needed to mother and the time required to do paid work. (Maher 2005) For many mothers, according to the Vanier institute of the Family (2004), this conflict is stressful.

There is now a major gap in Canada between public health recommendations for normal infant feeding and the ability to continue to breastfeed once women employees return from maternity/parental leave. This contradiction affects many families. Women struggle with the physical and emotional difficulties imposed by the perceived need to choose between staying home to breastfeeding or returning to work and weaning their babies prematurely. For women, who resume employment outside the home and continue to breastfeed, structural variables such as length of maternity leave and workplace flexibility predict duration (McKinley, N.M & Hyde, J.S. 2004).

Byrant (2002) suggests that public policy undergoes a major paradigmatic shift when information from three sectors comes together: traditional scientific knowledge, acquired interactive knowledge from citizens and critical knowledge from analysis of socio-economic and political forces. This Commission is a timely opportunity to bring these three spheres of knowledge together and review them as part of a major public policy revision.

New scientific knowledge on the importance of breastfeeding:

New scientific knowledge based on clear definitions of breastfeeding practice highlights the importance of exclusive and sustained breastfeeding to two years and beyond. This evidence also identifies the risks of formula feeding to the health of women workers and their infants.

The Baby Friendly™ Initiative is a World Health Organization/UNICEF program aimed at supporting mothers to breastfeed via sound, research based breastfeeding policies and an environment that is free of formula company advertising. (WHO/UNICEF 2003) The Breastfeeding Committee for Canada is committed to this international initiative and supports promotion of sustained breastfeeding to 2 years and beyond *as a smart strategy for busy parents* (BCC 2002).

In 2004, Health Canada revised its breastfeeding recommendations to bring them in line with those of the World Health Organization (WHO)-- exclusive breastfeeding for the first 6 months and sustained breastfeeding with appropriate complementary foods until the child is two years of age or older.

This recommendation has been the global goal for infant and maternal health since the publication of the Innocenti Declaration in 1990 (WHO/UNICEF 1990).

The promotion and support for exclusive and sustained breastfeeding has become a part of Health Canada's national public health policy for compelling medical reasons. Research on infant feeding over the past decade has qualified and quantified the importance of breastfeeding to the health and cognitive development of children and has attached cost analysis to the lack of breastfeeding.

- Breastfeeding is a key indicator of infant health. Exclusive and sustained breastfeeding can contribute to a significant reduction in the incidence, severity and duration of common illness among infants, in particular upper respiratory infections, intestinal infections and ear infections. (American Academy of Pediatrics. 2005).
- Breastfeeding makes a significant contribution to cognitive development in children. (Anderson, J. et al 1999).
- Breastfeeding contributes to cost savings through decreased admissions to hospital and reduced visits to physicians. (Ball, T. & Wright, A. 1999). Please refer to BCC submission to the Romanow Commission publication *Affordable health care begins with breastfeeding support and the use of human milk (BCC 2003)*. An example from this report is:

Canadian data from a New Brunswick study identified that breastfed babies had significantly lower hospitalization rates – 47% fewer gastrointestinal episodes; 34% fewer respiratory illnesses; 56% fewer ear infections. Hospitalization rates for formula fed infants were 55% higher than for breastfed infants. (Beaudry M., et al. 1995)

- Evidence for identified risks of premature weaning include:
 - Significantly lower levels of cognitive function were seen in formula fed than in breast-fed children at 6–23 mo of age and these differences were stable across successive ages. (Anderson, J. et al. 1999).
 - Significantly lower IQ was assessed at age 8 and 9; and decreased reading comprehension and math ability at ages 10 to 13. (Horwood LJ, Fergusson DM. 1998).
 - Increased risk of obesity for children and adolescence with increased risk of diabetes. (American Academy of Pediatrics 2003) (American Academy of Pediatrics 2005).
 - A recent meta-analysis of nine studies with more than 69000 participants showed that shorter periods of breastfeeding duration increased the risk of obesity in childhood significantly and consistently. (Arenz S, Ruckerl R, Koletzko B, von Kries R. 2004).

- Increased risk of asthma and wheezing. (American Academy of Pediatrics. 2005).
- Increased risk of cardiovascular disease has been highlighted by a systematic review of infant feeding and cholesterol – results suggest that breastfeeding may have long-term benefits for cardiovascular health and that formula feeding may have negative implications for long-term cardiovascular health. (Owen CG, et al 2002).
- Women who do not breastfeed have an increased risk of breast cancer, ovarian cancer and osteoporosis. (Rea, M. 2004) (American Academy of Pediatrics. 2005).

Critical information that many women are now aware of and cannot ignore:

There is considerable evidence that infant formula marketed for the past forty years as a support to women in the labour force is, in effect, hazardous to health and is in part responsible for a heavy burden of preventable illness. (Minchin, M. 2000) (Baumslag N. Michels DL 1995).

In particular the shift to formula feeding has been identified as one of the main factors in the rise of breast cancer in women. In 2002, The Collaborative Group on Hormonal Factors in breastfeeding published a review and meta-analysis of breastfeeding and cancer in The Lancet. The group reviewed data from 47 epidemiological studies in 30 countries including 50,302 women with breast cancer and 96,973 women without disease. They concluded that the longer the duration of breastfeeding the greater the protection from cancer. The relative risk decreased 4.3% for every 12 months of breastfeeding duration, regardless of women's nationalities, ages, race, the presence or absence of menopause and number of children. It was estimated that the incidence of breast cancer in developed countries could be reduced to less than half (from 6.3 to 2.7%) if breastfeeding duration was increased.

Supporting workers to continue breastfeeding until their children are two years of age could modify much of this burden of suffering.

Breastfeeding and employment: information for policy development

- There are an increasing number of women of childbearing age in the labour force. Breastfeeding initiation rates are on the rise in Canada. As baby boomers begin their mass exodus from the workplace it will become more important to support childbearing women to work.
- Women have a right to breastfeed their children and breastfeeding is an essential component in assuring the child's right to the highest attainable standard of health. (UNICEF 1989 Article 24 of the Convention on the Rights of the Child) (Latham, M. 1999). Women do not lose this right because they are in paid employment.

- Canada is under an obligation to ensure an environment that empowers women to breastfeed their children if they choose.
- Human rights legislation has supported individual employees who wished to exercise their right to breastfeed but is not specific enough. Breastfeeding is not identified as a specific basis for human rights protection but rather is included under the broader category of sexual discrimination. The duty to accommodate under common law /human rights varies from case to case.
- The World Health Assembly adopted a WHO Corporate Strategy in 2000, which articulated a framework for the convergence of health and rights at a population level. (Tarantola, D. 2000).
- Evidence on interactions between breastfeeding and employment is mixed. Research by Bromberg Bar-Yam (2005) found that the return to paid employment in the first year postpartum is a major deterrent to sustained breastfeeding. Research has determined that there are factors that help employed women continue breastfeeding. The key elements are: space, time, support and gatekeepers. Women in different settings experience these elements differently.
- The ILO was revised in 2000 with Convention 183 and recommendation 191 on maternity protection including breastfeeding protection for 2 years. The key elements of Convention 183 for breastfeeding women are non-discrimination, employment protection, maternity leave, and **breastfeeding breaks**.
- Nations that implement and monitor these provisions in national law and practice are working to ensure that women and men have equal employment opportunities, job security, and conditions of work that enable them to continue providing appropriate care for their babies.
- In Canada work is a barrier that constraints breastfeeding practice and duration. (Stats Canada 2004)
- Lack of breastfeeding reduces worker productivity and increases the use of sick time. (Cohen R. et al. 1995).

A Breastfeeding break paid to the employee is an internationally recognized solution. According to Paul (2004), at least 92 countries provide breastfeeding breaks for nursing mothers (p. 36).

The following two recommendations are intended to provide the basis for policy change to include paid breastfeeding breaks in the Canada Labour Code.

Recommendation # 1: Legislation: to include paid breastfeeding breaks into the revised Federal Labour Code Section 3.

Legislation is needed to protect the time and space to breastfeed. This can be done by incorporating the International Labour Organization standards for breastfeeding breaks into the Federal Labour Code in Canada. The

International Labour Standards for Maternity Protection protect women's right to breastfeeding time, space and support in the workplace.

The following is information taken directly from World Alliance for Breastfeeding Action folder. (WABA 2002 see Appendix 2).

Maternity protection provides the support women need in order to satisfactorily harmonize their productive and reproductive lives. Maternity protection addresses the health needs of women workers and their children, at the same time making it possible for women to remain in the workforce throughout their childbearing years.

Maternity protection: Childbearing requires a major investment of time and energy from women. In 2000, after reviewing the scientific literature, the World Health Organization (WHO) concluded that for optimal maternal and infant health, women need four to six weeks of leave before giving birth and at least sixteen weeks afterwards, with adjustments for increased leave if the woman or her child is sick. After giving birth, a mother needs time to recuperate from the natural course of pregnancy and childbirth and to begin breastfeeding and caring for her infant. Paid maternity leave enables her to take that time without suffering economic loss.

Breastfeeding protection was a fundamental component of maternity protection when the International Labour Organization (ILO) was founded in 1919. In June 2000, the ILO adopted a revised Convention 183 and Recommendation 191 on Maternity Protection.

- **Non-discrimination:** Convention 183 says that maternity (including breastfeeding) should not constitute a source of discrimination in employment or in access to employment. Furthermore, the Convention makes it unlawful for an employer to fire a woman during pregnancy, maternity leave or for a period following her return to work, except on grounds unrelated to maternity.
- **Employment protection:** A mother returning to work is entitled to the same job and salary as before her leave.
- **Maternity leave:** The minimum length of paid maternity leave is 14 weeks.
- **Breastfeeding/Nursing breaks:** After maternity leave, women workers who are breastfeeding have the right to paid breastfeeding/nursing breaks or a reduction of work hours. (A breastfeeding break is a period that a breastfeeding mother takes during her work day for either breastfeeding her child or expressing her milk. Breastfeeding breaks are paid time.)

Do women have a right to breastfeeding breaks?

Yes! Convention 183 specifically uses language that establishing a *right* to nursing breaks.

How long does a breastfeeding break last?

An experienced mother can express her milk in 15-20 minutes. Because she needs additional time to go to the place where she will express, clean her hands and any equipment she needs to use, prepare the milk for storage, and get back to her work station, 30 minutes is a realistic length for a breastfeeding break. If the baby is available for breastfeeding, 30 minutes is a reasonable break time, but more flexibility might be needed, since babies are less predictable than adults!

Babies' breastfeeding patterns vary according to the intensity of their need for milk. For the best health and nutrition, the global standard is to sustain breastfeeding at least until the age of *two years*. To support this standard, in June 2000 UNICEF called on the ILO to include one daily breastfeeding break for the baby's second year when the Maternity Protection Recommendation was revised.

What facilities are needed for breastfeeding or expressing milk in the workplace?

ILO Recommendation 191 says, "where practicable, provision should be made for the establishment of facilities for breastfeeding under adequate hygienic conditions at or near the workplace." A breastfeeding woman needs access to a small, clean space with room to sit down and a door, screen, or curtain for privacy, access to clean water, and a secure storage place for milk, such as a locker, or space for a container at her work station. Although a refrigerator is useful, it is not essential. The mother or the employer can provide a small cool box or thermos flask. Milk can also be safely stored for 4 to 10 hours at room temperature.

Basic cleanliness, accessibility and security are the most important features of a "breastfeeding facility." A worker needs to know that the space will be available when she needs it. More than one mother can use the space at the same time, if all agree. In fact, they may find it helpful for mutual encouragement.

The level of cleanliness is similar to that needed for preparing or eating food, thus, *a toilet is not an appropriate location!*

Recommendation # 2: Non-legislative support: Collaborate with Health Canada and the Public Health Agency to build a strong educational foundation to support positive cultural attitudes to legislated paid breastfeeding breaks.

Why should a breastfeeding woman receive support from her employer and co-workers?

A breastfeeding mother invests time and energy providing food and care for her family. This is rewarding, but it can also be stressful. Milk expression in particular becomes more difficult when women are under stress. A supportive attitude from the employer, supervisors, union, and co-workers can reduce the stresses of balancing job and family needs. Everyone benefits when babies are breastfed, therefore everyone has a social responsibility to support breastfeeding workers. (WABA 2002)

When we compare Canada's breastfeeding rates (initiation 81.9 %, duration 63% at three months or more) to Norway's (initiation nearly 100%, duration 80% at six months), it is clear that breastfeeding is not the cultural norm in Canada. To overcome our collective cultural bias towards early weaning we need an integrated, comprehensive approach to re-orienting Canada to a supportive breastfeeding culture. (BCC 2004).

The BCC recommends that the Federal Departments of Labour, Health and the Public Health Agency work together to develop strategies that support breastfeeding as the cultural norm in Canada. The BCC further recommends that the Department of Labour collaborate with Health Canada and the Public Health Agency to build on the strong educational foundation for breastfeeding that has existed within Health Canada since 1979, the International Year of the Child. (Myres, A. Watson, J. & Harrison, C. 1981) (Myres, A. 1983). Legislation will be more effective if it is supported by educational and media approaches that protect, promote and support "breastfeeding as a smart strategy for working parents" as outlined in the Baby Friendly™ Initiative in Community Health Services: a Canadian Implementation Guide. Further information is also available in *Key features to a family friendly work place* from the Saskatchewan Labour Work and Family Unit (Appendix # 3).

Impacts of this paradigmatic policy change:

Women face personal contradictions between attempting to abide by current health recommendations for breastfeeding and the constraints of work on time and space to breastfeed. They also face non-supportive attitudes from supervisors, managers and co-workers for their decision to continue to breastfeed. These negative attitudes are reinforced by the assumption that breastfeeding is a private act which is inappropriate in a workplace setting. Integrating paid breastfeeding breaks into the minimum federal labour standards would be a catalyst for a positive shift in social attitudes that

would help families better balance the developmental needs of their children with the need to work.

Investing in breastfeeding has potential benefits including:

- Placing an economic value on breastfeeding. Businesses that support breastfeeding workers would have an enhanced public image as family friendly and would attract women workers. (See Appendix #2)
- Important cost savings for employers including, decreased sick leave and improved employee morale, loyalty and retention.
- Encouraging more fathers to access parental leave. Families may use this opportunity for mothers to return to paid employment earlier and for fathers to take parental leave.
- Cost savings to the healthcare system. (See BCC 2003 report to Romanow Commission). Benefits to Canadian taxpayers would include a reduction in health care costs at a point in child development where benefits can accumulate. Healthier children grow to be more productive adults and workers.

There will be a need for the Department of Labour to collaborate with Health Canada and the Public Health Agency to develop healthy public policy as the basis for an enabling environment to support sustained breastfeeding. There are potential risks of discrimination by employers against women workers in general and of individual women experiencing harassment from co-workers if education and social marketing does not adequately support legislative changes.

There is a potential risk that family friendly policies may be inadequately managed in the workplace increasing the burden of work and stress for breastfeeding employees. (Bentovim, OA. 2002).

The Federal Labour Department will be responsible for enforcement of the provisions for employees covered by the legislation.

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Appendix 1:

World Alliance for Breastfeeding Action (WABA)

Women and work:

The issue of Women and Work is about enabling women to successfully combine their reproductive and productive roles. It is a health issue, an economic issue, a labour issue, and a human rights issue. For background information, please click [here](#).

The amount of support for working women varies from country to country, and in many countries is inadequate to support exclusive breastfeeding for six months. To see what legislation exists in your country, click [here](#).

The breastfeeding movement can work together with trade unions, women's groups, employers and governments to implement minimum standards for maternity protection as set out by the [ILO](#). To read more about the Trade union maternity protection campaign, click [here](#). For more useful links, click [here](#).

The Maternity Protection Coalition is composed of 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 United Nations Children's Fund (UNICEF). The Coalition first worked together in shaping new international standards in the form of ILO [Convention 183](#) and [Recommendation 191](#). More recently the Coalition has produced the Kit, which is being promoted to stimulate action at international, regional and national levels.

With the cooperation of the Swedish International Development Agency (Sida), WABA is able to offer small seed grant project funds to local or national groups for initiatives that aim to enable working women to breastfeed, with priority given to projects that work towards improving national laws or ratifying ILO C183.

Appendix 2:

WABA Activity Sheets & Information Sheets available at
<http://www.waba.org.my/womenwork/resources.html>

- [Breastfeeding and the Workplace](#) (2002)
- [Maternity Protection: Making it Work](#) (2001)
- [Maternity Legislation: Protecting Women's Rights to Breastfeed](#)
- [Mother-to-Mother Support for Breastfeeding](#)

WABA Action Folder

- [Breastfeeding: It's Your Right](#) (2000)
- [Mother-Friendly Workplace Initiative Action Folder](#) (1993)

WABA Brochure & Books

- [Every Woman's Right to Breastfeed](#) (2000)
- [Breastfeeding: Who benefits? Who pays?](#) (2000)
- [5 Steps Towards a People-Friendly Workplace](#) (1995)
- [Comment devenir un lieu de travail ami des employes](#) (French)
- [Pasos a tomar para lugares de trabajo amigos de la gente](#) (Spanish)

WABA Declaration

- [Quezon City Declaration on Women and Work](#)

Other Documents

-  [Extending maternity protection to women in the informal economy. An overview of community-based health-financing schemes](#)
- [Official ILO report from the Conference that approved of the new Convention 183 and Recommendation 191](#)
- [ILO Director-General's speech arguing for strengthened maternity protection](#)

Appendix 3:

Saskatchewan Labour: Work and Family Unit

Key features of a family friendly workplace: Available from URL:

<http://www.workandfamilybalance.com/downloads/duxburyreports/balancing/key7.htm>

A Family-Friendly Workplace

A "family-friendly" workplace could include a number of factors, such as supportive supervisors, flexible work options and, especially, a "family-friendly" organizational culture.

Organizational culture

Begin by creating an organizational culture that is "family-friendly". Higgins and Duxbury point out:

"Galinsky and Stein (1990) identify eight factors that are features of organizations that are more responsive to work and family issues. They are:

work and family is a legitimate issue of the organization, relevant to its mission; work and family efforts have the support of a powerful executive; someone is officially in charge of work and family issues and initiatives; * different functional areas are considered together (i.e. benefits, personnel policies, training are seen as a whole, each contributing to the overall work and family effort); work and family policies are assessed and reviewed regularly; there is an emphasis on flexibility and evaluation of employees on what they produce, not the hours they put in; the organizational culture is recognized as central to work and family solutions; and, supportive policies are seen as essential in the recruitment, retention and motivation of employees."

Supportive supervisors

The Conference Board of Canada says:

"Changing corporate culture is a critical component of creating the family-responsive workplace. Studies show that managers and executives need to lead in this area if change is to be effective. These supportive supervisors typically:

Have a wide knowledge of work-family policies within their organizations and in general;
Apply policies without favoritism;
Show flexibility when work-family problems arise; and,
Believe in the legitimacy of work-family policies as part of the workplace."

* Ideally, this is not a separate staff position, but part of an executive-level person's assigned duties.

Recently, Quaker Oats Vice-President Robert Montgomery announced an intensive training program for managers and supervisors. He said, "And, if one has never had to move an older person from a hospital to extended care, one might think it was a matter of two hours off. In fact, the process takes weeks, including visits to nursing homes, lawyers, etc."

Flexible work options

Many workplaces have considerable flexibility and many employers are sensitive to their employees need to have short leaves to attend to ill children or an elderly parent. What is different is that many leading companies are now approaching work time flexibility as a strategic tool to enhance the overall productivity of their organization. As Helen Axel put it at a recent conference:

"Flexibility is a defining attribute for corporations hoping to survive the 1990s and beyond. Familiar but rigid organizational structures and operating procedures that worked well in more predictable times are no longer appropriate in today's ever-changing business environment."

Options for full-time workers

Flextime -- A schedule that allows employees to choose starting and quitting times within limits set by management. Requires a standard number of hours (usually 35 to 40) during a five-day week, within a given time period. Usually features core hours when all employees must be present.

Compressed work week -- A full-time schedule that allows employees to work fewer than five days a week. Among the schedules used are four 10-hour days, three 12-hour days, and nine work days totaling 80 hours, with an extra day off every other week.

Flexplace or telecommuting -- An option that lets regular employees work at home all or part of the time, often linked to the office electronically with computers, word processors, facsimile machines, and telephones.

Options for people who work reduced time

Regular part-time employment -- Voluntary, less than full-time work that includes the same job security and other privileges and benefits (on a pro-rated basis) available to regular full-time workers.

Job sharing -- A form of regular part-time employment where two part-time employees voluntarily share one full-time position with salary and benefits prorated.

Phased retirement -- A program that allows older employees to retire gradually by reducing their full-time commitment over a set period of years.

Voluntary reduced work time (V-Time) programs -- A form of regular part-time employment that allows employees to voluntarily reduce their hours of work with a corresponding reduction in salary for a predetermined period of time. Reductions may be as small as one percent or as large as 50 percent. Benefits are maintained.

Work sharing -- A management decision to share the work as an alternative to layoffs. All or part of a workforce reduces its

hours and salary. In some states, work sharing can be combined with partial unemployment insurance benefits (sometimes called *short-time compensation* or *work-sharing unemployment insurance*).

Leaves and sabbaticals -- Authorized periods of time away from work without loss of employment rights. Paid or unpaid, leaves are usually extended for family, health care, education, or leisure time. Sabbaticals are usually paid and occur on a regular basis, in addition to vacation time."

There are many ways to create a workplace that helps employees reconcile their job and their family. Some of these are: on-site childcare, childcare subsidies, childcare and eldercare information and referral services. For example, Warner-Lambert, a company which manufactures health care and consumer products, has set up the CARE program for 1,500 Canadian employees. The program offers a resource guide on eldercare services, a hot-line that employees can access if they are worried about an aging parent and seminars during working hours. It also offers flexible hours and extended leaves to employees who need support to juggle work and families. Other companies offer subsidies for respite care or extend health and dental plans to cover elderly parents. Lynda Leaf, who runs Proctor and Gamble's eldercare program in Toronto, predicts such programs will soon be one of the country's most sought after benefits.

Other workplaces make sure all employees have access to a phone to call their families. Some workplaces have a designated staff person to take calls from children after school if their parents are not available, and to ask the child questions and alert the parents if the child has concerns. Some workplaces have a "bring your child to work" day -- not to help children learn about possible careers, but to help managers and co-workers to identify with the child and with the employee as a parent.

There is no limit to the creative ways a workplace can be made more "family-friendly." As pointed out earlier, the process must fit within the specific workplace and with the current employees.

Whatever strategies a workplace uses to deal with work/family conflict and tension, it is important to remember that change is slow; it needs leadership and it needs to be **encouraged, evaluated** and **fine-tuned**.