



International  
Labour  
Organization

# Healthy Beginnings for a Better Society

**BREASTFEEDING IN THE WORKPLACE IS POSSIBLE**

A TOOLKIT



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A TOOLKIT

International Labour Organization  
Country Office for the Philippines  
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Poor nutrition is part of an intergenerational cycle of poverty, poor growth and unrealized potential. The economic cost of malnutrition is enormous. Countries can lose between two to three per cent of their potential Gross Domestic Product (GDP) each year due to malnutrition. In the Philippines, one-third of children under five years suffer from stunting or chronic malnutrition, a condition associated with fewer years of completed schooling, higher risk of illness, and up to 50 per cent less income when these children grow into adults.

Breastfeeding has the single largest potential impact on child mortality of any preventive intervention. It is a cornerstone of child survival, health, and development – providing the best nutrition, protecting against life-threatening diseases, and protecting against obesity and non-communicable diseases. Breastfeeding remains a cornerstone in the strategy to reduce stunting and other forms of malnutrition. The Philippines has taken great strides in breastfeeding, and is fortunate to have one of the strongest breastfeeding laws in the world, The Milk Code, and the Expanded Breastfeeding Promotion Act of 2009.

Despite this, only 34 per cent of infants are exclusively breastfed in the first six months as of 2008. One of the major barriers is the need for mothers to return to work after only two months. The Philippines has one of the shortest maternity leave durations in the Asia-Pacific region.

The World Health Assembly endorsed six Global Nutrition Targets for 2025, reflected in the Philippine Plan of Action for Nutrition and in the Philippines' commitment to the Scaling Up Nutrition (SUN) global movement. Two of these targets are to reduce stunting by 40 per cent and to increase exclusive breastfeeding in the first six months to at least 50 per cent. One of the recommended evidence-based actions is to support paid maternity leave and to enact policies that encourage and support women to breastfeed in the workplace.

UNICEF congratulates the Department of Labor and Employment (DOLE), Department of Health (DOH), labour sector partners in the Technical Working Group on Exclusive and Continued Breastfeeding Promotion in the Workplace, and sub-national labour sector champions for their efforts and achievements in strengthening exclusive and continued breastfeeding for working mothers in all workplace settings.

UNICEF hopes that this Toolkit and the policies and guidelines already in place will help in scaling up the gains of the years by guiding employers as well as by empowering working mothers. UNICEF remains firmly committed to supporting the Government and civil society partners in meeting our common goals in protecting the nutrition of children, protecting the right to breastfeed, and protecting the future work force of the country.



**LOTTA SYLWANDER**  
Country Representative

The World Health Organization (WHO) recommends breastfeeding initiation within one hour of birth, exclusive breastfeeding for the first six months of life, complementary feeding at six months, continued breastfeeding up to two years or beyond, and avoidance of bottle feeding (WHO, 2014).

The National Demographic Survey of 2013 shows that although 94 per cent of Filipino children are ever breastfed, only about half of the children (49 per cent) are breastfed within one hour of birth. It also shows that, still, more than one-third of breastfed children (36 per cent) are given 10–20 cc of water with sugar before breastfeeding during the first three days of life and about a quarter (27 per cent) of infants under age two months are fed using a bottle with nipple.

On the other hand, the Food and Nutrition Research Institute study in 2012 revealed that exclusive breastfeeding rates have risen from 36 per cent in 2008 to 47 per cent in 2011. There is however disparities in data with the Family Health Survey 2011 showing as low as 27 per cent exclusive breastfeeding rates in some parts of the country.

The labour law of the Philippines allows only two month maternity leave for women, and many Filipino women would opt to return to work even before the two months leave is consumed due to the risk of income loss after giving birth because of the possibility of losing the job within the two months absence from work. This is another barrier for achieving exclusive and continued breastfeeding.

With the above data and facts, it is apparent that much more efforts are needed to improve rates of breastfeeding in the country. This toolkit therefore is a great step in promoting, supporting and ensuring compliance to WHO's recommendations on breastfeeding to be able to achieve optimum nutrition for Filipino children.

I therefore congratulate the UNICEF and the ILO for coming up with this toolkit. It would help working mothers to be properly guided on how to continue breastfeeding, as recommended, even when they are in the workplaces.



**JULIE LYN HALL, B.Sc, MBBS, MBE**  
Representative in the Philippines

The Department of Health (DOH) acknowledges and congratulates our partners who contributed in the development of this toolkit *“Healthy Beginnings for a Better Society: Breastfeeding in the Workplace is Possible”*. We also express our appreciation to the International Labour Organization (ILO) and the United Nations Children’s Fund (UNICEF) for the support they have extended in this endeavor.

The 2013 National Nutrition Survey found that 28 per cent of children reaching six months were exclusively breastfed. Only one out of three mothers are able to exclusively breastfeed their infants. With 40 per cent of the labour force being female, women nowadays have gained greater appreciation in the labour force. Conception, childbearing and breastfeeding have become more challenging for them.

For working mothers, return to work is one of the major barriers to exclusive and continued breastfeeding. Creating enabling environments for breastfeeding in the workplace is essential to achieve work-life balance of these women. The DOH hopes that this toolkit will help our partners and stakeholders enhance their competence and commitment to breastfeeding in the workplace. The toolkit highlights the significance of breastfeeding, national mandates that support breastfeeding in the workplace, and opportunities for collaboration with the Department of Labor and Employment (DOLE), the Civil Service Commission (CSC), employers’ organizations and labour unions, and local government units (LGUs).

We look forward to learning of workplace initiatives that support breastfeeding mothers and their children. Breastfeeding forms part of proper nutrition in the first 1,000 days of life, a critical period of growth that impacts a child’s immediate and long term health. It contributes to improving maternal and child health, and our commitment to attain Universal Health Care. It helps alleviate the severity of malnutrition that is linked to the vicious cycle of poverty. In our country’s vision of inclusive growth, support to exclusive and continued breastfeeding is a wise investment for the Filipino society.

*Maraming salamat at mabuhay tayong lahat!*

A handwritten signature in black ink, appearing to read 'Janette', written over a large, stylized, light-colored heart shape.

IANETTE P. LORETO-GARIN, MD, MBA-H  
Secretary  
Department of Health  
Republic of the Philippines



# Message



My warmest congratulations to the International Labour Organization (ILO) and the United Nations Children's Fund (UNICEF) for the success of their Nutrition Security and Maternal Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace (NSMP) Project.

I am very much hopeful this project will usher in a much-needed workplace environment supportive of and empowering for women, whose number in the labour force and whose role in the workplace have been increasing.

Many of these women are not just workers. They are also mothers who play principal responsibility in nurturing the next generation of Filipinos. Thus, it behoves us all to provide adequate support to working mothers that will allow them to enjoy their full potential as mothers and enable them to continue to contribute to enterprise growth and competitiveness.

The Department of Labor and Employment (DOLE) fully recognizes that breastfeeding is essential in providing infants and babies the best nutrition, and realizes that to achieve this, mothers ought to breastfeed their babies in the workplace. It likewise recognizes its role in providing leadership to implement and monitor standards in workplace conditions, particularly on breastfeeding.

As part of DOLE's mandate to uphold R.A. 10028, also known as the "Expanded Breastfeeding Act of 2009", we continue to campaign for the set-up or establishment of breastfeeding stations in various workplaces around the country. Recently, we raised the campaign a notch higher by issuing the *Guidelines Governing Exemption of Establishments for Setting up Workplace Lactation Stations*. Beyond setting provisions for exemption, this set of guidelines enables establishments by giving lactation station models and equivalencies that facilitate compliance.

Our role does not stop with ensuring that every mother in the workplace has a proper lactation station where she can express milk for her baby. We continue to promote breastfeeding as part of the DOLE's Family Welfare Program, to create a culture that accepts breastfeeding as a norm in the workplace.

I welcome the successful conclusion of the NSMP as a valuable contribution to our work in progress. The challenge at hand is to intensify cooperation among various organizations, companies, and government institutions so that we can reap early and soon the positive outcome of this important investment in our human resource, the country's best asset.

ROSALINDA DIMAPILIS-BALDOZ  
Secretary  
Department of Labor and Employment  
Republic of the Philippines



Maternity protection has been a core issue for the International Labour Organization (ILO) since it was founded in 1919. The reality is that there are pregnant women and working mothers who continue to face challenges and remain vulnerable in the workplace. These challenges on maternity protection are linked to poverty, inadequate working conditions and gender inequality. With the fear of losing their sole source of income, there are mothers who after giving birth, return to work too early before they have physically recovered, and often have no choice but to stop breastfeeding.

Maternity protection at work is essential to preserve the health of the mother and her newborn and to provide employment and economic security of working women and their families. International labour standards have been set to promote maternity protection. The most recent of these is Maternity Protection Convention, 2000 (No. 183) which identifies workplace support to breastfeeding as one of the key elements of maternity protection and calls for the provision of breastfeeding breaks for mothers upon their return to work after giving birth. Accompanying Recommendation No. 191 also encourages the provision of breastfeeding facilities at the workplace.

The United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommend exclusive breastfeeding for babies for the first six months of life to achieve optimal growth, development and health. After six months, appropriate and adequate complementary feeding should be introduced while continuing to breastfeed up to two years or beyond. The many benefits of breastfeeding to a baby, especially in the first six months are irreplaceable. Positive effects for working women, even for employers and the workplace itself, are equally rewarding.

The ILO in partnership with the European Union (EU) and the UNICEF implemented the project on Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace (NSMP). Through this project, the ILO worked closely with the government, employers' and workers' organizations in the Philippines to promote and to enhance capacity to support breastfeeding in the workplace.

As part of the project, the *"Healthy Beginnings for a Better Society, Breastfeeding in the Workplace is Possible"* toolkit was developed to communicate how breastfeeding benefits babies, mothers, families, workers, businesses and the society as a whole; and how they can work together to help mothers combine breastfeeding and work. It provides guidance to mothers on how they can practice breastfeeding in the workplace, and offers information and tools for medical practitioners, workers, employers, policy makers and implementers in the government to further support breastfeeding in the workplace.

This toolkit conveys the message that with proper support, it is possible for mothers to combine their responsibility of giving their children the best nourishment through breastfeeding and their responsibility to earn for the family. Everyone has a role to play to address challenges in the workplace and to safeguard the future through maternity protection and exclusive breastfeeding. The workplace is a critical entry point to enhance access to information, education, protection and health services.

It is hoped that this toolkit will reach many hands and serve as an effective instrument in ensuring maternity protection and promoting breastfeeding in the workplace towards a brighter future for the Filipino children, a healthier and more productive workforce and a better society as a whole.

A handwritten signature in black ink, appearing to be 'LJ Johnson', with a long horizontal stroke extending to the right.

LAWRENCE JEFF JOHNSON  
Director  
Country Office for the Philippines



## Acknowledgements

This Toolkit is a collaboration among the International Labour Organization (ILO), the United Nations Children's Fund (UNICEF), and the European Union (EU). We are grateful to the many individuals who are too numerous to be directly named but who shaped the way this Toolkit was developed.

Valuable contributions were made by the members of the Technical Working Group on Exclusive and Continued Breastfeeding Promotion in the Workplace including representatives from the Department of Health - Family Health Office (DOH-FHO), the Department of Labor and Employment - Bureau of Workers with Special Concerns (DOLE-BWSC), the National Anti-Poverty Commission (NAPC), the Employers Confederation of the Philippines (ECOP), the Alliance of Workers in the Informal Economy/Sector (ALLWIES), the Federation of Free Workers (FFW) and the Trade Union Congress of the Philippines (TUCP).

The Toolkit likewise benefitted from the experience and documentation shared by the Local Working Groups on Exclusive and Continued Breastfeeding Promotion in the Workplace in the implementation of workplace breastfeeding support programmes in the cities of Naga, Iloilo and Zamboanga.

Through interviews, insights on the labour sector policies and implementation were generously provided by Joy Bacon, Cecile Brillantes, Dang Buenaventura-Snyder, Florencia Cabatingan, Julius Cainglet, Mary Juliet Labitigan, Reina Olivar, and Susanita Tesioma. Their inputs guided the modules on how workplaces can be supportive of breastfeeding promotion.

The creation of materials for health care providers and mothers for the workplace in the Philippine setting was an important task. There was an opportunity to harmonize expert recommendations and local guidelines with actual practices, highlighting the need of working mothers for key messages on early breastfeeding initiation and practical skills like hand expression and cup feeding as equitable, feasible and safe standards of care, among others. *Kalusugan ng Mag-ina, Inc.* (Health of Mother and Child) consultants Dr Maria Asuncion Silvestre, Dr Donna Isabel Capili and Dr Francesca Tatad-To provided invaluable input and expert guidance in the development of the modules.

The Milk Code module was prepared in collaboration with Atty Jennifer Joy Ong and Atty Ma. Clarissa Buenaventura-Sereno. The list of breastfeeding support groups and some photos were contributed through the facilitation of mother leaders from Breastfeeding *Pinays*, L.A.T.C.H, individual mothers and Katrina Demetrio of the National Nutrition Council (NNC).

For providing the technical review of this Toolkit, our special thanks to Dr Anthony Calibo of DOH-FHO; Evelyn Lita Manangan of DOLE-BWSC; Dr Jacqueline Kitong of the World Health Organization (WHO); and Dr Aashima Garg and Maria Evelyn Carpio of UNICEF.

Credits should go to Janice Datu-Sanguyo (ILO) and Dr Paul Zambrano (UNICEF) for the technical support; and to Clarissa Ines (graphic designer) and Sharon Fangonon (copy editor) for their firm commitment to deliver for this project.

Our strong recognition goes to the efforts of Dr Romelei Camiling-Alfonso who coordinated the formulation and authored this Toolkit. Her steadfastness to complete this project despite all the possible limitations is very much appreciated.

It is hoped that the dedication put into producing this Toolkit will bear fruit for the sake of the mothers, babies and families who will surely benefit from this.



## Introduction

**“In sheer, raw bottom line economic terms, breastfeeding may be the single best investment a country can make.”**

KEITH HANSEN, Vice President,  
World Bank Global Practices  
speaking at the 7th Annual Summit of  
the Academy of Breastfeeding Medicine

The economic and public health benefits of breastfeeding are well-established. Breastmilk is not just nutrition – it is medicine that protects the baby, a painless vaccine from the mother. It provides the building blocks of the human brain, and effects on intelligence and upward social mobility have been observed in long term studies. These are qualities formula milk cannot substitute for.

It is estimated that only one out of three Filipino children are breastfed as recommended. Around 44 Filipino infants succumb to preventable causes *per day*, just because they were not breastfed optimally. Return to work is one of the most common reasons for giving up breastfeeding. In the Philippines, women represent 40 per cent of the workforce.

There is a window period, the first 1,000 Days of life when rapid growth and development takes place. While a mother is pregnant (the first 270 days) she should be planning on how to eventually breastfeed her child – exclusively from the time of birth until six completed months (the next 180 days), then complementing with appropriate solids while continuing her breastfeeding, until two years of age (the next 550 days) or beyond.

Breastfeeding – or not breastfeeding – impacts the child’s ability to grow and learn in far reaching and irreversible ways. Working mothers spend most of their child’s first 1,000 Days in the workplace, making it a promising entry point for efforts to improve child health.

A healthy beginning for a new generation of Filipino children is possible through the workplace! Key interventions include helping women workers decide to breastfeed *while* they are pregnant, providing messages to ensure breastfeeding initiation within an hour of birth, providing adequate maternity leave and benefits, and supporting them as they exclusively breastfeed upon return to work.

The World Health Assembly Resolution 58.32 urges member states to continue to protect, promote and support breastfeeding as a global public-health recommendation by encouraging the formulation of policies that promote maternity leave and an enabling environment for six months’ exclusive breastfeeding through a concrete plan of action and adequate resources. States are urged to ensure that such initiatives do not create conflicts of interest.

In terms of laws and policies, the Philippines has led the world in important aspects of breastfeeding protection, promotion and support through landmark laws Executive Order 51 (The Philippine Milk Code of 1986) and Republic Act 10028 (The Expanded Breastfeeding Promotion Act of 2009).

This resource package engages different sectors to translate these policies into achievable actions.

## About this Toolkit

This Toolkit was developed by the International Labour Organization (ILO) in partnership with the United Nations Children's Fund (UNICEF) and the European Union (EU) through the *Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace* (NSMP) project. This project aims to advance women's rights to maternity protection and to improve nutrition security for the Filipino children through the promotion of breastfeeding in the workplace. It is a component of the Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA) which aim to position nutrition security in the policy and development agenda of selected countries in Asia, including the Philippines.

This Toolkit weaves medical knowledge and practical sense into policy recommendations to help the user appreciate the impact of actions beyond compliance. It is the first of its kind to integrate perspectives from breastfeeding mothers, clinical breastfeeding experts, Philippine public health and labour sector contexts, and actual implementation efforts with Standards set by the Department of Health (DOH), UNICEF and the World Health Organization (WHO).



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## Objectives

The objectives of this Toolkit are to:

- communicate how breastfeeding benefits society, businesses, workers, families, mothers and infants;
- enumerate international frameworks and national laws mandating the protection, promotion and support of breastfeeding in the workplace;
- provide information, knowledge and skills to women (pregnant and new mothers), mothers returning to work, their family members (husband/partner, parents/in-laws and other family members including child's caregiver) so that exclusive breastfeeding is timely initiated and sustained in the workplace;
- assist health workers in providing essential and timely assistance to women workers and their families so that exclusive breastfeeding is timely initiated and sustained in the workplace;
- provide inspiration and tools to government offices, human resource managers, business owners and individuals who intend to establish supportive workplace environments for breastfeeding, in compliance with law; and
- stimulate interest and productive dialogue among actors influencing the creation of supportive environments for pregnant and breastfeeding women in the workplace and beyond.

## Target audience

Maternity protection and breastfeeding in the workplace provide opportunities for collaboration at all levels of society. Such partnerships ensure coordination, accountability and impact.

This Toolkit should be shared widely among, but not limited to:

- All government agencies
- Employers and the business community
- Trade unions and labour movement organizations
- All health workers in direct or indirect care of mothers and babies, both in public and private settings (doctors, nurses, midwives, nutritionist-dieticians, including community volunteers such as barangay health workers, nutrition scholars, and breastfeeding counsellors)
- Occupational safety and health advisors
- Labour inspectors
- Academic organizations
- Socio-civic organizations and advocates
- Women (pregnant and new mothers)
- Family members (husbands/partners, parents/in-laws, other family members including children's caregivers)
- Co-workers of breastfeeding women
- Media and media regulators.

# The Toolkit package

This package consists of seven modules which target specific users. Although each module is designed to be self-standing, it encourages users to refer to related modules in the Toolkit. At the end of this package is a **Toolbox** which lists practical tools for implementation such as models, sample policies and forms.

*The first three modules discuss general information on breastfeeding in the context of the workplace.*

## Module 1 Why do mothers need to breastfeed?

*An economic and public health perspective of breastfeeding in the workplace*

This module states facts on how breastfeeding benefits society, businesses, workers and families. It presents the workplace as an opportune venue to help mothers breastfeed. International frameworks as well as national laws that mandate the protection, promotion and support of breastfeeding in the workplace are discussed.

## Module 2 What every woman and family member should know

*Exclusive and continued breastfeeding in the workplace is possible!*

This module gives practical information on how a working woman (either pregnant or a new mother) can meet breastfeeding goals by having a good start, sustaining milk production and planning a good transition back to the workplace. As allies in her breastfeeding goals, this module engages her family members (husband/partner, parents/in-laws and other family members including child's caregiver when the woman is away for work) in practical ways.

## Module 3 What every health worker should know

*Supporting working mothers to make breastfeeding possible*

This module is designed to reflect the key messages in Module 2 highlighting the practical needs of breastfeeding women in the workplace. It provides guidance at the time when working women would benefit the most. Target users are health workers (public and private) in direct or indirect care of mothers and babies in hospitals, outpatient and workplace settings. Doctors (obstetricians, paediatricians, occupational medicine specialists, general physicians, company physicians and local health officers), nurses, midwives and nutritionist-dieticians will benefit from this module. It may also be used by community volunteers such as barangay health workers and nutrition scholars, breastfeeding counsellors and individuals interested to know more about supporting breastfeeding women in the workplace.



*The next two modules provide inspiration to local government units, human resource managers, business owners and individuals who intend to create and sustain breastfeeding-friendly workplaces.*

#### **Module 4 Creating a breastfeeding-friendly workplace**

*Workplace provisions of the Expanded Breastfeeding Promotion Act of 2009  
(Republic Act (RA) 10028)*

This module discusses the workplace provisions of RA 10028. It provides guidance for the initiation of the Workplace Lactation Programme. Target users are advocates, human resource managers, business owners, and anyone interested to set up a Workplace Lactation Programme.

#### **Module 5 Sustaining a breastfeeding-friendly workplace**

*Innovations and lessons learned*

The first part of this module discusses strategies on how to sustain the Workplace Lactation Programme. The second part provides guidance in establishing communities supportive of breastfeeding workplaces. The third part discusses lessons from actual implementation. Target users are governments, establishments, organizations and individuals implementing a Workplace Lactation Programme.

*The succeeding modules engage different government agencies and sectors of society to uphold the best interests of the Filipino child through the protection, promotion and support of breastfeeding as mandated by laws and policies.*

#### **Module 6 Making sense of the Philippine Milk Code**

*Understanding the provisions of the Philippine Milk Code of 1986 (Executive Order 51) and its Revised Implementing Rules and Regulations (RIRR) of 2006*




































































This module aims to raise awareness on why there is a need to regulate certain commercial entities, and how this protects the best interest of infants and mothers. It discusses important provisions of EO 51 and its RIRR with the goal of helping the general public recognize unlawful marketing practices through illustrations of violations. This module targets the general public, especially government agencies, employers, labour groups, media and health regulators, health workers, and mothers.

#### **Module 7 Engaging advocacy champions for working mothers and babies**

*Building partnerships for breastfeeding-friendly workplaces*

This module provides a clear basis for the breastfeeding in the workplace advocacy. It identifies legal frameworks and mandates for different government agencies as well as opportunities of partnership with the private and social sector in order to implement policies and uphold regulations in infant and young child feeding, particularly in the workplace.

## Summary of target users

	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7
All government agencies							
Employers and the business community							
Trade unions and labour movement organizations							
All health workers in direct or indirect care of mothers and babies (doctors, nurses, midwives, nutritionist-dietitians, community volunteers such as barangay health workers, nutrition scholars and breastfeeding counsellors)							
Occupational safety and health advisors							
Labour inspectors							
Academic organizations							
Socio-civic organizations and advocates							
Women (pregnant or new mothers)							
Husband/partner, parents/in-laws and other family members including child's caregiver when the woman is away							
Co-workers of breastfeeding women							
Media							
Media regulators							

# Abbreviations

<b>ALLWIES</b>	Alliance of Workers in the Informal Economy/Sector
<b>BFAD</b>	Bureau of Food and Drugs
<b>BSP</b>	Bangko Sentral ng Pilipinas (Central Bank of the Philippines)
<b>BWSC</b>	Bureau of Workers with Special Concerns
<b>CBA</b>	Collective Bargaining Agreement
<b>CEDAW</b>	United Nations Convention on the Elimination of All Forms of Discrimination against Women
<b>CHED</b>	Commission on Higher Education
<b>CS</b>	Caesarean section
<b>CSC</b>	Civil Service Commission
<b>DBM</b>	Department of Budget and Management
<b>DepEd</b>	Department of Education
<b>DILG</b>	Department of Interior and Local Government
<b>DOH</b>	Department of Health
<b>DOJ</b>	Department of Justice
<b>DOLE</b>	Department of Labor and Employment
<b>DSWD</b>	Department of Social Welfare and Development
<b>DTI</b>	Department of Trade and Industry
<b>ECOP</b>	Employers Confederation of the Philippines
<b>EO</b>	executive order
<b>EU</b>	European Union
<b>FAO</b>	Food and Agriculture Organization
<b>FAQs</b>	frequently asked questions
<b>FDA</b>	Food and Drug Administration
<b>FFW</b>	Federation of Free Workers
<b>GAA</b>	General Appropriations Act
<b>GAD</b>	Gender and Development
<b>IAC</b>	Inter-Agency Committee
<b>ILO</b>	International Labour Organization
<b>IQ</b>	intelligence quotient
<b>IRR</b>	implementing rules and regulations
<b>IYCF</b>	Infant and Young Child Feeding
<b>LCPUFA</b>	long chain polyunsaturated fatty acids
<b>LGU</b>	local government unit
<b>MSME</b>	micro, small and medium enterprise
<b>NAPC</b>	National Anti-Poverty Commission
<b>NEDA</b>	National Economic and Development Authority
<b>NICU</b>	neonatal intensive care unit
<b>NNC</b>	National Nutrition Council
<b>NSMP</b>	Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace Project



<b>PCW</b>	Philippine Commission on Women
<b>PHAP</b>	Pharmaceutical and Healthcare Association of the Philippines
<b>PIA</b>	Philippine Information Agency
<b>PIF</b>	powdered infant formula
<b>PopCom</b>	Commission on Population
<b>PRC</b>	Professional Regulation Commission
<b>RA</b>	Republic Act
<b>RIRR</b>	Revised Implementing Rules and Regulations
<b>SIDS</b>	Sudden Infant Death Syndrome
<b>TUCP</b>	Trade Union Congress of the Philippines
<b>UN</b>	United Nations
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization



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## MODULE 1



# Why do mothers need to breastfeed?

**An economic and public health perspective  
of breastfeeding in the workplace**

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## OBJECTIVES

This module states facts on how breastfeeding benefits society, businesses, workers and families. It presents the workplace as an opportune venue to help mothers breastfeed. International frameworks as well as national laws that mandate the protection, promotion and support of breastfeeding in the workplace are discussed.

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## KEY CONTENTS

- 1 Breastfeeding is of great economic value!
- 1 Breastfeeding profoundly impacts the environment.
- 2 The cost of not breastfeeding is tremendous.
- 3 Breastfeeding leads to a healthy and productive workforce.
- 3 Breastfeeding impacts the workplace.
- 4 Formula feeding can threaten a family's economic security.
- 5 The challenge: Only one out of three Filipino children are breastfed as recommended.
- 6 Keeping things in perspective: Women in the Philippine workforce.
- 7 The opportunity: Workers are a captive audience.
- 8 International frameworks support breastfeeding in the workplace.
- 10 National laws protect and promote breastfeeding in the workplace.

**"In sheer, raw bottom line economic terms, breastfeeding may be the single best investment a country can make."**

KEITH HANSEN, Vice President, World Bank Global Practices  
speaking at the 7th Annual Summit of the Academy of Breastfeeding Medicine



## Breastfeeding is of great economic value!



The market-based price of breastmilk is at the US\$85–120<sup>1</sup> (Php3,825–5,400) per litre range.<sup>2</sup> At this rate, the Philippines loses an estimated **US\$19 billion (Php859.6 billion)** worth of breastmilk annually due to premature weaning.<sup>3</sup>

Mothers who invest in breastfeeding do so at the expense of losing work or income opportunities. Breastfeeding is currently not appreciated as women's work and thus goes unsupported and uncompensated.

## Breastfeeding profoundly impacts the environment.



Breastfeeding is zero waste in comparison to formula feeding. In the USA alone, 550 million cans, 860,000 tons of metal and 364,000 tons of paper are added to landfills every year.<sup>4</sup>

<sup>1</sup> This is the price that hospitals and mothers are willing to pay to obtain breastmilk.

<sup>2</sup> R. Holla et al.: *The need to invest in babies - A global drive for financial investment in children's health and development through universalizing interventions for optimal breastfeeding* (Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN)-Asia, Delhi, India, 2013).

<sup>3</sup> J.P. Smith: Including household production in the System of National Accounts (SNA), ACERH Working Paper (2012, No. 10).

<sup>4</sup> A. Coutoudis and M. Coovadia: "The Breastmilk Brand: promotion of child survival in the face of formula-milk marketing" in *Lancet* (2009, Vol. 374), pp. 423–425.

Formula milk production uses scarce water resources. It is estimated that the global average water footprint to produce 1 kilogram of milk powder is about 4,700 litres of water.<sup>5</sup>

“Cattle (raised for both beef and milk, as well as for inedible outputs like manure and draft power) are the animal species responsible for most [greenhouse gas] emissions, representing about 65 per cent of the livestock sector’s emissions”.<sup>6</sup>

## The cost of not breastfeeding is tremendous.

For every 1,000 babies not breastfed, there are an extra 2,033 physician visits, 212 days in the hospital and 609 prescriptions for three illnesses alone – ear, respiratory, and gastrointestinal infections.<sup>7</sup>

Back in 2003, a total of **US\$260 million (Php13.52 billion)** was spent by Filipino families on infant formula. The combined economic burden from buying infant formula and out-of-pocket medical expenditure exceeded **US\$400 million (Php20.8 billion)**, excluding indirect costs such as absenteeism and risk of childhood death and illness – expenses that could have been invested in education and other social services.<sup>8,9</sup>

Long term opportunities are potentially lost if mothers do not breastfeed. Children who were not optimally breastfed have a 3–7 IQ point disadvantage,<sup>10</sup> comparable to low level lead poisoning.<sup>4</sup>

Infants unprotected by breastmilk are at greater risk of dying. Infants 0–5 months old who were not breastfed have a sevenfold increased risk of dying from diarrhea and fivefold increased risk of pneumonia than infants who were exclusively breastfed.<sup>11</sup>

**16,000**  
Filipino infants die  
each year

or

**44**  
infants die  
each day

**from not being breastfed optimally.<sup>12</sup>**

5 A. Linnecar et al.: *Formula for Disaster: weighing the impact of formula feeding vs breastfeeding in the environment* (Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN)-Asia, Delhi, India, 2014).

6 *Key facts and findings - By the numbers: GHG emissions by livestock*, Food and Agriculture Organization of the United Nations, 2013, [www.fao.org/news/story/en/item/197623/icode/](http://www.fao.org/news/story/en/item/197623/icode/) [accessed 20 June 2015].

7 T.M. Ball and A.L. Wright: “Health care costs of formula-feeding in the first year of life” in *Pediatrics* (1999, Vol. 103, No. 4), pp. 870–876.

8 H.L. Sobel et al.: “The economic burden of infant formula on families with young children in the Philippines” in *Journal of Human Lactation* (2012, Vol. 28, No. 2), pp. 174–180.

9 US\$1 = Php 52, average peso to US dollar exchange rate for 2003 according to the Bangko Sentral ng Pilipinas (BSP).

10 M.S. Kramer et al.: “Breastfeeding and child cognitive development: New evidence from a large randomized trial” in *Archives of General Psychiatry* (2008, Vol. 65, No. 5), pp. 578–584.

11 G. Jones et al.: “How many child deaths can we prevent this year?” in *Lancet* (2003, Vol. 362), pp. 65–71.

12 United Nations Children’s Fund (UNICEF): *Infant and Young Child Feeding Programme Review, Case Study: The Philippines* (New York, June 2009).



## Breastfeeding leads to a healthy and productive workforce.



A landmark study found breastfeeding to have long-term beneficial effects on intelligence, and is associated with increased educational attainment and higher income by 30 years of life.<sup>13</sup>

Mothers who have breastfed have reduced risk of type 2 diabetes, breast and ovarian cancer.<sup>14</sup>

Breastfeeding has long-term benefits for the population. Breastfed infants are at lower risk of obesity, cardiovascular disease, diabetes, and other non-communicable diseases such as certain cancers, allergies, asthma.<sup>15</sup>

## Breastfeeding impacts the workplace.



Women take an active role in the workplace. With a strong body of evidence favouring breastfeeding such as the ones stated, it is expected that more women will choose to breastfeed upon birth, and plan to continue once they return to work. A supportive workplace will provide satisfaction to these workers, and may improve retention of women in the workforce.

Return to work after maternity leave has consistently been a major reason for giving up breastfeeding.<sup>16</sup> However, infant feeding choices have workplace consequences:

- One-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.<sup>17</sup>
- The father or mother of a sick child may not be fully focused and productive in the workplace. Absences due to sick children are not predictable, and may compromise workplace operations.
- More infant illnesses mean higher health care and insurance costs.

<sup>13</sup> C.J. Victora et al.: "Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil" in *Lancet Global Health* (2015, Vol. 3), pp. e199–205.

<sup>14</sup> S. Ip et al.: *Breastfeeding and maternal and infant health outcomes in developed countries*. Evidence Report/Technology Assessment No. 153, AHRQ Publication No. 07–E007. (Rockville, MD: Agency for Healthcare Research and Quality, April 2007).

<sup>15</sup> American Academy of Pediatrics: "Breastfeeding and the use of human milk" (Policy statement) in *Pediatrics* (2012, Vol. 129, No. 3), pp. e827–e841.

<sup>16</sup> According to the 2008 National Nutrition Survey, 25.5 per cent of mothers surveyed stopped breastfeeding because they were working.

<sup>17</sup> R. Cohen, M.B. Mrtek, R.G. Mrtek: "Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations" in *American Journal of Health Promotion* (1995, Vol. 10, No. 2), pp. 148–153.

# Formula feeding can threaten a family's economic security.



In a 2010 statement, World Health Organization (WHO) representative Dr Soe Nyunt-U said that over a period of five years, the milk industry spent US\$480 million in promoting and advertising in the Philippines, in contrast to the US\$130 million it spent in the United States.<sup>18</sup> This aggressive promotion of infant formula changes people's behaviour.

- Children were more likely to be given formula if their mother recalled advertising messages, or if a doctor, or mother or relative recommended it. Two factors were strongly associated with the decision to formula feed: self-reported advertising exposure, and physicians recommendations.

Those using  
formula were

6.4 times more likely  
to stop breastfeeding

before  
12 months.<sup>19</sup>

- Follow-up milk (also known as toddler or growing up milk) has been widely marketed in the Philippines in the recent years to target young children. As a result, it is incorrectly perceived as a necessity by the general public. The WHO states that follow-up formula is not necessary and that marketing may mislead parents.<sup>20</sup>
- Mothers understand that toddler milk advertisements promote a *range* of products that includes infant formula and mothers tend to accept these advertising messages uncritically.<sup>21</sup>
- What is the impact of this marketing on formula consumption? In 2003, almost half of Filipino families with young children purchased infant formula. One-third of families living on less than US\$2 per day purchased infant formula. Poor families spent US\$37 on formula, 70 per cent more than they spent on medical care and almost three times more than they spent on education.<sup>22</sup>

To save on costs, low income families give any available milk to their infants, even if it is inappropriate (e.g. creamer, condensed milk) or give very dilute preparations in order to make the milk last longer, leading to malnutrition, illnesses and death.

Workers in our factory ask for salary advances  
for two main reasons: when their young child is sick  
or if they don't have money to buy milk.

FLOR IGNACIO, General Manager

18 V. Uy: "Breastfeeding rate in RP at 34 for past 5 years - Unicef" in *Philippine Daily Inquirer* (Manila, 7 Sep 2010). Accessed at <http://globalnation.inquirer.net/news/breakingnews/view/20100907-290976/Breastfeeding-rate-in-RP-at-34-for-past-5-yearsUnicef>.

19 H.L. Sobel et al.: "Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis" in *Social Science & Medicine* (2011, Vol. 73, No. 10), pp. 1445-1448.

20 *Information concerning the use and marketing of follow-up formula*, World Health Organization, 17 July 2013, [www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17July.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf) [accessed 5 May 2015].

21 N.J. Berry et al.: "It's all formula to me: women's understandings of toddler milk ads." in *Breastfeeding Review* (2010, Vol. 18, No. 1), pp. 21-30.

22 H.L. Sobel et al.: "The economic burden of infant formula on families with young children in the Philippines" in *Journal of Human Lactation* (2012, Vol. 28, No. 2), pp. 174-180.

## The challenge: Only one out of three Filipino children are breastfed as recommended.<sup>23</sup>



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Virtually all mothers can breastfeed if given the proper support. Although work is a major reason for stopping breastfeeding, return to work does not necessarily have to lead to lower breastfeeding rates. Maternal work or activity, including vigorous exercise, does not undermine the quantity and nutritional quality of breastmilk; there is also no indication that working women are less interested in breastfeeding than those who are not working.<sup>24</sup>

The bottleneck lies in the difficulty to continue breastfeeding under conditions experienced when mothers return to work. Thus, there is an opportunity to support women in this aspect. Policies and laws mandate breastfeeding support in the workplace.

Practical workplace support for new mothers includes:

- provision of maternity leave;
- time to express and store breastmilk for her baby back home, and a space to comfortably do so;
- knowledge and skills that will help her succeed and a community supportive of her efforts;
- protection from market forces that can negatively influence her infant feeding choices; and
- support from employers/supervisors and co-workers through policies.

### DID YOU KNOW?

*At 60 days (around nine weeks), the Philippines has one of the shortest maternity leave duration in Asia and in the world.<sup>25</sup>*

*When the maternity leave in Norway was increased from 10 to 40 weeks, breastfeeding rates at six months went from 10 per cent to 80 per cent.<sup>26</sup>*

<sup>23</sup> According to the *State of the World's Children Report* (UNICEF, 2014), in the Philippines, only 34 per cent of infants under 6 months are exclusively breastfed. Also, only 34 per cent continue to breastfeed until two years of age.

<sup>24</sup> J. Heymann et al.: "Breastfeeding policy: a globally comparative analysis" in *Bulletin of the World Health Organization* (2013, Vol. 91), pp.398–406.

<sup>25</sup> International Labour Organization (ILO): *Working conditions laws report 2012: A global review* (Geneva, 2013), p. 35.

<sup>26</sup> *Maternity leave boosts breastfeeding*, UNICEF, n.d., [www.unicef.org.uk/BabyFriendly/News-and-Research/News/Paid-maternity-leave-can-improve-breastfeeding-rates/](http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/Paid-maternity-leave-can-improve-breastfeeding-rates/) [accessed 27 July 2015].



# Keeping things in perspective: Women in the Philippine workforce.

## How many Filipino women workers do we have?

In the Philippines, women represent 40 per cent of the workforce.<sup>27</sup> Around 8.4 million Filipino women are employed as wage and salary workers while around 6.6 million women are either self-employed or working in own family-operated farms or businesses. That is a total of around **15 million working women!**<sup>28</sup>

## Where do they work?

Micro, small and medium enterprises (MSMEs) account for 99.6 per cent of the total business enterprises in the Philippines with 777,664 establishments. Of these enterprises, 91.6 per cent (709,899) are micro enterprises.<sup>29</sup>

Overall, 49.7 per cent of MSMEs are engaged in the wholesale/retail trade and repair services, followed by 14.4 per cent in manufacturing, and 12.5 per cent in hotels/restaurant industries.<sup>30</sup>

Largely unaccounted for are women workers in the informal economy (e.g. vendors, contributing family workers, and household help) where labour is usually not recorded, regulated or protected by public authorities.

Women workers in the informal economy should be given the same support as women in formal, standard jobs.



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27 Labor Force Survey of 2013.

28 *Ibid.*

29 Senate Economic Planning Office: *The micro, small and medium enterprises (MSMEs) sector at a glance* (March 2012).

30 *Ibid.*

# The opportunity: Workers are a captive audience.

"[The] Workplace is a promising entry point for scaling up interventions aimed at improving maternal and infant health, addressing income and social insecurity and poverty."<sup>31</sup>

Working women spend a great deal of time in the workplace during a critical window period: the first 1,000 Days of her child's life where rapid growth and development takes place.

The right nutrition during this period profoundly impacts a child's ability to grow, learn, and rise out of poverty. The effects of undernutrition are irreversible. Stunted children have weaker immune systems, making them vulnerable to common illnesses and disease, and suffer from suboptimal brain development affecting their ability to learn and earn a good living as adults.<sup>32,33</sup> They are likely to have lower incomes, higher fertility rates, and provide poor care for their children, thus contributing to the intergenerational transmission of poverty.<sup>34</sup>

By promoting and supporting programs that benefit women during this period, institutions such as the government, businesses, employers, and labour groups may influence birthing and infant nutrition practices and help improve society in lasting ways.

## OPTIMAL INFANT FEEDING PRACTICES

which ensure the child's best protection, nutrition and development:

- Breastfeeding immediately after birth, within the **first hour of life**.
- **Exclusive breastfeeding for six months** – no water, no solids, no other liquids except breastmilk.
- **Continued breastfeeding for two years or beyond** along with the introduction of appropriate and adequate complementary foods after six months.



31 ILO: *Maternal Protection Resource Package: From Aspiration to Reality for All* (Geneva, 2012).

32 UNICEF: *Improving Child Nutrition: The achievable imperative for global progress* (New York, 2013).

33 *Global targets to improve maternal, infant and young child nutrition - Policy Brief*, 1,000 Days Partnership, n.d., [thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf](https://thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf) [accessed 10 May 2015].

34 S.G. Grantham-McGregor et al.: "Developmental potential in the first 5 years for children in developing countries" in *Lancet* (2007, January 6), pp. 60-70.



# International frameworks support breastfeeding in the workplace.



While being part of the workforce, women also play a distinct biologic role: **motherhood**.

The welfare of the child is inseparable from the welfare of the mother. Thus, principles of maternity protection at work are established through a number of international treaties relating to human rights, women's rights, rights to health, and the rights of the child.

The United Nations (UN) protects breastfeeding as a right through the following conventions:

1

## The UN Convention on the Rights of the Child (UNCRC)

The right to breastfeeding is protected by the following principles of the Convention:

- The best interests of the child must be a top priority in all things that affect children. (Article 3)
- Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential. (Article 6)
- Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children. (Article 18)
- Every child has the right to the best possible health. (Article 24)

2

## The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

States committing themselves to this convention should incorporate the principle of equality of men and women in their legal system and prohibit discrimination against women. Pregnancy and breastfeeding are reproductive functions specific to women. Thus, discriminating against a pregnant or breastfeeding woman is to discriminate on the basis of sex.

3

### The International Labour Organization (ILO) Workers with Family Responsibilities Convention, 1981 (No. 156)

This Convention aims to create equality of opportunity and treatment in employment and occupation between workers with family responsibilities and those without family responsibilities. It promotes support to workers with family responsibilities to help reduce conflict between work and family life. Infant feeding is a family responsibility and lactation is a function specific to mothers.

4

### The ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation, 2000 (No. 191)

These frameworks provide employment protection and non-discrimination to women who are pregnant or have just given birth. It also protects breastfeeding by encouraging workplace support such as the establishment of lactation periods and the provision of lactation facilities in the workplace.

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#### DID YOU KNOW?

*The global movement on breastfeeding support traces its roots to a Baguio General Hospital study by Dr Natividad Clavano.<sup>35</sup> She contributed to the World Health Assembly's adoption of the **International Code on the Marketing of Breastmilk Substitutes** and UNICEF's **Baby-Friendly Hospital Initiative**.<sup>36</sup>*

*In the Philippines, she was instrumental to the passage of two landmark national laws: the Philippine Milk Code of 1986 (Executive Order 51) and the 1992 Rooming-in and Breastfeeding Act (Republic Act 7600).*

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<sup>35</sup> N. Clavano: "Mode of feeding and its effect on infant mortality and morbidity" in *Journal of Tropical Pediatrics* (1982, Vol. 28, No. 6), pp. 287–93.

<sup>36</sup> S. Pincock: "Obituary Natividad Relucio Clavano" in *Lancet* (2007, Vol. 370), p. 1753.



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## National laws protect and promote breastfeeding in the workplace.

1

### The Philippine Milk Code of 1986 (Executive Order 51)

Executive Order (EO) 51 incorporates many provisions of the **International Code on Marketing of Breastmilk Substitutes**, which was adopted by the World Health Assembly in May 1981. This law provides the framework for breastfeeding promotion in the Philippines. Because of its importance, a separate module is dedicated to its discussion ([MODULE 6](#)).

The rationale of EO 51 is to provide safe and adequate nutrition of infants by the protection and promotion of breastfeeding. It calls for the regulation of advertising, marketing and distribution of breastmilk substitutes and other related products, including bottles and teats.

## 2

### The Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028)

The Rooming-in and Breastfeeding Act of 1992 or Republic Act (RA) 7600 was amended into RA 10028. Its workplace-related provisions require establishments to:

- come up with workplace policy on breastfeeding;
- set up lactation stations;
- allow lactation periods;
- provide breastfeeding information to its employees; and
- comply with EO 51.

Two separate modules provide practical guidance to help establishments implement this mandate (**MODULE 4** and **MODULE 5**).

## 3

### The Magna Carta of Women (RA 9710)

This law strengthens existing laws and policies that empower and protect women, and ensures equal rights and opportunities with men. It includes the right to decent work inclusive of access to support services that will allow women to balance family obligations and work responsibilities, such as provision of maternity leave, access to breastfeeding stations and day care centres.

It is hoped that the weight of the issue and the legal frameworks that protect and support breastfeeding would stimulate interest among actors who can shape enabling environments for working women and mothers.

The next modules aim to provide information and practical guidance to families and health workers for breastfeeding to be timely initiated and sustained in the workplace. Succeeding modules developed for employers and local governments provide examples and tools to help translate these broad policies into achievable actions at the community level.



## Key Points



The economic value of breastfeeding is tremendous but is largely unaccounted for and underestimated. This unnoticed investment should be recognized as unpaid work that society needs to allocate support for. To promote both health and economic justice for women, governments and society should be able to make supportive investments to help them succeed.



Return to work is a major reason for women to stop breastfeeding. Breastfeeding needs to be promoted, protected and sustained in the workplace.



The workplace presents an opportune venue to influence a mother's infant feeding choices. The working mother spends most of her child's first 1,000 Days of life in the workplace. Proper nutrition during this period plays a big role in the child's growth and development. The negative effects of undernutrition during this critical time are irreversible. Promoting and supporting programs that benefit women during this period improve society in lasting ways.



International frameworks and national policies empower women to fulfil their workplace obligations while at the same time enable them to meet their role as mothers. These mandates require government agencies and employers to make provisions for breastfeeding-friendly workplaces.



Philippine laws support breastfeeding women and their right to decent work by providing support systems for continuing breastfeeding in the workplace. Mandated workplace provisions include a place to breastfeed or express breastmilk (lactation stations), time to breastfeed or express breastmilk (lactation periods or breaks), access to breastfeeding information, protection from unethical industry marketing practices (compliance with EO 51) and a written workplace lactation policy.





International  
Labour  
Organization

Healthy Beginnings  
for a Better Society  
BREASTFEEDING IN THE WORKPLACE IS POSSIBLE

## MODULE 2



What every woman  
and family member  
should know

**Exclusive and continued breastfeeding  
in the workplace is possible!**



---

## OBJECTIVES

This module gives practical information on how a working mother can meet breastfeeding goals by having a good start, sustaining milk production and planning a good transition back to the workplace.

Concepts in this module will be appreciated by the **woman** (either pregnant or a new mother) and her **family members** (e.g. her husband/partner, parents/in-laws and other family members including the child's caregiver when the mother is away). This module also targets individuals who desire to know more about supporting breastfeeding women in the workplace.

Unless otherwise specified, this module directly addresses the woman. Headings marked with a **family icon (👨👩👧)** are messages that she can share with family members who are supporting her.

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## KEY CONTENTS

- 1 What makes breastmilk superior?
- 3 What is your breastfeeding goal as a family?
- 3 Preparations for a pregnant woman
- 10 Preparations for a woman about to take a maternity leave
- 11 Practical guidance for breastfeeding mothers on maternity leave
- 18 Practical guidance for breastfeeding mothers returning to work
- 22 Practical guidance when the baby completes six months of life



## What makes breastmilk superior?

**Breastfeeding is more than just nutrition.**

Did you know that the human brain's building blocks are special fatty acids? **Babies receive these in optimal amounts from breastmilk, and breastmilk remains an excellent source even into the toddler years.** A landmark study found breastfeeding to have long term beneficial effects on intelligence, and is associated with increased educational attainment and higher income by 30 years of life.<sup>1</sup>

Breastmilk confers active protection to the baby. Simply put, one mechanism is by coating the baby's immature stomach and intestinal tract against harmful germs. Giving anything other than breastmilk disturbs this protective barrier and may put the baby at risk for infections. Formula milk is milk from cows and does not confer this protection against infection.

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<sup>1</sup> C.J.Victora et al.: "Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil" in *Lancet Global Health* (2015;Vol. 3), pp. e199–205.

## MOTHERS WHO BREASTFEED

- actually get more sleep<sup>2</sup>
- lose pregnancy weight faster<sup>3</sup>
- are at less risk for breast and ovarian cancer, diabetes and stroke<sup>4</sup>
- save money from formula milk and health care costs

## BABIES WHO BREASTFEED

- are less sickly<sup>5,6</sup>
- are less prone to asthma, allergies and obesity
- are less at risk for diabetes and childhood leukaemia
- are smarter<sup>7</sup>

## The first 1,000 Days of a child's life have an irreversible impact.

Rapid growth and development takes place during the first 1,000 Days of a child's life. Health and nutrition interventions during this window period can have far reaching effects on a child's ability to grow and learn, and rise out of poverty.<sup>8</sup>

Working mothers spend a great deal of time in the workplace during this critical window period.

These are good reasons to motivate any mother to breastfeed, and any family to support her. Breastfeeding benefits the mother, the baby, the family and society in ways not previously imagined.<sup>9</sup>



2 K. Kendall-Tackett et al.: (2011) "The effect of feeding method on sleep duration, maternal well-being, and postpartum depression" in *Clinical Lactation* (2011, Vol. 2, No. 2), pp. 22-26.

3 A.M. Stuebe and E.B. Schwarz: "The risks and benefits of infant feeding practices for women and their children" in *Journal of Perinatology* (2010, Vol. 30, No. 3), pp. 155-162.

4 *Ibid.*

5 S. Ip et al.: "Breastfeeding and maternal and infant health outcomes in developed countries" in *Evidence Report and Technology Assessment* (2007, No. 153), pp. 1-186.

6 D. Meyers: "Breastfeeding and health outcomes" in *Breastfeeding Medicine* (2009, Vol. 4, Suppl 1), pp. S13-15.

7 E.B. Isaacs et al.: "Impact of breast milk on IQ, brain size and white matter development" in *Pediatric Research* (2010, Vol. 67, No. 4), pp. 357-362.

8 *Global targets to improve maternal, infant and young child nutrition - Policy Brief*, 1,000 Days Partnership, n.d., [thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf](https://thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf) [accessed 10 May 2015].

9 **MODULE 1** discusses the economic perspective of breastfeeding benefits.

## What is your breastfeeding goal as a family?

Despite all of these benefits, did you know that only one out of three Filipino children are breastfed as recommended?<sup>10</sup> Work is a major reason for giving up breastfeeding<sup>11</sup> but this does not have to be the case.

Maternal work or activity, including vigorous exercise, does not undermine the quantity and nutritional quality of breastmilk; there is also no indication that working women are less interested in breastfeeding than those who are not working.<sup>12</sup>

Virtually all mothers can breastfeed if given proper support – success does not only depend on the mother. It is crucial that proper motivation, planning, and support come from the health care provider, family and the workplace. For purposes of this discussion, **family members** may mean the **husband/partner, parents/in-laws, and other family members including the child's caregiver.**

### OPTIMAL INFANT FEEDING PRACTICES

which ensure the child's best protection, nutrition and development:

- Breastfeeding immediately after birth, within the **first hour of life**.
- **Exclusive breastfeeding for six months** – no water, no solids, no other liquids except breastmilk.
- **Continued breastfeeding for two years or beyond** along with the introduction of appropriate and adequate complementary foods after six months.

## Preparations for a pregnant woman



It takes nine months for your baby to grow inside your womb before you give birth. This period should be enough time for you to be informed and decide on the best possible start for your newborn's life. Having a realistic expectation of the breastfeeding experience allows you and your family to overcome obstacles.

1 *Know more about breastfeeding and discuss with your family while anticipating the new baby. Attend prenatal classes organized in your community, if any. Have a family member accompany you.*

3 *Ask about your workplace lactation policy. If your workplace does not have a breastfeeding policy yet, know your rights and see who can back you up. This is discussed in **MODULE 4**.*

2 *Discuss your decision to breastfeed with your health care provider (e.g. obstetrician, paediatrician, nurse, midwife) so you can be supported in your breastfeeding goal. Birthing practices affect breastfeeding outcomes. It is life-saving for your baby to **breastfeed within the first hour of life**.*

4 *Seek breastfeeding support groups before and after childbirth. It is good to communicate with women with whom you likely share similar experiences, difficulties and triumphs.*

10 According to the *State of the World's Children Report* (United Nations Children's Fund (UNICEF), 2014), in the Philippines, only 34% of infants under 6 months are exclusively breastfed. Also, only 34% continue to breastfeed until two years of age.

11 According to the 2008 National Nutrition Survey, 25.5% of mothers surveyed stopped breastfeeding because they were working.

12 J. Heymann et al.: "Breastfeeding policy: a globally comparative analysis" in *Bulletin of the World Health Organization* (2013, Vol. 91), pp.398–406.





### What happens to me and my baby when I give birth?

Medical practices in childbirth profoundly affect you and your baby. The current standard of care recommended by the World Health Organization (WHO) and the Department of Health (DOH) is the First Embrace or *Unang Yakap*. Some of its recommendations are as follows:



- You should be allowed to **assume your position** of choice during labour and delivery. Practices such as overhydration with intravenous fluids and unnecessary sedation can compromise your baby's breastfeeding outcomes.
- Ask whether you will be allowed a **companion of choice during labour and delivery**. This practice shortens labour and leads to increased satisfaction with the birth process.
- The following harmful practices should **not** be done to your baby: **unnecessary suctioning, routine separation from the mother and early bathing**. All of these, as well as vaccinations before the first full breastfeed can make it more difficult for you and your baby to initiate breastfeeding.

Mother–baby friendly certified hospitals are expected to abide by these standards. Ask your doctor/midwife about the First Embrace or *Unang Yakap*. Discuss with them what you would like to happen during your labour and delivery. These should be written in your record called the **birth plan** which you and your partner should have on hand to present to health care providers when your moment arrives.

## THE FOUR CORE STEPS OF THE FIRST EMBRACE



1

### Immediate and Thorough Drying

Unlike adults, babies cannot keep themselves warm. Health workers should make sure the room is not cold (temperature should be 25°C-28°C) and eliminate sources of air drafts. Once delivered, baby is wet from the womb and the **first step** should be to **thoroughly dry the baby for at least 30 seconds** on your abdomen or between your thighs when born either normally or via Caesarean section (CS), respectively.

2

### Early Skin-to-Skin Contact

Your baby should be placed naked lying on his tummy upon your bare chest to initiate **skin-to-skin** contact. The wet linen used from drying should be removed and your baby should be **covered with a dry blanket and a bonnet**.

3

### Properly-timed Cord Clamping

**Umbilical cord clamping** is done only after **pulsations have stopped (within 1–3 minutes after birth)** when warm, iron- and oxygen-rich blood from your placenta has boosted your baby's circulation. In CS births, after step 1, the health worker performs properly-timed cord clamping then initiates early skin-to-skin contact.

4

### Non-separation of Newborn from Mother for Early Breastfeeding

The **fourth step** is **keeping you and your baby together (non-separation)** for breastfeeding to take place within an hour after birth. Immediate and continuous skin-to-skin contact doubles the chances of your breastfeeding success! Skin-to-skin contact also allows your body to provide warmth to your newborn in a fine-tuned process called thermosynchrony. A baby on skin-to-skin contact with the mother's chest is calm and cries less.

"The State adopts rooming-in as a national policy to encourage, protect and support the practice of breastfeeding. It shall create an environment where basic physical, emotional, and psychological needs of mothers and infants are fulfilled through the practice of rooming-in and breastfeeding."

Rooming-in with your baby is your right and your baby's right. This gives you both the opportunity to get to know each other in the supportive environment of a health facility. It allows you to continue skin-to-skin contact and breastfeed more often and conveniently. It minimizes your baby's exposure to atypical germs present in the nursery or newborn intensive care unit (NICU).

## REPUBLIC ACT 7600

# THE ROOMING-IN AND BREASTFEEDING ACT OF 1992



### What if I don't have milk?

Have you noticed your breasts feeling fuller in the later part of pregnancy? Your breasts have been preparing breastmilk as early as in your third trimester, just in case your baby comes out before due time.

On Day 1, you do not see breastmilk dripping and it is not unusual to *feel* that you do not have milk. Thick **colostrum** is already present in your breasts and it is the most protective breastmilk you will ever produce! For optimal protection, you should be able to breastfeed your newborn within the first hour of life. Your first breastfeed is your baby's "first vaccine" and therefore should not be put off.

Your newborn's stomach is just about the size of a *calamansi*. Only a teaspoon of breastmilk is needed to satisfy your baby at each feed. This little stomach expands as your milk builds up and increases around four days after giving birth.

## A NEWBORN'S STOMACH CAPACITY







### What will increase - or compromise - my milk supply?

Baby's suckling at your breasts prompts your body to produce more milk. This is why newborns should be allowed to breastfeed as often as they want to, and this will be impossible if the newborn is in the nursery. Introducing bottles and supplemental feedings at this point is not only harmful and unnecessary but will upset the balance of breastmilk production. Use of artificial teats and pacifiers is not recommended because these can reduce the frequency of breastfeeding.

Unrestricted breastfeeding, with proper positioning and attachment, is usually sufficient to increase and maintain milk production. As long as you eat and drink enough for your own well-being, you will make sufficient milk for the baby.<sup>13</sup> You do not have to drink milk (commercially labelled as “mother's/mama milk”) or eat special kinds of food to produce milk.

Breastmilk is very easily digested by your baby; it is normal for babies to demand milk very often and this does not mean your baby is not satisfied by your breastmilk. Feedings should not be put on a schedule but be dependent on a newborn's **feeding cues**.

### IS MY BABY GETTING ENOUGH MILK?



*Do not just rely on what people say.  
Know what to observe so you are best able  
to make an objective assessment.*

*When breastfeeding is already established for a newborn, expect at least six wet diapers per day and at least three stools per day. A useful tool is the locally developed “First Week of Breastfeeding” checklist-guide to help you track the adequacy of breastfeeding in the first week.<sup>14</sup>*

<sup>13</sup> World Health Organization (WHO) Regional Office for Europe. *Breastfeeding: how to support success. A practical guide for health workers* (Copenhagen, 1997).

<sup>14</sup> AMF Tatad-To: *Breastfeeding checklist*, MNCHN EINC Bulletin, September 2011, [eincbulletin.blogspot.com/2011/09/breastfeeding-checklist.html](http://eincbulletin.blogspot.com/2011/09/breastfeeding-checklist.html) [accessed 20 June 2015].



## BABIES CAN TELL WHEN THEY ARE READY TO FEED!

*A baby cannot communicate verbally but does show subtle **feeding cues**, even before awakening, to let you know he or she is ready to feed.*

### "I think I am going to wake up hungry."

I am about to wake up, watch me stretch and stir.

I am hungry if I turn my head to the side where my face is stroked. I will also open my mouth wide if you lightly touch my lips.



### "I want to feed. I hope someone notices..."

Now I am awake, and hungry. I am not just being too cute when I wiggle my legs and arms, make funny faces and some squeaking sounds. I stick out my tongue, smack my lips, and put my hands and fingers in my mouth. I really want to feed!

Now is the right time for me to breastfeed or drink my mama's breastmilk.



### "Oh, no! I am really hungry!"



### "Feed me NOW!"



### "Hug me, please!"

If you don't feed me on my cue, I may really cry. When I do, please comfort me first. Feed me when I am not crying anymore.



### *Note to the mother and family:*

*A crying baby may find it difficult to latch on properly. This can be frustrating for you and your baby. Calm the baby first before attempting to feed again. Cup feeding of breastmilk when the mother is away should also be guided by these cues for a timely and a satisfying experience for both baby and the caregiver.*

Feeding Cues tool developed by Kalusugan ng Mag-ina, Inc.  
Photos © Abigail Joy P. Tendero

## BREASTFEEDING IN THE FIRST WEEK

Baby's Name: \_\_\_\_\_






















Name of Mother: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Time of Birth: \_\_\_\_\_

It is important that you breastfeed your baby regularly and often. Make sure to position your infant well and frequently check for proper attachment to the breast. Offer to breastfeed once feeding cues are observed.

You can tell your baby is getting enough milk by the number of times your baby has passed stool and urine. This chart can help you determine if breastfeeding is going well. If you have any concerns or doubts, seek help from a breastfeeding counselor or your health care provider immediately.

	Mark 1 image each time your baby breastfeeds at least 10 minutes from one or both breasts.	Mark 1 image each time your baby passes urine or wets a diaper.	Mark 1 image each time your baby passes stool
<b>DAY 1</b> - Milk is scanty and thick - Milk may be yellow			
<b>DAY 2</b> - Milk is thick and yellow			
<b>DAY 3</b> - Milk may start to change in appearance - Milk becomes more watery - Milk may start to drip on its own			
<b>DAY 4</b> - Milk changes in appearance - Milk is whitish and more watery - Milk may start to drip on its own			
<b>DAY 5</b> - Breasts begin to feel heavy - Milk is whitish and flows easily			
<b>DAY 6</b> - Milk varies in color and consistency - Breasts are heavy before a feeding, lighter and softer after a feeding - Milk may leak during or in between feedings			
<b>DAY 7</b> - Milk varies in color and consistency - Breasts are heavy before a feeding, lighter and softer after a feeding - Milk may leak during or in between feedings			

# Preparations for a woman about to take a maternity leave



Communicate your decision to breastfeed with your co-workers. This will be an opportunity to share what you know about breastfeeding and at the same time, learn if there is an existing breastfeeding support group or workplace lactation policy. Inform them of the advantages of breastfeeding for you and for them.

If your workplace does not have a policy on breastfeeding support yet, you may want to show **MODULE 1** and **MODULE 4** to your employer/supervisor or Human Resources officer.

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## KNOW WHAT PROVISIONS THE LAW MADE FOR YOU WHEN YOU RETURN TO WORK!

*The workplace provisions of the Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028) mandates a workplace environment supportive of breastfeeding:*

- **Lactation** periods for you to breastfeed or express breastmilk
  - break intervals in addition to the regular time-off for meals
  - shall be counted as compensable hours worked
  - shall not be less than a total of 40 minutes for every 8-hour working period
  - could be 2-3 breastmilk expressions lasting 15-30 minutes each within a workday
- Access to a **lactation station**
- Access to **breastfeeding information**
- Philippine Milk Code of 1986 (Executive Order 51) **compliance**
- A **workplace lactation policy** that is part of the establishment's general policy/manual of operation

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The Philippine Milk Code of 1986 (Executive Order (EO) 51) protects the best interest of babies and mothers like you. This law regulates the marketing of products represented as total or partial replacement for breastmilk. Marketing often presents the products as acceptable or appropriate breastmilk substitutes.

A study found that two factors strongly affect a mother's decision to feed infant formula: advertising exposure, and physicians' recommendations. The same study found that mothers who decided to use formula were more than six times more likely to stop breastfeeding before one year of age.<sup>15</sup>

**MODULE 6** discusses the Milk Code in greater detail.

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<sup>15</sup> H.L. Sobel et al.: "Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis" in *Social Science & Medicine* (2001, Vol. 73), pp. 1445-1448.



# Practical guidance for breastfeeding mothers on maternity leave



**Congratulations! Breastfeeding is one of the best investments you will ever make for your baby.**

Economists estimate the price of your breastmilk to be at the US\$85–120 (Php3,825–5,400) per litre range.<sup>16,17</sup> Enjoy the full benefit of your maternity leave if you can in order to establish your milk supply and maximize bonding with your baby.

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*For a baby to get the full protection, only breastmilk should be given for the first six months of life. Thus, it is important to have a breastmilk sustainability plan.*

*Step 1: Gain confidence by establishing your milk supply.*

*Step 2: Learn how to express your breastmilk early on.*

*Step 3: Collect and store breastmilk around two weeks prior to return to work.*

*Step 4: Teach family members / baby's caregiver how to handle breastmilk and cup feed.*

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1

## Gain confidence by establishing your milk supply.

Focus on directly breastfeeding while you are with your baby. The more milk your baby drinks from your breast, the more milk your breasts will produce. Do not be overwhelmed by the thought of frequently breastfeeding your baby. Breastfeeding is proven to relax and calm the mother.<sup>18</sup>

**Direct breastfeeding** releases **prolactin** from your brain, a hormone which tells your breasts to produce milk. Prolactin is released in high quantities during the night, so it is best to not skip night feedings.

Introducing supplementary feeding in bottles whether done before, in-between or after breastfeeding will cause your baby to lose appetite at your breast and compromise your milk supply. Artificial teats and pacifiers should be avoided. Breast refusal once the baby starts to prefer the artificial nipple or bottle can be emotionally frustrating.

<sup>16</sup> This is the price that hospitals are willing to pay to obtain breastmilk. US\$1 = Php45

<sup>17</sup> R. Holla et al.: *The need to invest in babies - a global drive for financial investment in children's health and development through universalizing interventions for optimal breastfeeding* (Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN)-Asia, Delhi, India, 2013).

<sup>18</sup> J.A. Lothian: "The birth of a breastfeeding baby and mother" in *The Journal of Perinatal Education* (2005, Vol. 14, No. 2), pp. 42–45.



Breastfeeding should not be painful. If you are in pain, something can be done to resolve it.

The most common reason is **poor attachment and positioning**. Good attachment and positioning also helps establish a good milk supply. As you and your baby get used to breastfeeding, the discomfort usually goes away. However, do not hesitate to seek help from your health care provider or other breastfeeding mothers in your community.

## MY BREASTS ARE PAINFUL!

### Practical tips for family members of breastfeeding mothers



Family members can help the mother build her confidence by letting her know that she has their support and that they are proud of her!

1 *Ask what you can do for her. She may need help with some house chores or she may want to take a break from the baby for a short while. See to it that she is comfortable.*

2 *Breastmilk is easily digested by the baby, unlike cow's milk. Thus, a breastfed baby would normally feed as often as every two hours. Try not to give remarks such as "Why is the baby always hungry?" or "Is your breastmilk enough?" Although this may be out of sincere concern, they may not be helpful, and may even be discouraging or offensive for the mother at this time.*

3 *Do not suggest giving "rescue feeds" or additional feeding "just to make sure." Mixed feeding can compromise a baby's health and the mother's milk supply during this time.*

4 *A crying baby is trying to tell something. Crying does not always mean hunger.*

**Check the surroundings.** Is it too noisy? Is it too hot, or too cold? Is there too much movement?

**Check the baby.** Is the baby uncomfortable? Is the diaper wet or soiled? Is the baby wrapped too tightly and unable to move? Or does the baby want to be bundled up? Is the baby tired or sleepy? Is the baby in pain? **Sometimes, babies just want to be cuddled and carried.** There is no harm in this, as it is part of their natural need for closeness. It is not possible to "spoil" a baby.

“Despite her initial difficulty, I strongly encouraged my daughter to continue breastfeeding. At any point, it would have been easy to shift to formula milk but we persevered and sought help. We eventually learned how to handle the situation because we were determined to breastfeed. Now, my daughter is OK and Alessi is a healthy, bouncing baby, still breastfed.”

CARMEN SERINA,  
grandmother to 5-month old Alessi

2

## Learn how to express your breastmilk early on.

You may start doubting your milk supply if attempts to pump or express milk yield only a few drops or do not fill a pre-set target volume (e.g. fill a breast pump container). Rest assured that your baby is capable of drawing out milk effectively, more than what you are able to express.

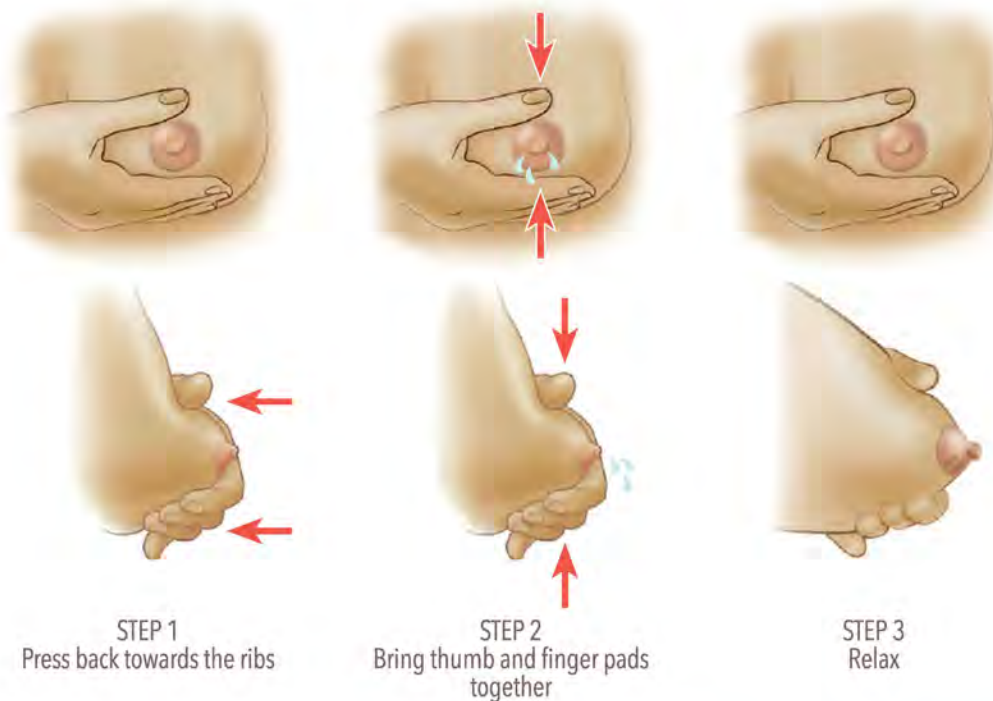
Hand expression is an essential, not to mention, convenient skill every breastfeeding mother should possess. If done correctly, it should be comfortable and freely remove milk from the breasts. Being able to visualize your milk flow (i.e. breastmilk squirting out or dripping from the breast) also effectively builds your confidence. The key to effective breastmilk expression is triggering a milk ejection reflex.

### THE MILK EJECTION REFLEX (OR MILK LET-DOWN REFLEX)

Your body has to be able to hold breastmilk in so it does not leak or spill out until your baby needs it. Breastmilk flows freely in response to oxytocin released by the brain. The brain releases oxytocin in response to the baby's suckling or cry. Thinking of the baby, or lightly stroking the breast can also trigger this reflex.

You perceive the reflex as a spontaneous dripping of milk or a tingling sensation as muscles inside your breast contract to eject or let the breastmilk flow out. Stress and anxiety may hinder the ejection of breastmilk but do not affect the amount or quality of milk you produce.

*It is best to try hand expression when you are relaxed, with the **intention to learn the skill** and not to collect milk for storage so there is no pressure on your part to meet a particular volume. Start trying as early as the first days after birth.*



### Hand expression of breastmilk<sup>19</sup>

Before handling the breast, wash your hands with soap and water, and dry them. There is no need to clean the breast or nipple. The milk may come slowly at first but it will get better with the onset of the milk ejection reflex and practice. Gently roll the nipple with your fingers or lightly stroke the breasts to stimulate a milk ejection reflex.



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**1** Place the **pads of your fingers and thumb** on each side of the areola. Feel the lumpy or bead/grape-like consistency of your breast tissue – this is your breastmilk. You have enough for your baby.

**3** While keeping your palm/hand cupped, **bring the thumb and the pads of your fingers together** to compress breast tissue. This step should approximate a thumb marking rather than a pinching motion. Do not scrape or drag the thumb across the skin. This is not necessary and will eventually hurt.

**2** **Press** your hand back to the chest wall towards the ribs.

**4** **Relax** your fingers and hand without removing contact with the breast. Repeat steps 2 to step 4.

You can re-orient your hand feeling for areas of fullness so that different quadrants of the breast are drained.

<sup>19</sup> Illustration adapted from *Expressing and Storing Breastmilk Fact Sheet* by Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre, 2013, [www.beststart.org/resources/breastfeeding/Expressing\\_Fact%20Sheets\\_Eng\\_rev2.pdf](http://www.beststart.org/resources/breastfeeding/Expressing_Fact%20Sheets_Eng_rev2.pdf) [accessed 15 May 2015].



# 3

## Collect and store breastmilk at around two weeks prior to return to work.

### WHEN IS THE BEST TIME TO COLLECT BREASTMILK FOR STORAGE?

*You can express breast milk for storage before an anticipated feed while your baby is still sleeping. Early mornings are usually a good time because the breasts would feel heavy with breastmilk.*

*This will not "deplete" your supply because your baby is able to do a better job than your hands or pump in drawing out the remaining, more nutritious breastmilk.*

### Collecting breastmilk

By now, you should have confidence in expressing breastmilk. If you prefer to use a breast pump, make sure that the parts are cleaned as instructed by the manufacturer. Always **wash your hands** before attempting to collect milk, either by hand or pump. Again, your breast and nipple do not need to be washed or cleaned.

### WAYS TO EXPRESS YOUR MILK <sup>20</sup>

TYPE	HOW IT WORKS	WHAT'S INVOLVED	AVERAGE COST <sup>21</sup>
<b>Hand expression</b>	You use your hand to massage and compress your breast to remove milk.	<ul style="list-style-type: none"> <li>Requires practice, skill, and coordination.</li> <li>Gets easier with practice; can be as fast as pumping.</li> <li>Good if you need an option that is always with you. But all moms should learn how to hand express.</li> </ul>	Free
<b>Manual pump</b>	You use your hand and wrist to operate a hand-held device to pump the milk.	<ul style="list-style-type: none"> <li>Requires practice, skill, and coordination.</li> <li>Useful for occasional pumping if you are away from baby once in a while.</li> <li>May put you at higher risk of breast infection.</li> </ul>	US\$30 to US\$50 (Php 1,350 - Php 2,250)
<b>Automatic, electric breast pump</b>	Runs on battery or plugs into an electrical outlet.	<ul style="list-style-type: none"> <li>Can be easier for some moms.</li> <li>Can pump one breast at a time or both breasts at the same time.</li> <li>Double pumping may collect more milk in less time, so they are helpful if you are going back to work or school full-time.</li> <li>Need places to clean and store the equipment between uses.</li> </ul>	US\$150 to over US\$250 (Php 6,750 - Php 11,240)

<sup>20</sup> Breastfeeding; U.S. Department of Health and Human Services, 10 August 2010, [www.womenshealth.gov/breastfeeding/pumping-and-milk-storage/](http://www.womenshealth.gov/breastfeeding/pumping-and-milk-storage/) [accessed 7 June 2015].

<sup>21</sup> US\$1 = Php 45, average peso to US dollar exchange rate for 2010 according to the Bangko Sentral ng Pilipinas (BSP).



## Storing your breastmilk

Breast milk can be stored in clean, glass or hard BPA-free plastic bottles with tight fitting lids. Storage containers should be cleaned with warm, soapy water. There is no need to sterilize but ensure they are clean and dry before use. There are also milk storage bags available for freezing human milk. Always label the date and time on the storage container with markings that will not smudge when wet especially if the milk is to be frozen (e.g. permanent marker on masking tape).

Storage duration of breastmilk for a healthy full-term baby at home. <sup>22,23</sup>	
At room temperature	6 hours
Cooler bag with frozen gel / ice packs	24 hours
Freshly expressed breastmilk in the refrigerator	2 days
Thawed breastmilk in the refrigerator	1 day
Freezer - Domestic refrigerator (single-door)	2 weeks
Freezer - Domestic refrigerator (two-door)	2 months



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**Important note:** The Philippine guidelines for optimal breastmilk storage prescribes shorter storage duration compared to other countries (usually 3–5 days in the refrigerator) taking into account the Philippine climate and the context that refrigerators are typically shared by many household members. Frozen breastmilk is usually safe to give beyond these durations but some components break down over time.

<sup>22</sup> The storage duration guidelines for preterm neonates are slightly different.

<sup>23</sup> Department of Health (DOH): *The Philippine human milk banking guidelines (manual of operation)* (Manila, 2013).

## Teach family members / baby's caregiver how to handle breastmilk and cup feed.

The support of your family members and baby's caregiver is important to your breastfeeding success upon your return to work.

### Teach them which stored breastmilk needs to be consumed first.

In addition to its nutritive components, breastmilk contains delicate substances like white blood cells, antibodies, and special protective molecules that can be affected by storage. Thus it is best to give freshly expressed breastmilk as much as possible. You may opt to express breastmilk before leaving for work and instruct them to feed this first to the baby.

Expressed breastmilk in the refrigerator should be consumed before using frozen breastmilk. When it comes to frozen breastmilk, the oldest (check date and time) milk should be consumed first.

### Teach them how to properly thaw frozen breastmilk.

Thaw by transferring containers from the freezer to the refrigerator overnight or letting stand in a bowl of warm – not boiling – water, but ensuring water does not get into the milk container.

Thawed milk kept in a refrigerator has to be used within 24 hours and should not be refrozen. Fresh/thawed breastmilk should not be added to a container of a frozen batch. **The microwave should not be used** to thaw frozen milk as this damages milk components and may scald the baby.

### Teach them how to properly handle breastmilk.

Wash hands with soap and water, and dry them before handling breastmilk. There is no need to wear gloves and there are no other special precautions needed.

Stored breastmilk will change in appearance over time as the cream part rises to the top. This is expected and does not mean the milk is spoiled. Swirl the container gently to mix it back into the rest of the milk. Do not shake as this destroys milk components.

### Teach them how to feed the breastmilk by cup.

Cup feeding of breastmilk is the recommended alternative feeding method of WHO/UNICEF and breastfeeding experts. It allows your baby to control the amount of feeding, and minimizes nipple confusion which can make it difficult for you and your baby to continue breastfeeding. There is also less risk of contamination and infection because cups are easier to clean. There is no need to sterilize cups, as long as they are clean and dry prior to use. A health care provider should be able to demonstrate cup feeding and supervise you and your baby's caregiver until you are confident.



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# Practical guidance for breastfeeding mothers returning to work



## 1 Manage your time well.

Write down your goals and motivation for breastfeeding alongside the schedule you would plan. Some women make a trial run of a typical workday just before their maternity leave ends. This helps you anticipate challenges and identify workable solutions.



## Practical tips for flexible return to work arrangements

As return to work might present some challenges, you may **explore** or discuss with your employer/human resource officer if you can be allowed some flexibility in your schedule upon return to work after maternity leave.

- If you are working a night shift, try to ask if you can be reassigned to a morning shift, in order to allow direct breastfeeding during the night.
- If the first day of your return to work happens to fall on a Monday (see Calendar A), ask if you can arrange to return to work earlier on the preceding Thursday or Friday and offset the early work days on the succeeding Wednesday/s (see Calendar B). This will allow you to “regroup” from the disruption of your breastfeeding routine, rather than diving into a straight five-day workweek.

CALENDAR A

SUN	MON	TUE	WED	THU	FRI	SAT
	Maternity Leave					
	Return to Work	Work	Work	Work	Work	
	Work	Work	Work	Work	Work	
	Work	Work	Work	Work	Work	

CALENDAR B

SUN	MON	TUE	WED	THU	FRI	SAT
	Maternity Leave			Early return to work Day 1	Early return to work Day 2	
	Official date of return to work	Work	Offset Day 1	Work	Work	
	Work	Work	Offset Day 2	Work	Work	
	Work	Work	Work	Work	Work	



## SAMPLE WORK SCHEDULES FOR A BREASTFEEDING MOTHER

### Schedule 1: Office-Based

#### Breastfeed directly before leaving for work

<b>8:00 am</b>	Arrive at work, get started
<b>9:30 am</b>	Snack, with first expression session
<b>12:00 noon</b>	Lunch break, second expression session
<b>3:30 pm</b>	Snack, with third expression session
<b>5:00 pm</b>	End of working hours
	another expression session if overtime is needed

#### Breastfeed directly upon arriving at home

### Schedule 2: Factory-Based

If working in a production line, ask your supervisor or co-workers to help you come up with a schedule.

#### Breastfeed directly before leaving for work

<b>6:00 am</b>	Arrive at work, get started
<b>8:00 am</b>	Snack, first expression session
<b>10:00 am</b>	Lunch break, second expression session
<b>1:00 pm</b>	Snack, with third expression session
<b>2:00 pm</b>	End of working hours

#### Breastfeed directly upon arriving at home

## 2 Collect breastmilk in the workplace and transport it home.

### Collecting and storing breastmilk in the workplace

At work, if possible, try to express as often as you would feed your own baby and store the breastmilk in properly labelled lidded containers (include date and time of expression). Keep containers inside an insulated cooler (e.g. small insulated bag, insulated water jug, ice box) with frozen gel/ice packs or at the back of the body of a refrigerator, where temperature has the least fluctuations.

Expressed breastmilk that will be immediately consumed (e.g. within the next 48 hours) does not need to be stored in the freezer as this affects some of its delicate components.

If you will be away for a couple of days or more (e.g. field work, business trips) and know you will not feed your latest expressed breastmilk to your baby in the next 48 hours or so, it may be practical to freeze right away whenever possible.

### Transporting expressed breastmilk from the workplace to your home

Transport the expressed breastmilk home inside your insulated cooler.

1. Freshly expressed milk to be consumed by the infant within the next two days is best stored at the back of the body of the refrigerator where temperature is most constant.
2. Breastmilk that will not be used within 48 hours will keep longer if frozen. Freezing in small (1–2 ounce) volumes is more practical than large volumes, to avoid repeated freezing/thawing or wastage.
3. If there is no refrigerator at home, breastmilk can be kept in the insulated cooler for 24 hours or longer, and be left at home for the baby's next day feeding.





## What if your family does not have a refrigerator?

*The following are options for breastmilk storage:*

1 Leave your freshly expressed breastmilk in a lidded container in the coolest part of the room, it can be cup fed to your baby within six hours.

2 If breastmilk is kept covered and immersed in a water bath, it can be viable for a longer period of time.<sup>24</sup>

3 Cold storage by way of insulated cooler with frozen gel packs or with ice will prolong the viability of your breastmilk to 24 hours or more.

a. You can invest in two insulated coolers (e.g. small insulated bag, insulated water jug, ice box) and four frozen gel packs if you have access to a freezer (e.g. through a friend, neighbour or the workplace).

- One cooler and gel pack is for use in the home to store your expressed breast milk. The other cooler and gel pack is for you to bring to work and store the breastmilk you express during your lactation breaks.
- Because the gel packs need to be frozen for use, alternately freeze them so that while two gel packs are in use, the other two are in the freezer getting ready for use the following day.

b. If gel packs are not accessible, you can buy ice from the neighbourhood sari-sari store to help keep your breastmilk in cold storage in the insulated cooler. Ensure that water from melted ice does not get into the breastmilk.

With this arrangement, you will be able to sustain your baby with breastmilk expressed at work the previous day. This is more economical for your family and more beneficial for your baby than buying formula milk.



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<sup>24</sup> Department of Health/World Health Organization Philippines: *Gabay sa Tama, Sapat at Eksklusibong Pagpapagsuso: Trainers Reference Manual on Exclusive Breastfeeding* (Manila, 2012).

3



### Breastfeed directly whenever you can.

Expressing breastmilk in the workplace and directly breastfeeding your baby whenever possible will help you continue making milk. When breastmilk is not regularly removed from your breasts, it may lead to plugged ducts, mastitis and decreased breast milk supply.

Before going to work and when you get home, it is best to directly feed your baby. Instruct your baby's caregiver to try not to give a full feeding an hour before you reach home so that the baby can effectively empty your breasts, especially if you have experienced some engorgement at work or while travelling home. Otherwise, your baby might be full and not want to breastfeed right away.

Expect that the baby may initially breastfeed more often than before as you both transition to this new arrangement. As much as possible, do not skip direct breastfeeding at night as this helps sustain milk production.

## ESSENTIAL CHECKLIST BEFORE RETURNING TO WORK



- ✓ Work schedule which incorporates your lactation periods. This will have to be evaluated and may need adjustment until it suits your needs.
- ✓ Pads or cloths to line your brassiere to prevent milk stains on your clothes.
- ✓ Milk storage containers (e.g. glass or hard BPA-free plastic bottles with tight fitting lids, or milk bags).
- ✓ Labels (e.g. permanent pen and masking tape).
- ✓ Insulated cooler (e.g. small insulated bag, insulated water jug, ice box) with frozen ice/gel packs.
- ✓ If using a breast pump, include materials you will need to clean the device.

**Family members may help the mother prepare these needs before she goes to work!**

## WORKING MOTHERS

*These working mothers prove that it is possible to sustain milk production, and even share some to babies in need.*

*Banko Sentral ng Pilipinas (BSP) mother support group carefully packing breastmilk for pasteurization before sending off to the sick and premature babies in a hospital in Tacloban, post-Typhoon Haiyan. The breastmilk came directly from the BSP mothers.*



© BSP Audio Visual Division



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## Practical guidance when the baby completes six months of life



Continuing to breastfeed helps the child grow strong and healthy. In addition to nutrition, breastfeeding continues to provide the child protection against many illnesses and provides closeness and contact that helps psychological development.<sup>25</sup>

From six months old, appropriate complementary foods are added to the baby's diet while breastfeeding is continued. Expressed breastmilk can also be added to rice porridge or mashed vegetables.<sup>26</sup>

Supplementing with or transitioning the baby to formula milk is **unnecessary**.<sup>27</sup>

<sup>25</sup> World Health Organization: *Infant and Young Child Feeding Counselling: An Integrated Course. Participant's Manual* (Geneva, 2006).

<sup>26</sup> For complementary feeding ideas, consider *Best Feeding – Wholesome Baby Food Recipes from Asian homes to complement breastfeeding* (IBFAN ASIA, 2014). Accessed at <http://ibfanasia.org/IBFAN-Asia-launches-book-on-complementary-feeding.html>

<sup>27</sup> Information concerning the use and marketing of follow-up formula, WHO, 17 July 2013, [www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17July.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf) [accessed 6 May 2015].





## Key Messages on Complementary Feeding<sup>28</sup>

### Frequency

Start feeding your baby complementary foods twice a day, increasing in frequency as appropriate.

### Amount

Start giving two to three tablespoonfuls ('tastes') at each feed, increasing in amount as appropriate.

### Thickness

Start with thickness good enough to be fed by hand, gradually introducing finely chopped, finger foods and sliced foods as appropriate.

### Variety

Begin with the staple foods like rice porridge, mashed banana or mashed potato and introducing variety as appropriate:

- Animal source foods are very important. Start animal source foods as early and as often as possible. Cook well and chop finely.
- Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.
- Avoid giving sugary drinks and sweet biscuits.

### Responsive feeding

Be patient and actively encourage the baby; do not force the baby to eat.

### Hygiene

Cleanliness is important to avoid diarrhoea and other illnesses.

- Use a clean spoon or cup to give foods or liquids to your baby.
- Store the foods to be given to your baby in a safe hygienic place.
- Wash your hands with soap and water before preparing foods and feeding baby.
- Wash your hands and your baby's hands before eating.
- Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.

<sup>28</sup> Adapted from *Key Messages Booklet on Community Infant and Young Child Feeding Counselling*, UNICEF, 2012, [www.unicef.org/nutrition/files/Key\\_Message\\_Booklet\\_2012\\_small.pdf](http://www.unicef.org/nutrition/files/Key_Message_Booklet_2012_small.pdf) [accessed 19 July 2015].



## Key Points



Breastfeeding is *more than* just nutrition. It protects and helps you and your baby in many ways. However, breastfeeding requires commitment on your part and from your health care provider. You should also engage your family and workplace community. They should be your allies. Realistic expectations of the breastfeeding experience will allow you to anticipate challenges and plan to overcome them.



The birthing experience affects breastfeeding outcomes. The current standard of care set by the WHO and DOH is *Unang Yakap* (The First Embrace). There is also a law (Rooming-in Act) that mandates health facilities to room-in babies with their mothers. Breastfeeding should be initiated within the first hour of birth. The longer the duration of skin-to-skin contact, the more likely exclusive breastfeeding will be successful.



Baby's suckling at your breasts prompts your body to produce more milk. Introducing bottles and supplemental feedings to an infant is not only harmful and unnecessary but will upset the balance of breastmilk production. Use of artificial teats and pacifiers is not recommended because these can reduce the frequency of breastfeeding.



Exclusive breastfeeding means no water, no solids, and no other liquids except breastmilk. For you to achieve this goal, there should be a “sustainability plan” when the maternity leave expires. The following skills and knowledge are necessary: hand expression, storage, handling, transport, and cup feeding of breastmilk.



RA 10028 supports your breastfeeding decision by mandating workplaces to provide space and time for breastmilk expression.



Breastmilk production will be established and sustained by direct breastfeeding and regular emptying of the breasts during separation (i.e. at work).





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Healthy Beginnings  
for a Better Society  
BREASTFEEDING IN THE WORKPLACE IS POSSIBLE

## MODULE 3



# What every health worker should know

Supporting working mothers  
to make breastfeeding possible

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## OBJECTIVES

This module is designed to reflect the key messages in **Module 2 What Every Woman and Family Member Should Know** highlighting the practical needs of breastfeeding women in the workplace. It is divided into sections that will allow health workers to provide specific guidance at the time when working women would benefit the most.

This module targets health workers in public and private settings involved in direct or indirect care of mothers and infants including, but not limited to the following:

- doctors such as obstetricians, paediatricians, family physicians, general physicians, local health officers, company physicians, occupational medicine practitioners;
  - nurses in health facilities, including local health units and companies;
  - midwives;
  - nutritionist-dieticians;
  - barangay health workers and nutrition scholars;
  - breastfeeding counsellors; and
  - individuals interested to know more about supporting breastfeeding women in the workplace.
- 

## KEY CONTENTS

- 1 Your role as a health worker is important.
- 2 What makes breastmilk superior?
- 4 What should be a working woman's breastfeeding goal?
- 4 Preparations for a pregnant woman
- 16 Practical guidance for a breastfeeding mother on maternity leave
- 23 Practical guidance for a breastfeeding mother returning to work
- 26 Practical guidance when her baby completes six months of life
- 27 Your role and mandate as a health worker: to safeguard breastfeeding
- 29 Additional resources





## Your role as a health worker is important.

Only one out of three Filipino children are breastfed as recommended.<sup>1</sup>

**Work** is a major reason for stopping breastfeeding.<sup>2</sup> Maternal work or activity, including vigorous exercise, does not undermine the quantity and nutritional quality of breastmilk; there is also no indication that working women are less interested in breastfeeding than those who are not working.<sup>3</sup>

Thus, there is a need to support working women in this aspect.

Working women spend a great deal of time in the workplace during a critical window period: the **first 1,000 Days** of her child's life where rapid growth and development takes place. The right nutrition during this period profoundly impacts a child's ability to grow, learn, and rise out of poverty. The effects of undernutrition are irreversible. Stunted children have weaker immune systems, making them vulnerable to common illnesses and disease, and suffer from suboptimal brain development affecting their ability to learn and earn a good living as adults.<sup>4,5</sup>

1 According to the *State of the World's Children Report* (United Nations Children's Fund (UNICEF), 2014), in the Philippines, only 34% of infants under 6 months are exclusively breastfed. Also, only 34% continue to breastfeed until two years of age.

2 According to the 2008 National Nutrition Survey, 25.5% of mothers surveyed stopped breastfeeding because they were working.

3 J. Heymann et al.: "Breastfeeding policy: a globally comparative analysis" in *Bulletin of the World Health Organization* (2013, Vol. 91), pp.398–406.

4 UNICEF: *Improving Child Nutrition: The achievable imperative for global progress* (New York, 2013).

5 *Global targets to improve maternal, infant and young child nutrition - Policy Brief*, 1,000 Days Partnership, n.d., [thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf](http://thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf) [accessed 10 May 2015].





**You have a powerful impact on her choice.**

As a health worker, your encouragement and instruction have profound impact on a mother's confidence and eventual success in breastfeeding her baby. Breastfeeding counselling involves not just theoretical explanations, but practical applications and skills to motivate the mother and help address any difficulty.

## What makes breastmilk superior?

Help the mother and her family appreciate that breastfeeding is more than just nutrition. As a health worker, it is your duty to help her make an informed choice on infant feeding, after weighing the risks and benefits.



### Benefits for the breastfed baby

Breastmilk has many distinct bioactive molecules and live cells that protect against infection and inflammation as well as contribute to immune system maturation, healthy microbial colonization and organ development.<sup>6</sup> The following are short and long term benefits:

1. **Protection against sudden infant death syndrome (SIDS)<sup>7</sup>**
2. **Protection against infection**

The risk of acute otitis media, gastroenteritis; severe life threatening conditions such as necrotizing enterocolitis and lower respiratory tract infections is significantly decreased with breastfeeding.<sup>8</sup>

<sup>6</sup> O. Ballard and A.L. Morrow: "Human Milk Composition: Nutrients and Bioactive Factors" in *Pediatric Clinics of North America* (2013, Vol. 60, No. 1), pp. 49–74. doi:10.1016/j.pcl.2012.10.002

<sup>7</sup> D. Meyers: "Breastfeeding and health outcomes" in *Breastfeeding Medicine* (2009, Vol. 4, Suppl 1), pp. S13–S15.

<sup>8</sup> *Ibid.*

### 3. Protection against non-communicable illnesses

Beyond infancy into childhood and adulthood, a history of being breastfed is associated with decreased rates of allergies and obesity, and decreased rates of serious diseases, including types 1 and 2 diabetes and childhood leukaemias.<sup>9,10</sup>

### 4. Better cognitive outcomes

Breastmilk contains optimal amounts of long chain polyunsaturated fatty acids (LCPUFA) which are building blocks in brain development.<sup>11</sup> A landmark study found breastfeeding to have long term beneficial effects on intelligence, and is associated with increased educational attainment and higher income by 30 years of life.<sup>12</sup>



#### Risks for the non-breastfed baby

Infants unprotected by breastmilk are at greater risk of dying. Infants 0–5 months old who were not breastfed have a sevenfold increased risk of dying from diarrhoea and fivefold increased risk of pneumonia than infants who are exclusively breastfed.<sup>13</sup>

Children who were not optimally breastfed have a 3–7 IQ point disadvantage.<sup>14</sup>



#### Benefits for the breastfeeding mother

Breastfeeding mothers actually get more sleep, and postpartum depression is significantly less than those who do not.<sup>15</sup> Weight loss is greater and sustained with longer breastfeeding duration.<sup>16</sup>

Her family also reaps benefits in ways she might not have imagined. **MODULE 1** discusses the economic benefits of breastfeeding.



#### Risks for the non-breastfeeding mother

In the longer term, not breastfeeding is associated with increased risks of type 2 diabetes, breast cancer, ovarian cancer, hypertension, and cardiovascular disease.<sup>17</sup>

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9 *Ibid.*

10 S. Ip et al.: “Breastfeeding and maternal and infant health outcomes in developed countries” in *Evidence Report and Technology Assessment* (2007, No. 153), pp. 1–186.

11 E.B. Isaacs et al.: “Impact of breast milk on IQ, brain size and white matter development” in *Pediatric Research* (2010, Vol. 67, No. 4), pp. 357–362. doi:10.1203/PDR.0b013e3181d026da

12 C.J. Victora et al.: “Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil” in *Lancet Global Health* (2015, Vol. 3), pp. e199–205.

13 G. Jones et al.: “How many child deaths can we prevent this year?” in *Lancet* (2003, Vol. 362), pp. 65–71.

14 M.S. Kramer et al.: “Breastfeeding and child cognitive development: New evidence from a large randomized trial” in *Archives of General Psychiatry* (2008, Vol. 65, No. 5), pp. 578–584.

15 K. Kendall-Tackett et al.: “The effect of feeding method on sleep duration, maternal well-being, and postpartum depression” in *Clinical Lactation* (2011, Vol. 2, No. 2), pp. 22–26.

16 A.M. Stuebe and E.B. Schwarz: “The risks and benefits of infant feeding practices for women and their children” in *Journal of Perinatology* (2010, Vol. 30, No. 3), pp. 155–162.

17 S. Ip et al.: “Breastfeeding and maternal and infant health outcomes in developed countries” in *Evidence Report and Technology Assessment* (2007, No. 153), pp. 1–186.

# What should be a working woman's breastfeeding goal?

Despite its tremendous benefits, recent shifts in the role of women and general perceptions on infant feeding render breastfeeding as more challenging than it really is. Transitioning back to the workplace is not without its own set of difficulties but with skilled support and encouragement from health workers like you, working mothers will successfully breastfeed optimally. Your goal and hers is exclusive and continued breastfeeding.

Actively encourage the participation of the people closest to her – her **family**. This may include her **husband/partner, parents/in-laws, and other family members including child's caregiver when the woman is away for work**. They should have realistic expectations so they can be actively engaged to support the working mother.

## OPTIMAL INFANT FEEDING PRACTICES

which ensure the child's best protection, nutrition and development:

- Breastfeeding immediately after birth, within the first hour of life.
- Exclusive breastfeeding for six months – no water, no solids, no other liquids except breastmilk.
- Continued breastfeeding for two years or beyond along with the introduction of appropriate and adequate complementary foods after six months.

## Preparations for a pregnant woman



The main concern of the pregnant woman is commonly childbirth rather than what follows after.<sup>18</sup> To ensure breastfeeding success, it is important to help the mother **decide** to initiate breastfeeding, and help ensure the **environment is enabling** to allow her to successfully do so.

Start the discussion on breastfeeding early in the pregnancy or at the first prenatal consultation. Whenever possible, engage her family.

### Guidance during prenatal care

Ask how she plans to feed her baby. Her choice comes from various sources that could be misleading or incorrect. You are the primary source of accurate and helpful information. Given the Philippine context, one such fact is that breastfeeding is the most secure and safest way to feed babies especially in times of emergencies, natural and man-made.

<sup>18</sup> World Health Organization Regional Office for Europe: *Breastfeeding: how to support success. A practical guide for health workers*. (Copenhagen, 1997).



In the course of prenatal care, you, the health worker should:<sup>19</sup>



**Have a breastfeeding friendly environment.**

- *Post a visible and written breastfeeding policy.*
- *Reinforce breastfeeding benefits, display positive posters and pamphlets in your waiting room.*
- *Remove literature, product giveaways and samples from infant milk formula companies.*
- *Include information on the mother's intention to breastfeed in her birth plan, prenatal and transfer of care records.*



**Learn about the background of the woman, family and community.**

*Consider her family structure and potential sources of support and conflict. Assess if a family member has strong opinions on infant feeding practices. It is good to know of misconceptions or cultural beliefs that may affect breastfeeding success, and sensitively educate whenever possible.*



**State your support of breastfeeding starting at the first prenatal consult.**

*Actively integrate breastfeeding promotion, education and support in prenatal care. Incorporate breastfeeding as an important component of the history and breast exam in the first prenatal as well as in the third trimester.*



**Set realistic expectations of the breastfeeding experience.**

*Elicit and address potential barriers to breastfeeding by asking open-ended questions (e.g. What are your plans for feeding your baby? What have you heard about breastfeeding? How do you think breastfeeding will fit in your plans?), affirming the woman's feelings, and providing specific information to address concerns and dispel misconceptions.*



**Encourage participation in prenatal classes in your clinic or community and in breastfeeding support groups after childbirth.**

*Antenatal breastfeeding education inclusive of personal counselling and peer support is effective in improving early breastfeeding initiation rates and even its continuation.<sup>20</sup>*

**With the decision to breastfeed, discuss birthing practices that include initiation of breastfeeding within the first hour of life.**

<sup>19</sup> Academy of Breastfeeding Medicine Protocol Committee: "Clinical Protocol #19: Breastfeeding promotion in the prenatal setting" in *Breastfeeding Medicine* (2009, Vol. 4, No. 1), pp. 43-45. doi: 10.1089/bfm.2008.9982

<sup>20</sup> S. Earle: "Factors affecting the initiation of breastfeeding: implications for breastfeeding promotion" in *Health Promotion International* (2002, Vol. 17, No. 3), pp. 205-214 doi:10.1093/heapro/17.3.205



## Ask the Mother...



### Were you able to breastfeed your previous child?

For those who breastfed, ask about the duration of breastfeeding, sources of support, perceived benefits and challenges as well as reasons for weaning.

For those who did not, probe how she perceives pros and cons of infant formula feeding. Decide on the best approach to help her come up with an informed choice on infant feeding for this upcoming baby. Counselling should be sensitive, constructive and non-judgmental.



### Do you have any concerns regarding your breasts and how they would affect breastfeeding your baby (e.g. small breasts, flat/inverted nipples)?

Reassure that she **can** breastfeed successfully regardless of the size of her breasts and the shape of her nipples. She may need extra patience at the early feeds but if the baby is deeply attached, milk will be drawn effectively from the breast. Arrange for the availability of support, assistance or even prenatal lactation referral if needed.



### Are you taking any medications?

Most commonly used medications by mothers are not harmful to breastfed babies. In most cases, **it is more harmful to stop than to continue breastfeeding** while the mother is on medication.<sup>21</sup>

Very few types of medications – namely, anti-cancer agents and radioactive metabolites – are contraindicated with breastfeeding. You, the health worker, can reassure her that there are reliable sources of information such as, among others, the World Health Organization (WHO) **Breastfeeding and Maternal Medication** document<sup>22</sup> and **LactMed**<sup>23</sup> regarding the compatibility of maternal medications with breastfeeding.



### Will you be going back to work?

Reassure the mother that working outside of the home need not stop her from breastfeeding. The Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028) mandates provisions to enable the mother to manage breastfeeding and work responsibilities. You can help the mother realize what her rights are; this law is discussed in further detail in **MODULE 4**.

Encourage the woman to communicate her decision to breastfeed with her employer/supervisor or Human Resources officer so they can make the necessary arrangements.

In cases where the baby is not even six months old and the mother needs to return to work, encourage her and her family to adopt practices that ensure continuity of breastfeeding.

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21 World Health Organization: *Breastfeeding and Maternal Medication. Recommendations for Drugs in the Eleventh WHO Model List of Essential Drugs*. (Geneva, 2003).

22 *Ibid*.

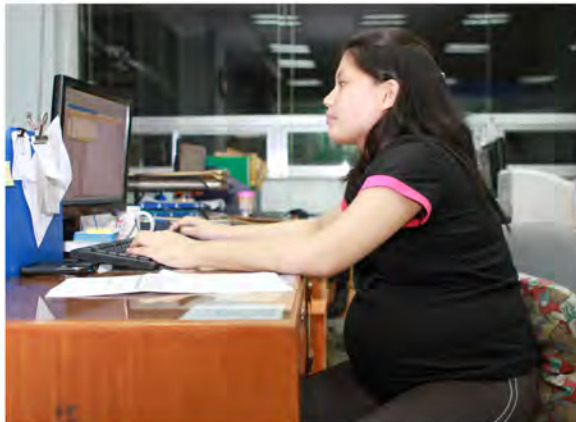
23 LactMed is a free online database with information on drugs and lactation by the National Library of Medicine. It is accessible via <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

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## SHE SHOULD KNOW THAT THE LAW SUPPORTS AND PROMOTES BREASTFEEDING IN THE WORKPLACE!

*The workplace provisions of Republic Act 10028 (The Expanded Breastfeeding Promotion Act of 2009) mandates a workplace environment supportive of breastfeeding:*

- **Lactation periods** for her to breastfeed or express breastmilk
  - break intervals in addition to the regular time-off for meals
  - shall be counted as compensable hours worked
  - shall not be less than a total of 40 minutes for every 8-hour working period
  - could be 2-3 breastmilk expressions lasting 15-30 minutes each within a workday
- Access to **lactation stations**
- Access to **breastfeeding information**
- Philippine Milk Code of 1986 (Executive Order 51) **compliance**
- A **workplace lactation policy** that is part of the establishment's general policy/manual of operation



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# Guidance for labour, childbirth and the immediate newborn period



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She and her family should know about the First Embrace or *Unang Yakap*.

Medical practices in childbirth profoundly affect breastfeeding outcomes. She and her family should anticipate and plan for the birthing process. You should prepare them for the First Embrace or *Unang Yakap* protocol, recommended by the Department of Health (DOH) and WHO as the current standard of maternal and newborn care in all facilities in the Philippines.<sup>24</sup>



Some of its recommendations are as follows:

- The woman **assumes her position** of choice during labour and delivery. Routine intravenous fluid administration and sedation are unnecessary and could compromise her baby's breastfeeding outcomes.
- It is ideal to have a **companion of choice during labour and delivery**. This practice shortens labour and leads to increased satisfaction with the birth process.
- The following practices are **harmful** to her baby: **routine suctioning, routine separation from the mother and early bathing**. These, as well as routine newborn care including vaccinations before the first full breastfeed can make it more difficult for the mother and baby to initiate breastfeeding.

24 Department of Health Administrative Order 2009-0025. *Adopting New Policies and Protocol on Essential Newborn Care*.



## THE FOUR CORE STEPS OF THE FIRST EMBRACE

### 1 Immediate and Thorough Drying

Unlike adults, babies cannot keep themselves warm. Health workers must ensure that the room is not cold (temperature should be 25°C–28°C) and eliminate sources of air drafts. Immediately after birth, the **first step** is to **thoroughly dry the baby for 30 seconds** on the mother's abdomen or between her thighs when born either normally or via Caesarean section (CS), respectively.

### 2 Early Skin-to-Skin Contact

Your baby should be placed **prone and naked on the mother's bare chest** to initiate **skin-to-skin** contact. The wet linen used from drying should be removed and the baby should be **covered with a dry linen and a bonnet**.

### 3 Properly-timed Cord Clamping

**Clamp the umbilical cord** only after **pulsations have stopped (within 1–3 minutes after birth)** when warm, iron- and oxygen-rich blood from the placenta has boosted the baby's circulation. In CS births, after step 1, the health worker performs properly-timed cord clamping then initiates early skin-to-skin contact.

### 4 Non-separation of Newborn from Mother for Early Breastfeeding

The **fourth step** is to keep the mother and baby together in **continuous skin-to-skin contact for breastfeeding** to take place **within an hour after birth**. This doubles the chances of breastfeeding success. Skin-to-skin contact also allows the mother's body to warm her newborn. This process is called thermo-synchrony. Babies who are on skin-to-skin contact with their mothers are calm and cry less.



#### DID YOU KNOW?

*Washing or cleaning the breasts/nipples to “prepare” for breastfeeding is unnecessary and strips the natural oils that protect them, resulting in soreness. The baby also relies on the natural smell as a guide to the mother’s breast.*

#### She and her family should anticipate that the baby will be roomed-in.

Rooming in is the right of both mother and newborn. This gives them the opportunity to get to know each other in the supportive environment of a health facility. It allows for skin-to-skin contact to continue and enables exclusive breastfeeding. It minimizes the baby’s exposure to atypical germs present in the nursery or newborn intensive care unit (NICU).

“The State adopts rooming-in as a national policy to encourage, protect and support the practice of breastfeeding. It shall create an environment where basic physical, emotional, and psychological needs of mothers and infants are fulfilled through the practice of rooming-in and breastfeeding.”

#### REPUBLIC ACT 7600

#### THE ROOMING-IN AND BREASTFEEDING ACT OF 1992

**She and her family should anticipate that even if breastmilk does not drip or freely flow during the first days, the newborn's needs will still be completely met.**

Periodically ask the woman about changes in her breast and its size. Explain that these changes are signs of her body's preparation for lactation. Help the mother and her family understand that on Day 1, breastmilk will not be dripping but **colostrum**, the early milk, is already present in her breasts.

Even if it seems there is barely any, colostrum is all that newborns need in the first few days of life. It is energy dense, rich in protective antibodies and fat soluble vitamins A and E. For optimal protection of her newborn, the first breastfeed should be **within the first hour of life**. This is the baby's "first vaccine" – a medical intervention that should not be put off.

Any fluid, food or supplement other than breastmilk is not necessary.

### DID YOU KNOW?

*The newborn's stomach is just about the size of a calamansi. At most, a teaspoon (around 5 ml) of breastmilk is needed to satisfy the baby at each feed. This little stomach expands as breastmilk builds up and increases in size around four days after giving birth.*



**She and her family should know what will increase or compromise her milk supply.**

Breastfeeding must be unrestricted. The baby's suckling prompts her body to produce more milk. The more breastmilk her baby drinks, the more her body will produce to replace it. This is why a mother should have her newborn breastfeed as often as the baby wants to. Unrestricted breastfeeding is impossible if the baby stays in the nursery.

Introducing other fluids, food, supplements and bottle feeding even if before, in-between or after breastfeeds is harmful and unnecessary because these will upset the balance of breastmilk production. Use of artificial teats and pacifiers is not recommended because these can reduce the frequency of breastfeeding.

Breastmilk is very easily digested by the newborn's gut and it is thus normal for babies to demand milk very often. Feedings should not be put on a schedule but dependent on a newborn's **feeding cues**.

**She and her family should anticipate the newborn's feeding cues.**

A newborn cannot communicate verbally but there are subtle cues that let you know he or she is ready to breastfeed. Below is a tool that you can use to teach mothers and family members.



## BABIES CAN TELL WHEN THEY ARE READY TO FEED!

*A baby cannot communicate verbally but does show subtle **feeding cues**, even before awakening, to let you know he or she is ready to feed.*

### "I think I am going to wake up hungry."

I am about to wake up, watch me stretch and stir.

I am hungry if I turn my head to the side where my face is stroked. I will also open my mouth wide if you lightly touch my lips.



### "I want to feed. I hope someone notices..."

Now I am awake, and hungry. I am not just being too cute when I wiggle my legs and arms, make funny faces and some squeaking sounds. I stick out my tongue, smack my lips, and put my hands and fingers in my mouth. I really want to feed!

Now is the right time for me to breastfeed or drink my mama's breastmilk.



### "Oh, no! I am really hungry!"



### "Feed me NOW!"



### "Hug me, please!"

If you don't feed me on my cue, I may really cry. When I do, please comfort me first. Feed me when I am not crying anymore.



### *Note to the mother and family:*

*A crying baby may find it difficult to latch on properly. This can be frustrating for you and your baby. Calm the baby first before attempting to feed again. Cup feeding of breastmilk when the mother is away should also be guided by these cues for a timely and a satisfying experience for both baby and the caregiver.*

Feeding Cues tool developed by Kalusugan ng Mag-ina, Inc.  
Photos © Abigail Joy P. Tendero

## DID YOU KNOW?



© Claire Mogol

The composition of breastmilk is **relatively unaffected** across maternal nutritional status — from the seemingly undernourished or otherwise. Explain to her that as long as she eats and drinks enough for her own well-being, she will make sufficient milk for her baby. She does not have to drink milk (commercially labelled as “mother’s/mama milk”) to produce milk.

The use of medications to help increase lactation should be the last resort for select cases upon assessment and guidance of a knowledgeable health worker. Unrestricted breastfeeding, with proper positioning and attachment, is usually sufficient to increase and maintain milk production.

## Guidance for post-natal support

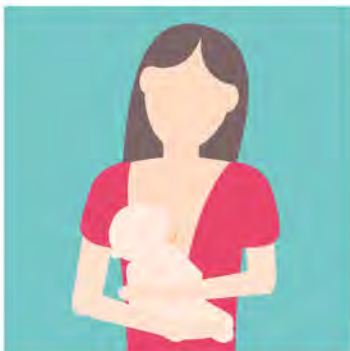


The 2012 WHO Guideline on the Postnatal Care of the Mother and Newborn recommends three postnatal contacts, the first of which should be within **48–72 hours**. It is important to ask about danger signs in both the mother and newborn. Providing breastfeeding support is also crucial during this period to prevent difficulties such as soreness, engorgement and mastitis.

Elicit any difficulties with breastfeeding:

- Ask open-ended questions (e.g. *How are things going on with you and your baby? How do your breasts feel when you are breastfeeding?*). Listen openly to what she has to say. Relay back to her what you understood of what she said. Do not ask too many questions beyond those to fill in gaps of what she has already told you. Affirm the mother’s effort.
- It is important to **observe the baby breastfeed** before you offer any advice or help. Start with reinforcing and praising her for what she has done right. If you notice any difficulty, explain what might help. Be respectful of the mother’s feelings; do not argue or scold.

## IS THE BABY GETTING ENOUGH BREASTMILK?



*Teach the mother how to determine when baby is getting enough breastmilk.*

*When breastfeeding is already established for a newborn, expect at least six wet diapers per day and at least three stools per day. A useful tool is the locally developed “First Week of Breastfeeding” checklist-guide to help you track the adequacy of breastfeeding in the first week.<sup>25</sup>*

As the health worker, be ready to assess and address the problem. The most common cause of breast pain is **poor attachment and positioning**. In order to make the proper assessment, the baby should be observed while breastfeeding. A list of videos and resources on breastfeeding counselling can be found at the end of this module.

## MY BREASTS ARE PAINFUL!

<sup>25</sup> AMF Tatad-To: *Breastfeeding checklist*, MNCHN EINC Bulletin, September 2011, [eincbulletin.blogspot.com/2011/09/breastfeeding-checklist.html](http://eincbulletin.blogspot.com/2011/09/breastfeeding-checklist.html) [accessed 20 June 2015].



## BREASTFEEDING IN THE FIRST WEEK

Baby's Name: \_\_\_\_\_






















Name of Mother: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Time of Birth: \_\_\_\_\_

It is important that you breastfeed your baby regularly and often. Make sure to position your infant well and frequently check for proper attachment to the breast. Offer to breastfeed once feeding cues are observed.

You can tell your baby is getting enough milk by the number of times your baby has passed stool and urine. This chart can help you determine if breastfeeding is going well. If you have any concerns or doubts, seek help from a breastfeeding counselor or your health care provider immediately.

	Mark 1 image each time your baby breastfeeds at least 10 minutes from one or both breasts.	Mark 1 image each time your baby passes urine or wets a diaper.	Mark 1 image each time your baby passes stool
<b>DAY 1</b> - Milk is scanty and thick - Milk may be yellow			
<b>DAY 2</b> - Milk is thick and yellow			
<b>DAY 3</b> - Milk may start to change in appearance - Milk becomes more watery - Milk may start to drip on its own			
<b>DAY 4</b> - Milk changes in appearance - Milk is whitish and more watery - Milk may start to drip on its own			
<b>DAY 5</b> - Breasts begin to feel heavy - Milk is whitish and flows easily			
<b>DAY 6</b> - Milk varies in color and consistency - Breasts are heavy before a feeding, lighter and softer after a feeding - Milk may leak during or in between feedings			
<b>DAY 7</b> - Milk varies in color and consistency - Breasts are heavy before a feeding, lighter and softer after a feeding - Milk may leak during or in between feedings			

# Practical guidance for a breastfeeding mother on maternity leave



Let the mother know that breastfeeding is one of the best investments she will ever make for her baby. Economists estimate the price of breastmilk to be at the US\$85–120 (Php3,825–5,400) per litre range.<sup>26,27</sup>

*Guide the working mother and her family towards an effective “sustainability plan” before the maternity leave expires. Encourage her to enjoy the full benefit of her maternity leave in order to establish her milk supply and maximize bonding with the baby.*

- Step 1: Build her confidence by ensuring a good milk supply.*
- Step 2: Teach her how to hand express breastmilk early on.*
- Step 3: Encourage her to collect and store breastmilk two weeks prior to returning to work.*
- Step 4: Teach family members / baby’s caregiver how to handle breastmilk and cup feed.*

## Build her confidence by ensuring a good milk supply.

A mother’s confidence is related to her perception of whether she has enough milk or not. Help her understand how breastfeeding works so she feels a sense of control. Explain that direct breastfeeding releases *prolactin from the brain*, a hormone which tells the breasts to produce milk. The more her baby suckles, the more prolactin and therefore, milk is produced.

Encourage her to directly breastfeed as often as possible. Prolactin is released in high quantities during the night, so it is best not to skip night time feedings. If she has to be away and is unable to directly breastfeed, encourage her to express breastmilk during times her baby would normally feed.

Let her know that introducing supplementary feeding in bottles whether done before, in-between or after breastfeeding will cause her baby to lose appetite at the breast and eventually compromise her milk supply. Artificial teats and pacifiers should be avoided. Breast refusal once the baby starts to prefer the artificial nipple or bottle can be emotionally frustrating.

<sup>26</sup> This is the price that hospitals are willing to pay to obtain breastmilk. \$1 = Php 45

<sup>27</sup> R. Holla et al.: *The need to invest in babies - a global drive for financial investment in children’s health and development through universalizing interventions for optimal breastfeeding* (Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN)-Asia, Delhi, India, 2013).



## DID YOU KNOW?

*It is not possible to completely “empty” the breast because as the baby drinks milk from it, more milk will be produced.*

## Practical tips for family members of breastfeeding mothers



Family members can build her confidence by letting her know that she has their support and that they are proud of her! Find opportunities to actively engage them.

1 They can offer practical help to the mother and see to it that she is comfortable. She may need help with some house chores or she may want to take a break from the baby for a short while.

2 Breastmilk is easily digested by the baby, unlike cow's milk. Thus, a breastfed baby would normally feed as often as every two hours. Advise them to not give remarks such as “Why is the baby always hungry?” or “Is your breastmilk enough?”. Although this may be out of sincere concern, they are not helpful and may even be discouraging or offensive for the mother.

3 Discourage them from suggesting “rescue feeds” or additional feeding “just to make sure” the baby is satisfied. Mixed feeding can compromise a baby's health and the mother's milk supply during this time.

4 Inform them that a crying baby is trying to tell something. It does not always mean hunger.

**Check the surroundings.** Is it too noisy? Is it too hot, or too cold? Is there too much movement? **Check the baby.** Is the baby uncomfortable? Is the diaper wet or soiled? Is the baby wrapped too tightly and unable to move? Or does the baby want to be bundled up? Is the baby tired or sleepy? Is the baby in pain? **Sometimes, babies just want to be cuddled and carried.** There is no harm in this, as it is part of their natural need for closeness. It is not possible to “spoil” a baby.



## Teach her how to express breastmilk.

A mother may start doubting her milk supply if attempts to pump or express milk yield only a few drops or do not fill a pre-set target volume (e.g. fill a breast pump container). Assure her that her baby is capable of drawing out milk effectively, more than what she is able to express.

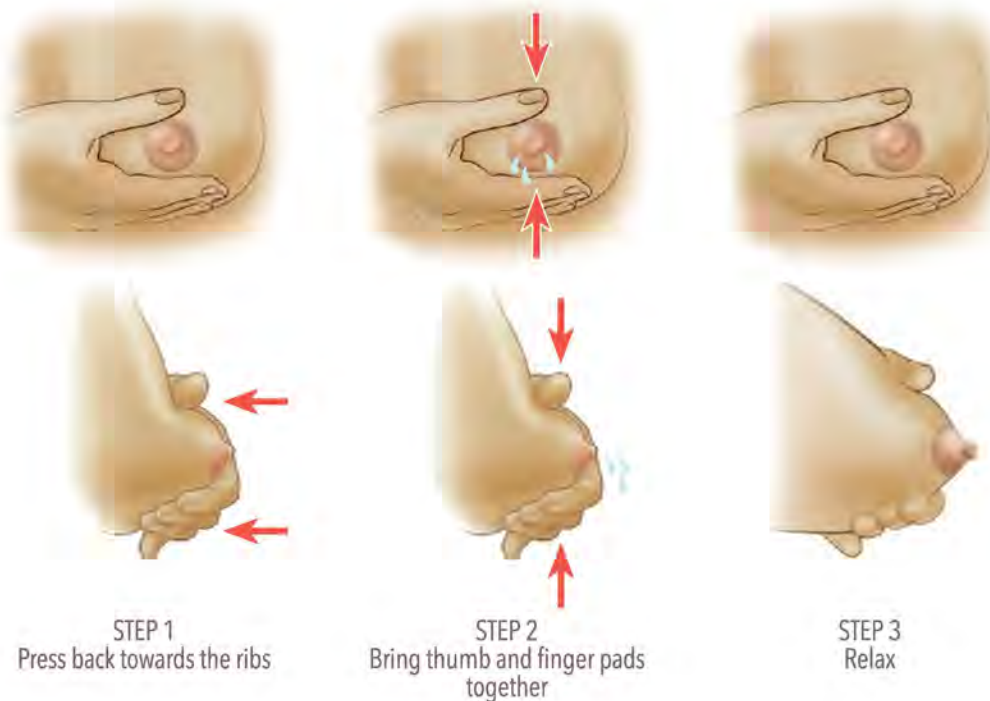
If done incorrectly, pumping or hand expression can be uncomfortable and frustrating as it would yield minimal milk. Thus, it is important to teach her how to express properly. The key to breastmilk expression is triggering a milk ejection reflex.

Hand expression is an essential, not to mention, convenient skill every breastfeeding mother should possess. If done correctly, it should be comfortable and freely remove milk from the breasts. Being able to visualize the milk flow (i.e. breastmilk squirting out or dripping from the breast) effectively builds a mother's confidence.

A mother's body has to be able to hold breastmilk in so it does not leak or spill out until needed (i.e. by the suckling baby). Breastmilk ejection or flow is triggered when the brain releases oxytocin in response to the baby's suckling or cry. Even just thinking about the baby or stroking the breast lightly could trigger this reflex.

Mothers perceive the reflex as a spontaneous dripping of milk or a tingling sensation as muscles inside the breasts contract to eject breastmilk. Stress and anxiety may hinder the ejection of breastmilk but do not affect the amount or quality of milk produced.

## THE MILK EJECTION REFLEX (OR MILK LET-DOWN REFLEX)



### Hand expression of breastmilk<sup>28</sup>

Teach the mother how to hand express breastmilk. Before handling the breast, she should wash her hands with soap and water, and dry them. There is no need to clean the breast or nipple. Let her know that milk may come slowly at first but it is a skill that improves with practice.

You may use a breast model or if you are a female health worker, you can demonstrate using your own breast by putting your hand over your blouse.<sup>29</sup> Demonstrate hand expression first, then ask her to duplicate what you have done on her own breast. Her confidence will be reinforced if she is able to express milk with her own hands. You can also gently put your clean hand over her hand to guide her through the following steps.

The mother should feel relaxed. She can gently roll her nipple with her fingers or lightly stroke her breasts to stimulate a milk ejection reflex.

### DID YOU KNOW?

*Available evidence suggests that hand expression appears to improve eventual breastfeeding rates at two months after birth, compared with expression using a hospital grade double-electric pump, and that expressed milk volume does not differ between the two methods.<sup>30</sup>*

<sup>28</sup> Illustration adapted from *Expressing and Storing Breastmilk Fact Sheet* by Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre, 2013, [www.beststart.org/resources/breastfeeding/Expressing\\_Fact%20Sheets\\_Eng\\_rev2.pdf](http://www.beststart.org/resources/breastfeeding/Expressing_Fact%20Sheets_Eng_rev2.pdf) [www.beststart.org/resources/breastfeeding/Expressing\\_Fact%20Sheets\\_Eng\\_rev2.pdf](http://www.beststart.org/resources/breastfeeding/Expressing_Fact%20Sheets_Eng_rev2.pdf) [accessed 15 May 2015].

<sup>29</sup> It is advisable for male health workers to have another female in the room during this time.

<sup>30</sup> V.J. Flaherman et al.: "Randomised trial comparing hand expression with breast pumping for mothers of term newborns feeding poorly" in *Archives of Diseases in Childhood – Fetal and Neonatal Edition* (2012, Vol. 97), pp. F18–23.

Ask the mother to place the **pads of her fingers and thumb** on each side of the areola. Coach the mother to feel the bead/grape-like consistency of breast tissue, assuring her that it is full of breastmilk. This affirmation helps her relax further.

While keeping her palm/hand cupped, ask her to **bring her thumb and the pads of her fingers together** to compress breast tissue. This step should approximate a thumb marking rather than a pinching motion. Do not scrape or drag the thumb across the skin. This is not necessary and will eventually hurt.

Coach her to **press** her hand back to chest wall towards the ribs.

Instruct her to **relax** her fingers and hand, without removing contact with the breast. Repeat step 2 to step 4. She can re-orient her hand so that she expresses different quadrants of the breast.

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It is best to have the mother learn when she is most relaxed with the **intention to learn the skill** and not to collect milk for storage so there is no pressure on her part to meet a particular volume. She can start trying as early as the first days after birth.

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### 3 Encourage her to collect and store breastmilk two weeks prior to returning to work.

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#### WHEN IS THE BEST TIME TO COLLECT BREASTMILK FOR STORAGE?

Encourage the mother to express breast milk before an anticipated feed while baby is still sleeping. Early mornings are usually a good time because the breasts would feel heavy with breastmilk.

Give assurance that this will not "deplete" her supply because her baby is able to do a better job than her hands or pump in drawing out the remaining, more nutritious breastmilk.

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#### Collecting breastmilk

By this time, the mother should be confident in manually expressing breastmilk. If her preference is to use a breast pump, remind her to make sure that the parts are cleaned as instructed by the manufacturer. She should **wash her hands** before attempting to collect milk, either by hand or pump. Her breasts and nipples do not need to be washed or cleaned.

#### Storing breastmilk

Breastmilk can be stored in clean, lidded glass or hard BPA-free plastic bottles with tight fitting lids. Storage containers should be cleaned with warm, soapy water. There is no need to sterilize but ensure they are clean and dry before use. There are also milk storage bags available for freezing human milk. Always label the date and time on the storage container with markings that will not smudge when wet (e.g. permanent marker on masking tape).



Storage duration of breastmilk for a healthy full-term baby at home. <sup>31,32</sup>	
At room temperature	8 hours
Cooler bag with frozen gel / ice packs	24 hours
Freshly expressed breastmilk in the refrigerator	2 days
Thawed breastmilk in the refrigerator	1 day
Freezer - Domestic refrigerator (single-door)	2 weeks
Freezer - Domestic refrigerator (two-door)	2 months

**Important note:** The Philippine guidelines for optimal breastmilk storage prescribes shorter storage duration compared to other countries (usually 3–5 days in the refrigerator) taking into account the Philippine climate and the context that refrigerators are typically shared by many household members. Frozen breastmilk is usually safe to give beyond these durations but some components break down over time.

## 4

### Teach family members / baby's caregiver how to handle breastmilk and cup feed.

The breastfeeding success of a working mother relies heavily on the support of family members when she is at work.

#### Teach family members which stored breastmilk needs to be consumed first.

Breastmilk contains delicate substances like white blood cells, antibodies, and special protective molecules that can be affected by storage. Thus it is best to feed freshly expressed breastmilk as much as possible. If possible, the mother may express breastmilk before leaving for work and instruct the family to feed this first to the baby.

Expressed breastmilk in the refrigerator should be consumed before using frozen breastmilk. When it comes to frozen breastmilk, the oldest (check date and time) milk should be consumed first.

#### Teach them how to properly thaw frozen breastmilk.

Thaw breastmilk by transferring from the freezer to the refrigerator overnight or letting stand in a bowl of warm – not boiling – water, but ensuring water does not get into the milk container. Thawed milk has to be used within 24 hours and should not be refrozen. Fresh/thawed breastmilk should not be added to a container of a frozen batch.

**The microwave should not be used** to thaw frozen milk as this damages milk components and may scald the baby.

<sup>31</sup> The storage duration guidelines for preterm neonates are slightly different.

<sup>32</sup> Department of Health: *The Philippine human milk banking guidelines (manual of operation)* (Manila, 2013)

### Teach them how to properly handle breastmilk.

Wash hands with soap and water and dry them before handling breastmilk. There is no need to wear gloves and there are no other special precautions needed.

Stored breastmilk will change in appearance over time as the cream part rises to the top. This is expected and does not mean the milk is spoiled. Teach the mother/family members to swirl the container gently to mix it back into the rest of the milk. Do not shake as this destroys milk components.

### Teach them how to feed the breastmilk by cup.

Cup feeding of breastmilk is the recommended alternative feeding method of WHO/UNICEF and breastfeeding experts. It allows the baby to control the amount of feeding, and minimizes nipple confusion which makes it difficult for mother and baby to continue breastfeeding. There is also less risk of contamination and infection because cups are easier to clean. There is no need to sterilize cups, as long as they are clean and dry prior to use. As the health worker, you should be able to demonstrate this and supervise the mother and her baby's caregiver/s until confident.

## CUP FEEDING OF BREASTMILK

*Demonstrate the proper hand washing technique and instruct family members to do so before and after cup feeding the baby. Explain to the mother and her family how to feed by cup. It all starts with observing the baby's feeding cues and then:<sup>33</sup>*



© KMI/Lei Alfonso

1. Fill about two-thirds of the cup with expressed breastmilk.
2. Hold the alert baby in a semi-upright position on the carer's lap, with the baby's back, neck and head supported by the carer's arm.
3. Tilt the cup towards the baby's mouth with its rim touching (without pressure) the baby's lower lip, giving a taste of the milk.
4. The baby will instinctively use its tongue and drink the milk. Do not pour the milk into the baby's mouth.
5. Patiently allow the baby to drink. Do not impose a certain amount that it has to drink. The baby may pause once in a while and definitely stop once it has had enough.

<sup>33</sup> Adapted from World Health Organization Regional Office for Europe: *Breastfeeding: how to support success. A practical guide for health workers* (Geneva, 1997).

# Practical guidance for a breastfeeding mother returning to work



1

## Encourage her to manage her time well.

Have her write down goals and motivation for exclusive breastfeeding alongside the schedule she has planned. Some mothers make a trial run of a typical workday just before their maternity leave ends. This helps anticipate challenges and lets her identify workable solutions.

## Practical tips for flexible return to work arrangements



As return to work might present some challenges, mothers may **explore** or discuss with their employers/human resource officers if they can be allowed some flexibility in their work schedules upon return to work after maternity leave.

- *If she is working a night shift, try to ask if she can be reassigned to a morning shift, in order to allow direct breastfeeding during the night.*
- *If the first day of her return to work happens to fall on a Monday (see Calendar A), ask if she can arrange to return to work earlier on the preceding Thursday or Friday and offset the early work days on the succeeding Wednesday/s (see Calendar B). This will allow her to “regroup” from the disruption of your breastfeeding routine, rather than diving into a straight 5–day work week.*

CALENDAR A

SUN	MON	TUE	WED	THU	FRI	SAT
	Maternity Leave					
	Return to Work	Work	Work	Work	Work	
	Work	Work	Work	Work	Work	
	Work	Work	Work	Work	Work	

CALENDAR B

SUN	MON	TUE	WED	THU	FRI	SAT
	Maternity Leave			Early return to work Day 1	Early return to work Day 2	
	Official date of return to work	Work	Offset Day 1	Work	Work	
	Work	Work	Offset Day 2	Work	Work	
	Work	Work	Work	Work	Work	



## Teach her how to collect breastmilk in the workplace and transport it home.

### Collecting breastmilk in the workplace

At work, if possible, she can try to express as often she would feed her own baby then store the breastmilk in properly lidded containers. She may use permanent marker or pencil on masking tape, or other waterproof implements to label her containers with the date and time of expression (e.g. April 15, 11:00 am). The containers should be kept inside an insulated cooler (e.g. small insulated bag, insulated water jug, ice box) with frozen gel/ice packs or at the back of the body of an office refrigerator (do not put in the freezer).

If she will be away for a couple of days or more (e.g. field work, business trips) and knows that part of the expressed breastmilk she is collecting will not be fed to her baby in the next 48 hours or so, it may be practical to freeze right away whenever possible.

### Transporting expressed breastmilk from the workplace to her home

The breastmilk should be transported in her insulated cooler.

1. Freshly expressed milk to be consumed by the infant within the next days is best stored at the back of the refrigerator where temperature is most constant. This preserves delicate components in the breastmilk.
2. Breastmilk that will not be used within 48 hours will keep longer if frozen. Freezing in small (1-2 ounce) volumes is more practical than large volumes, to avoid repeated refreezing/thawing or wastage.
3. If there is no refrigerator at home, breastmilk can be kept in the insulated cooler for 24 hours or longer, and be left at home for the baby's next day feeding.

## What if the family does not have a refrigerator?

### The following are options for breastmilk storage:

*She may leave freshly expressed breastmilk in a lidded container in the coolest part of the room. This can be cup fed to the baby within six hours.*

*If breastmilk is kept covered and its container immersed in water (see photo), it can be viable for a longer period of time.<sup>34</sup>*



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<sup>34</sup> Department of Health/World Health Organization Philippines: *Gabay sa Tama, Sapat at Eksklusibong Pagpapagsuso: Trainers Reference Manual on Exclusive Breastfeeding* (Manila, 2012).

*Cold storage by way of insulated cooler with frozen gel packs or with ice will prolong the viability of breastmilk to 24 hours or more.*

- a. *Ask if the mother can invest in two insulated coolers (e.g. water jug, ice box) and four frozen gel packs if she has access to a freezer (e.g. through a friend, neighbour or the workplace).*
  - *One cooler and gel pack is for use in the home to store expressed breast milk. The other cooler and gel pack is for her to bring to work and store the breastmilk expressed during your lactation periods.*
  - *Because the gel packs need to be frozen for use, alternately freeze them so that while two gel packs are in use, the other two are in the freezer getting ready for use the following day.*
- b. *If gel packs are not accessible, she can buy ice from the neighbourhood sari-sari store to help keep breastmilk in cold storage in the insulated cooler. Water must not get into the breastmilk. Ensure that breastmilk containers have tightly fitting lids.*



*With this arrangement, she will be able to sustain her baby with breastmilk expressed at work the previous day. This is more economical for her family and more beneficial for the baby than buying formula milk.*



### **Encourage her to breastfeed directly whenever she can.**

Expressing breastmilk in the workplace and directly breastfeeding whenever possible will help the mother sustain her milk supply. If breastmilk is not regularly expressed, it may lead to problems such as plugged ducts, mastitis and decreased breastmilk supply.

Before going to work encourage the mother to breastfeed. Ask her to instruct the baby's caregiver to try not giving a full feeding an hour before she reaches home so baby will "demand" to be directly breastfed and effectively remove milk from the breasts, especially if she experiences some engorgement at work or while travelling home. Otherwise, the baby will be full and might not want to breastfeed right away.

Help her anticipate that the baby may breastfeed more often than before as they both transition to this new arrangement. Encourage her to not skip night time feedings.



## ESSENTIAL CHECKLIST BEFORE RETURNING TO WORK

- ✓ Work schedule which incorporates the mother's lactation periods. This will have to be evaluated and adjusted until it suits her needs.
- ✓ Pads or cloths to line her brassiere to prevent milk stains on her clothes.
- ✓ Milk storage containers (glass/BPA-free hard plastic with tight-fitting lids or milk bags) and labels (e.g. permanent marker/pencil, masking tape, paper).
- ✓ Insulated cooler (e.g. small insulated bag, insulated water jug, ice box) with frozen ice/gel packs.
- ✓ If using a breast pump, include materials needed to clean the device.

## Practical guidance when her baby completes six months of life

Exclusive breastfeeding is recommended for the first six months of life.

From 6 to 12 months, breastfeeding continues to provide half or more of the child's nutritional needs, and from 12 to 24 months, at least one-third of their nutritional needs. In addition to nutrition, breastfeeding continues to provide the child protection against many illnesses and provides closeness and contact that helps psychological development.<sup>35</sup> Continuing breastfeeding helps the child grow strong and healthy.

Encourage the mother to continue breastfeeding. From six months old, appropriate complementary foods are added to the baby's diet. Expressed breastmilk can also be added to rice porridge or mashed vegetables.<sup>36</sup>

Complementary feeding with adequate amounts of nutritious food given in addition to breastfeeding helps the baby get used to indigenous family foods. Supplementing with or transitioning a breastfed baby to formula milk is unnecessary.<sup>37</sup>

For further guidance on complementary feeding, you can refer to the local version of the Infant and Young Child Feeding Counselling Cards developed by the DOH and the UNICEF.

35 World Health Organization: *Infant and young child feeding counselling: an integrated course. Participant's manual* (Geneva, 2006).

36 For complementary feeding ideas, consider *Best Feeding – Wholesome Baby Food Recipes from Asian homes to complement breastfeeding* (IBFAN ASIA, 2014). Accessed at <http://ibfanasia.org/IBFAN-Asia-launches-book-on-complementary-feeding.html>

37 *Information concerning the use and marketing of follow-up formula*, World Health Organization, 17 July 2013, [www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17July.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf) [accessed 5 May 2015].



## Your role and mandate as a health worker: to safeguard breastfeeding



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A study found that two factors strongly affect a mother's decision to feed infant formula: advertising exposure, and physicians' recommendations.<sup>38</sup> Milk companies are aware of this, making you an ideal target of marketing efforts.

The formula milk industry in the Philippines aggressively invests in marketing efforts. Over a period of five years, the milk industry spent US\$480 million in promoting and advertising in the Philippines, in contrast to the US\$130 million it spent in the United States.<sup>39</sup> As a result, infant formula value growth in sales in the Philippines increased an average of 5.1 per cent per year between 2003 and 2009.<sup>40</sup>

Each formula milk sale corresponds to a mother who stopped breastfeeding or a baby who is not exclusively breastfed. Conversely, each successful breastfeeding mother is one potential long term consumer lost. The goal of optimal infant feeding will always be in conflict with the goal of milk companies.

It is common knowledge that formula milk companies offer free trips to health workers, sponsor important conferences for medical societies, and, on occasion, take entire groups of *barangay* health workers to resorts for rest and recreation. These practices are part of their aggressive marketing strategy specifically targeted at health workers.

To address this phenomenon Executive Order (EO) 51, otherwise known as the Philippine Milk Code of 1986, was enacted. Due to this regulation, and with increasing breastfeeding support from health workers, companies started to take on more sophisticated approaches to marketing.

38 H.L. Sobel et al.: "Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis" in *Social Science & Medicine* (2011, Vol. 73, No. 10), pp. 1445-1448.

39 V. Uy: "Breastfeeding rate in R.P. at 34 for past 5 years – UNICEF" in *Philippine Daily Inquirer* (7 September 2010).

40 H.L. Sobel et al.: "The economic burden of infant formula on families with young children in the Philippines" in *Journal of Human Lactation* (2012, Vol. 28, No. 2), pp. 174-2E180.

## DID YOU KNOW?

*Products within the scope of the Philippine Milk Code of 1986 (Executive Order 51) pertain to breastmilk substitutes and infant formula, including beverages (such as follow-on milk and juices) and complementary foods when marketed to replace or substitute, in whole or in part, breastmilk and breastfeeding. It also includes all materials used to administer breastmilk substitutes such as, but not limited to, feeding bottles, teats and other artificial feeding paraphernalia.*

*"The 'halo effect' of having mothers associate the company brand with a health worker, be this a personal recommendation or simply a logo on a pen, is highly valued [by milk companies]."*

A guide for health workers to working within  
the International Code of Marketing of Breastmilk Substitutes.  
UNICEF United Kingdom 2013

For example, Section 32 of the Revised Implementing Rules and Regulations (RIRR) of EO 51 clearly prohibits milk companies from providing **any** form of support, logistics or training to health workers. To circumvent this, some companies sponsor topics not related to infant feeding like allergy or specific diseases. Some companies even go to as far as funding a third party to provide trainings for health workers, including midwives.

These activities provide the 'halo effect' needed by the company, with institutions/societies/professionals/experts lending credibility and influence. It must be noted, however, that the law does not distinguish between those that are infant feeding in nature. Accordingly, said promotional activities are prohibited by EO 51 as implemented by Section 32 of the RIRR.

Recognizing marketing tactics can protect you from milk companies desperate for indirect market access. One of the sanctions specified in the RIRR of EO 51 is the revocation of license of health workers involved by violating entities. Illustrations of common EO 51 violations are discussed in [MODULE 6](#).

Many mothers stop breastfeeding when they go back to work. It does not help when companies promote their milk products as "acceptable" substitutes through false claims. Mothers understand that toddler milk advertisements promote a *range* of products that includes infant formula and mothers tend to accept these advertising messages uncritically.<sup>41</sup>

RA 10028 mandates workplace compliance with EO 51, prohibiting any direct or indirect promotion, marketing and/or sales of products within the scope of the law inside lactation stations or involvement of milk companies in any event involving women and children whether related to breastfeeding promotion or not.

<sup>41</sup> N.J. Berry et al., 'It's all formula to me: women's understandings of toddler milk ads' in *Breastfeeding Review* (2010, Vol. 18, No. 1), pp. 21–30.

## Additional resources

For further information, you can refer to the following additional materials:

1. **Global Health Media Breastfeeding Series (2015)**  
(Accessible at <http://globalhealthmedia.org/videos/breastfeeding/>)
2. **A summary of breastfeeding obstacles and how to overcome them**  
Breastfeeding: A winning goal for life. Overcoming obstacles and making an empowered choice (World Health Organization (WHO) – Western Pacific Region Office (WPRO) 2014)
3. **Ensuring breastfeeding within the first hour of life and other essential care for the newborn**  
Early Essential Newborn Care Clinical Practice Pocket Guide by the World Health Organization (WHO – WPRO 2014)
4. **Practical guidance on infant and young child feeding**  
Infant and Young Child Feeding Counselling Cards (DOH/UNICEF 2012)
5. **Guidance on lactation management**  
Baby-friendly hospital initiative: revised, updated and expanded for integrated care. Section 3, Breastfeeding promotion and support in a baby-friendly hospital: a 20-hour course for maternity staff (WHO/UNICEF 2009)
6. **Guidance for families with formula feeding infants**  
Safe preparation, storage and handling of powdered infant formula Guidelines (WHO/Food and Agriculture Organization of the United Nations (FAO) 2007)
7. **Guidance on how to relate with companies that are regulated by the Milk Code**  
A guide for health workers to working within the International Code of Marketing of Breastmilk Substitutes (UNICEF – United Kingdom 2013)



## Key Points



You influence the woman's decision to breastfeed or not. Provide accurate and helpful information on breastfeeding during prenatal care. Anticipatory guidance and family engagement help the mother strategize for breastfeeding challenges. Be ready to provide and demonstrate practical support.



The birthing experience affects the breastfeeding outcome. The current WHO and DOH standard of care for mothers and newborns in the intrapartum phase is *Unang Yakap* (The First Embrace). Breastfeeding should be initiated within the first hour of birth. RA 7600 or the Rooming-in Act of 1992 mandates health facilities to room-in babies with their mothers. Both enable a longer duration of skin-to-skin contact and a higher likelihood of exclusive breastfeeding success.



Exclusive breastfeeding means no water, no solids, and no other liquids except breastmilk. Support the mother to achieve this goal; help her have a workable “sustainability plan” before the maternity leave expires. The following skills and knowledge are necessary: hand expression, storage, transport and handling, and cup feeding of breastmilk.



Breastmilk production will be sustained by regular emptying of the breasts during separation (i.e. at work) and directly breastfeeding whenever possible. RA 10028 or the Expanded Breastfeeding Promotion Act of 2009 supports breastfeeding by mandating workplaces to provide space and time for breastmilk expression.



The Philippine Milk Code of 1986 or EO 51 mandates you to promote, protect and support breastfeeding.





International  
Labour  
Organization

Healthy Beginnings  
for a Better Society  
BREASTFEEDING IN THE WORKPLACE IS POSSIBLE

## MODULE 4



# Creating a breastfeeding-friendly workplace

**Workplace provisions of the Expanded Breastfeeding  
Promotion Act of 2009 (RA 10028)**

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## OBJECTIVES

This module provides guidance and tools for the initiation of a Workplace Lactation Programme. It discusses the workplace provisions of the Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028).

The target users are government agencies, human resource managers, business owners, advocates and anyone interested to set up a Workplace Lactation Programme.

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## KEY CONTENTS

- 1 Why do we need breastfeeding-friendly workplaces?
- 4 What is a breastfeeding-friendly workplace?
- 6 Components of the Workplace Lactation Programme
- 12 How about atypical work settings and the informal economy?
- 13 Solutions for some atypical workplace settings
- 15 Creating a breastfeeding-friendly workplace is easier than you may imagine!
- 16 Case study: A workplace support group helps create a breastfeeding-friendly community





## Why do we need breastfeeding-friendly workplaces?

It is estimated that only one out of three Filipino children are breastfed as recommended.<sup>1</sup> Although virtually all mothers can breastfeed with proper support, conditions upon return to work make it difficult for mothers to continue.<sup>2</sup>

Economists estimate the price of breastmilk to be at the **US\$85–120 (Php3,825–5,400)** per litre range.<sup>3,4</sup> At this rate, the Philippines loses an estimated **US\$19 billion (Php859.6 billion)** worth of breastmilk annually due to premature weaning.<sup>5</sup> However, breastfeeding is currently not appreciated as women's work and thus goes unsupported and uncompensated. Mothers who invest in breastfeeding do so at the expense of losing work or income opportunities.

<sup>1</sup> According to the *State of the World's Children* Report [United Nations Children's Fund (UNICEF), 2014], in the Philippines, only 34% of infants under 6 months are exclusively breastfed. Also, only 34% continue to breastfeed until two years of age.

<sup>2</sup> According to the 2008 National Nutrition Survey (NNS), 25.5% of mothers cited work as the reason for stopping breastfeeding.

<sup>3</sup> This is the price that hospitals are willing to pay to obtain breastmilk. US\$1 = Php 45

<sup>4</sup> R. Holla et al.: *The need to invest in babies – a global drive for financial investment in children's health and development through universalizing interventions for optimal breastfeeding* (Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN)-Asia, Delhi, India, 2013).

<sup>5</sup> J.P. Smith: Including household production in the System of National Accounts (SNA), ACERH Working Paper (2012, No. 10).

In the Philippines, women represent 40 per cent of the workforce.<sup>6</sup> Around **8.4 million Filipino women** are employed as wage and salary workers while around **6.6 million women** are either self-employed or work in own family-operated farms or businesses. That is a total of around 15 million working women!<sup>7</sup>

Infant feeding choices profoundly affect the lives of workers. Children who are breastfed receive natural protection from the mother's milk, and are therefore less prone to sickness.<sup>8</sup> One-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.<sup>9</sup> The father or mother of a sick child may not be fully focused and productive in the workplace. Absences due to sick children are not predictable, and may compromise workplace operations.

## OPTIMAL INFANT FEEDING PRACTICES

which ensure the child's best protection, nutrition and development:

- Breastfeeding immediately after birth, within the **first hour of life**.
- **Exclusive breastfeeding for six months** – no water, no solids, no other liquids except breastmilk.
- **Continued breastfeeding for two years or beyond** along with the introduction of appropriate and adequate complementary foods after six months.



<sup>6</sup> Labor Force Survey 2013

<sup>7</sup> *Ibid.*

<sup>8</sup> American Academy of Pediatrics Policy Statement: "Breastfeeding and the Use of Human Milk" in *Pediatrics* (2012, Vol. 129, No. 3), pp. e827-e841.

<sup>9</sup> R. Cohen, M.B. Mrtek, R.G. Mrtek: "Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations" in *American Journal of Health Promotion* (1995, Vol. 10, No. 2), pp. 148-153.

There is a window period, the first 1,000 Days of life, where breastfeeding – or not breastfeeding – impacts the child’s ability to grow and learn in far reaching and irreversible ways. Working mothers spend most of these 1,000 Days in the workplace.

Young children who are undernourished during this period have weaker immune systems, making them vulnerable to common illnesses and disease, and suffer from suboptimal brain development affecting their ability to learn and earn a good living as adults.<sup>10,11</sup> They are likely to have lower incomes, higher fertility rates, and provide poor care for their children, thus contributing to the intergenerational transmission of poverty.<sup>12</sup>

By creating breastfeeding-friendly workplaces, optimal infant feeding practices are promoted.

A landmark study found breastfeeding to have long term beneficial effects on intelligence, and is associated with increased educational attainment and higher income by 30 years of life.<sup>14</sup>

The need to support working women and their children is clear. Governments, businesses, employers, labour groups and advocates can work together for a better society through healthy beginnings in breastfeeding-friendly workplaces.

It is estimated that  
**16,000**  
Filipino infants  
die each year  
from not being  
breastfed optimally.<sup>13</sup>

“My co-workers were an excellent source of support! My boss was male, but he was supportive of my choice to breastfeed. I was never discriminated against or made to feel bad or anything negative. Some of my co-workers would come up and ask me about milk storage, and some were genuinely surprised that breastfeeding even while at work is possible.”

REGINA ALESSANDRA CORTAZAR  
Legislative Staff Officer  
House of Representatives

10 UNICEF; *Improving Child Nutrition: The achievable imperative for global progress* (New York, 2013).

11 *Global targets to improve maternal, infant and young child nutrition – Policy Brief*, 1,000 Days Partnership, n.d., [thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf](http://thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf) [accessed 10 May 2015].

12 S.G. Grantham-McGregor et al.: “Developmental potential in the first 5 years for children in developing countries” in *Lancet* (2007, Vol. 369), pp. 60–70.

13 UNICEF: *Infant and Young Child Feeding Programme Review. Case Study: The Philippines* (New York, June 2009).

14 C.J. Victora et al.: “Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil” in *Lancet Global Health* (2015, Vol. 3), pp. e199–205.



# What is a breastfeeding-friendly workplace?



## There are only two essential components: TIME AND SPACE

The **space** should be a clean private area where a breastfeeding worker can breastfeed or express breastmilk while the **time** is the “lactation break” she is allowed to take.

So that this arrangement is protected, promoted and supported, there should be a **written policy in the workplace** and all workers, women and men, married or unmarried, receive the **information** that this benefit is being offered, as well as why it is important to have.

In the Philippines, the Expanded Breastfeeding Promotion Act of 2009 or Republic Act (RA) 10028 mandates all establishments, public or private, whether operating for profit or not, to support breastfeeding in the workplace through the above-mentioned provisions.

## Why does a breastfeeding worker need to express breastmilk?

### She needs to express breastmilk to provide for the baby back home.

Beyond nutrition, breastmilk confers **active protection** to the baby. Breastmilk coats the baby’s immature stomach and intestinal tract against harmful germs. For the first six months of life, giving anything other than breastmilk disturbs this protective barrier and may put the baby at risk for infections.

If she does not express milk to meet her baby’s demand, she and her family will have to provide something else – usually formula milk. Formula milk is milk from cows and does not provide this natural protection against infection.

### She needs to express breastmilk to sustain her milk supply.

Breastmilk production is dependent on the baby’s breastfeeding. Breasts that are not regularly emptied decrease production in time, and mothers often perceive this change. “Inadequate milk flow”, whether perceived or real, is the most common reason why mothers give up breastfeeding.<sup>15</sup> Thus, regular breastmilk expression protects and sustains her breastmilk supply.

### She needs to express breastmilk to relieve the discomfort of full breasts.

When she goes to work and leaves her baby home, milk production is still an ongoing process, even if the baby is not feeding. Breastmilk eventually builds up, leaving her in discomfort and even pain.

---

<sup>15</sup> According to the 2008 National Nutrition Survey, 34.5% of mothers surveyed stopped breastfeeding because they perceived inadequate milk flow.

# Workplace provisions of the Expanded Breastfeeding Promotion Act of 2009 (RA 10028)

*In the Philippines, RA 10028 mandates all establishments, whether public or private, whether operating for profit or not, to support breastfeeding in the workplace through the following provisions:*

1

## Workplace Lactation Policy

- should be made part of the establishment's general policy/manual of operation
- should be widely disseminated among all employees (e.g. to all workers during a general assembly, to pregnant workers prior to maternity leave, and to new employees during orientation, both women and men, married or unmarried)
- should contain workplace provisions of RA 10028: space and time to breastfeed/express breastmilk, provision of breastfeeding information and compliance with the Philippine Milk Code of 1986 or Executive Order (EO) 51

2

## Provision of space: the Lactation Station

- an area in the workplace or public place, not located within a toilet, where breastfeeding mothers can wash up, breastfeed or express their milk in privacy and comfort, and store their breastmilk afterwards
- Department Order No. 143 series of 2015 of the Department of Labor and Employment (DOLE) provides lactation station models and lists lactation station equivalencies for establishments with peculiar workplace circumstances

3

## Provision of time: Lactation Periods

- break intervals in addition to the regular time-off for meals
- shall be counted as compensable hours worked
- shall not be less than a total of 40 minutes for every 8-hour working period
- could be 2–3 breastmilk expressions lasting 15–30 minutes each within a workday

4

## 4. Provision of breastfeeding information

### For the general public

- through breastfeeding classes and easily accessible educational materials (e.g. posters, pamphlets, videos and other resources)

### For pregnant and breastfeeding workers

- through counselling by trained individuals or peer educators within the workplace, or resource persons within the community

### All activities must comply with EO 51

- persons and companies that produce, distribute, market or sell goods covered by EO 51 cannot take part, directly or indirectly, in any activity related to breastfeeding promotion whether in the workplace or in the general public

5

## Compliance with Executive Order 51

- no promotion or display of infant formula and related products, no gifts and sponsorships from milk companies, as well as those involved in the marketing of baby bottles and artificial nipples



# Components of the Workplace Lactation Programme



## Lactation station

- A lactation station is an area in the workplace or public place where breastfeeding mothers can wash up, breastfeed or express their milk in privacy and comfort, and store their breastmilk afterwards. It is also known as breastfeeding room/area/station.
- Some workers may opt to breastfeed or express breastmilk discreetly in areas other than the designated space as a matter of preference or convenience. In such cases, they should still be supported, provided that it does not compromise the quality of the breastmilk (e.g. there are no harmful contaminants in the area).



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## Requirements

- accessible to the breastfeeding women
- clean, well ventilated, comfortable and free from contaminants and hazardous substances
- ensures privacy for women to express their milk and/or in appropriate cases, breastfeed their child
- equipped with a small table, comfortable seat
- refrigeration or appropriate cooling facilities for milk storage
- water source/lavatory for hand-washing (unless there is an easily-accessible lavatory nearby)
- not located in the toilet
- compliant with the Philippine Milk Code of 1986 or EO 51



## GETTING STARTED

*Lactation stations in the workplace can be inexpensive and easy to set-up. Choose a model that best suits your needs and resources. You may want to start small, and grow your efforts as you gain more support and the needs arise.*

### Tool #1 Sample Lactation Stations Models and Equivalencies<sup>16</sup>

*Department Order No. 143 series of 2015 of the DOLE provides lactation station models to facilitate compliance. It also lists lactation station equivalencies for establishments with peculiar workplace circumstances. Examples of establishments with peculiar circumstances include very small workplaces or those with very few workers.*

### Tool #2 Sample Lactation Station Logbook

<sup>16</sup> Department of Labor and Employment (DOLE) Department Order No. 143, Series of 2015 *Guidelines Governing Exemption of Establishments from Setting Up Workplace Lactation Stations*





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## Lactation periods or "lactation breaks"

- Breastfeeding workers are entitled to break intervals in addition to the regular time-off for meals to breastfeed or express milk. The **minimum** is 40 minutes for every 8-hour working period.
- Usually, there could be 2–3 breastmilk expressions lasting to 15–30 minutes each within a workday. Duration and frequency of breaks may be agreed upon by workers and employers.
- These intervals, which include the time it takes a worker to get to and from the workplace lactation station, shall be counted as compensable hours worked.
- For establishments with child care provisions, the mother should be able to directly breastfeed during these breaks.

## ▶ GETTING STARTED

*Transitioning back to the workplace is a challenge for the breastfeeding mother, her baby and the caretakers back home. Let your worker know that she has your support!*

*Although not required by law, you can help arrange for a flexible return to work option that will allow the mother to adjust to the new routine. This is expected to boost her morale as your worker, and help her to be more productive as she transitions. You can also help her arrange for a work schedule that accommodates her lactation periods.*

**Tool #3** Sample Application to the Workplace Lactation Programme

**Tool #4** Flexible Return to Work Options for Breastfeeding Workers



## The Workplace Lactation Policy

Now that the two essential workplace provisions have been discussed, it is time to put things into writing – the Workplace Lactation Policy.

**Every workplace** shall develop a clear set of guidelines that protects, promotes and supports a breastfeeding programme. This should be developed by managers in consultation with the workers and the policy should be part of the company's general policy or manual of operations. The policy should operationalize the provisions of RA 10028 and should be properly disseminated to all concerned.<sup>17</sup>



## GETTING STARTED

*Possible contents of your Workplace Lactation Policy are as follows:*

- Use and duration of lactation periods
- Use of the lactation station
- Provision of breastfeeding information among workers
- Provisions for compliance with EO 51

*Your policies can be developed and adjusted based on your workplace resources until they suit your needs.*

### Tool #5 Sample Workplace Lactation Policies



## Provision of breastfeeding information

Breastfeeding information should be made available to all workers for them to appreciate the value of breastfeeding to society. This can foster a breastfeeding-friendly culture in the workplace, making it easier to gain support and implement the programme.

Information is also beneficial to expectant fathers so they can encourage their wives/partners to breastfeed. Even a father's productivity in the workplace can be affected if the child is sick.

Expectant mothers should have access to correct breastfeeding information and awareness of their rights. Knowing that your workplace has support in place can help working women choose to continue to breastfeed.

*"The first six months were the most crucial because I was exclusively breastfeeding. My workplace is part of my success story. My co-workers knew why I take some time off to express breastmilk. There was never any unnecessary or unhelpful remark about that special space of my breastmilk in the new office refrigerator. Exclusively breastfeeding while working full time can be done!"*

DANG BUENAVENTURA-SNYDER  
Manager  
Corporate Social Responsibility Department  
Employers Confederation of the Philippines



### Information can be delivered by:

1. including the workplace lactation policy in the orientation of new workers, both men and women, unmarried or married;
2. discussing with a pregnant worker prior to her maternity leave;
3. making materials on breastfeeding information/policies in the workplace (e.g. posters, pamphlets, handouts) accessible to all workers; and
4. organizing/supporting breastfeeding classes for all workers.



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### DID YOU KNOW?

*While any time of the year is a good time to promote breastfeeding, the following provide timely opportunities for breastfeeding promotion:*

**July**, declared by Presidential Decree 491 as **Nutrition Month**  
**August**, declared by Republic Act 10028 as **Breastfeeding Awareness Month**  
**March**, designated by Proclamation No. 227 as **National Women's Month**



## Who will provide breastfeeding counselling to individual mothers?

Breastfeeding mothers may encounter difficulties such as breast pain, breast engorgement and low milk supply. These mothers should be given timely, practical and skilled assistance to resolve problems so they can continue breastfeeding. The following can provide direct help:

- company health care provider, fellow breastfeeding mothers or peer educators in the workplace;
- their own medical providers; and
- resources in the community through mother support groups, the local health office or hospitals.



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## GETTING STARTED

*Breastfeeding classes can help foster a breastfeeding-friendly workplace. Target audience should include both women and men, unmarried or married. If management and employees appreciate the benefits of breastfeeding for society, they are more likely to throw in their support.*

### **Start where you are!**

*Come up with a short talk on breastfeeding using the information outlined in **MODULE 1**.*

*For pregnant women and breastfeeding mothers, you may refer to **MODULE 2**.*

*Standard messages, such as the DOH/ UNICEF Infant and Young Child Feeding Community Counselling Cards can used as additional resource materials (see **Tool #11** for the list of additional resources).*

*Ask your company physician, or breastfeeding mothers in your workplace to help you out. Most likely, they would be glad to lend a hand.*

### **Invite resource persons in your community.**

*Invite the local health or nutrition officer in your community. You may also seek help from medical professionals or mother support groups within the area.*

### **Tool #6** Partial List of Breastfeeding Support Groups in the Philippines

### **Ensure compliance with EO 51**

*Persons affiliated with companies that produce, distribute or sell goods covered by EO 51 cannot take part in any activity related to breastfeeding promotion whether in the workplace or in the general public.*

### **Tool #7** Sample Disclosure Statement to Ensure EO 51 Compliance



## Compliance with EO 51

The formula milk industry in the Philippines aggressively invests in marketing efforts. Over a period of five years, the milk industry spent US\$480 million in promoting and advertising in the Philippines, in contrast to the US\$130 million it spent in the United States.<sup>18</sup>

Like all commercial companies, the bottom line of milk companies is profit. Each formula milk sale corresponds to a mother who stopped breastfeeding or a baby who is not exclusively breastfed. Conversely, each successful breastfeeding mother is one long-term consumer lost. The goal of optimal infant feeding will always be in conflict with the goal of milk companies.

There is a need to protect mothers and babies from potential conflicts of interest that may arise from implementing the Workplace Lactation Programme. Thus, RA 10028 mandates workplace compliance with EO 51, prohibiting any direct or indirect promotion, marketing and/or sales of products within the scope of the law inside lactation stations or in any event involving women and children whether related to breastfeeding promotion or not. Unlawful marketing practices are illustrated in **MODULE 6**.

Toddler milk brands usually bear striking semblance to their formula counterparts. In fact, mothers understand that toddler milk advertisements promote a range of products that includes infant formula and they tend to accept these advertising messages uncritically. Many mothers stop breastfeeding when they go back to work and it does not help when milk products are marketed, intentionally or not, as “acceptable” substitutes.<sup>19</sup>



### LEARN MORE

**Tool #7** Sample Disclosure Statement  
Ensure EO 51 Compliance

## DID YOU KNOW?

*Products within the scope of EO 51 pertain to breastmilk substitutes and infant formula, including beverages (such as other milk products and juices) and complementary foods when marketed to replace or substitute, in whole or in part, breastmilk and breastfeeding. It also includes all materials used to administer breastmilk substitutes such as, but not limited to, feeding bottles, teats and other artificial feeding paraphernalia.*

18 V. Uy: “Breastfeeding rate in RP at 34 for past 5 years – UNICEF” in *Philippine Daily Inquirer* (7 September 2010).

19 N.J. Berry et al.: “It’s all formula to me: women’s understandings of toddler milk ads” in *Breastfeeding Review* (2010, Vol. 18, No. 1), pp. 21–30.

# How about atypical work settings and the informal economy?

## DID YOU KNOW?

*Micro, small and medium enterprises (MSMEs) represent 99.6 per cent of the total business enterprises in the Philippines with 777,664 establishments. Of these enterprises, 91.6 per cent (709,899) are micro enterprises.<sup>20</sup>*

*Largely unaccounted for are women workers in the informal economy (e.g. vendors, contributing family workers, and household help) where labour is usually not recorded, regulated or protected by public authorities.*



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The International Labour Organization (ILO) in partnership with the United Nations Children's Fund (UNICEF) and the European Union (EU) implemented the *Nutrition Security and Maternity Protection* (NSMP) project aiming to advance women's rights to maternity protection and to improve nutrition security for the Filipino children through the promotion of exclusive breastfeeding in the workplace. In the project sites, it was found that majority of business establishments have fewer than a dozen workers. Furthermore, informal organizations are mostly composed of transport groups, market vendors and volunteer workers.<sup>21</sup>

Solutions for these challenging workplace settings may require innovation and partnerships across different sectors in society. The implementation of RA 10028 can be facilitated by the local government unit through a Local Ordinance while the promotion of breastfeeding in the workplace can be aligned with the Infant and Young Child Feeding programme initiatives of the local health unit.

**MODULE 5** draws recommendations, innovations and tools from actual implementation efforts with standards set by the Department of Health (DOH), UNICEF and the World Health Organization (WHO).

20 Senate Economic Planning Office: *The micro, small and medium enterprises (MSMEs) sector at a glance* (March 2012).

21 ILO Country Office for the Philippines: *A toolkit: Nutrition security and maternal protection: through exclusive and continued breastfeeding promotion in the workplace* (Makati City, 2014).



## Advantages for small workplaces

The implementation of RA 10028 can be customized to create breastfeeding-friendly environments in small workplaces. While small workplaces face challenges that may be related to financial and administrative resources, they have certain advantages:<sup>22</sup>

- Small workplaces are usually more family-oriented because it is likely that employers know their workers and their families.
- Members of small workplaces are more dependent on each other. For example, absenteeism means a significant loss of productivity and burden on co-workers.
- At the same time, peer pressure can significantly motivate compliance with recommendations.

## Solutions for some atypical workplace settings



### Health Care

Hospital and health care institutions employ a large number of women and they work over duty shifts that are typically longer than eight hours. Mothers may work as nurses, clerical staff, housekeeping staff, physicians, technicians and others. There may also be mothers who are medical and paramedical staff in training (e.g. medical students, residents and fellows).

Patients and visitors may also need a space for breastfeeding/expressing milk. In large hospitals, multiple milk expression spaces may be needed in key locations, such as near the emergency room or the operating room. Scheduling should facilitate staff coverage to ensure patient safety and well-being while breastfeeding or expressing milk.

"I am able to bring my baby to work because the Philippine General Hospital has a daycare facility. I would take little breaks to breastfeed directly and this worked really well for us. My healthy baby is now almost 3 years old, her development is excellent, she is still breastfeeding, and never had even a drop of formula milk."

DR. LENIZA DE CASTRO-HAMOY  
Former Chief Resident, Department of Pediatrics  
Philippine General Hospital

<sup>22</sup> International Labour Office: "Workplace Health and Safety Information" in *ILO Encyclopaedia of Occupational Health and Safety* 4th ed. Accessed at <http://www.ilo.org/documents/chpt15e.htm>



## Education

Having a policy that supports breastfeeding is crucial. Lactation stations in schools will help mothers who are teaching and non-teaching staff, as well as students who are breastfeeding mothers.

In universities and larger campuses, more than one lactation station may be needed to minimize the walking time it takes to reach it. Teachers and staff may cover for one another during lactation periods.



## Wholesale/Retail trade

Very small stores may use a private screened-off area, or may allow for direct access to the baby for feedings, or sharing space with other establishments. Large stores may convert existing space such as storage areas and dressing rooms.

Shopping malls can set up space for workers and the general public throughout the mall. Accommodating these needs benefits both the business and families.



## Manufacturing

These workplace settings should address environmental hazards, inflexible breaks and limited space. It is important to have provision for water source where the working mother can wash up. An on-site clinic can be a safe location for private milk expression. Larger plants may need multiple spaces in the building to reduce the amount of time walking during their breaks. Coworkers/team members can cover for one another during lactation periods.



## Hotels/Restaurants

Workers in this industry have many options for a flexible and shared space for breastfeeding or expressing milk such as empty guest rooms, small conference rooms and office areas. In restaurants, the manager's office or storage areas may be used. Simple divider screens may be used to provide privacy. Hotels may even provide space for small nearby businesses that have none.



## Personal services (including small business such as hair salons, spas and cleaning services)

This includes breastfeeding workers in small businesses such as hair and nail salons, spas and cleaning services. Private space in a back room or break area can be created using partitions, screens, curtains/shower curtains or other barriers. Workers who go to client buildings or homes may need to arrange milk expression time and space with the client.

# Creating a breastfeeding-friendly workplace is easier than you may imagine!<sup>23</sup>

## 1 Begin with a pilot project.

Start by identifying a space that can serve as the lactation station – it does not have to be big and fancy! Add other components of the programme as the needs become apparent.

## 2 Help workers and management “own” the programme.

Engage workers by soliciting their needs. Communicate to owners/managers/supervisors the benefits that this programme will bring to the workplace.

## 3 Assess the needs and the resources.

Having the right kind of information can help justify and support the programme and assist in the planning process. *How many women are most likely to benefit? What department should be responsible for programme oversight? Which space can be used? What policies need to be developed? What record keeping should be required? How can the programme be promoted?*

## 4 Determine the administrative home for the programme.

*Should it be under the human resources division? Will it be part of the employee wellness or family programs? Or part of the corporate social responsibility efforts?*

## 5 Convene a working group/ task force.

This group helps identify issues and develop policies to improve the implementation of the programme. The following stakeholders can bring in important perspectives: human resource specialist, company physician/nurse, facilities manager, financial advisor, public relations, supervisors and representatives from different departments, leaders of the workers groups, current and previous breastfeeding workers and pregnant employees. You can also consult with health professionals within the community with knowledge on lactation management.

## 6 Identify community resources.

These may be the local health office, health professionals and mother support groups who can assist your working group and provide direct services to your breastfeeding workers.

## 7 Implement the programme.

Implementation can be carried out by the working group, breastfeeding employees in your workplace, or other interested individuals who do not have a conflict of interest in compliance with EO 51.

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<sup>23</sup> This section is adapted from *Easy steps to supporting breastfeeding employees - the business case for breastfeeding*, U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008.



# Case study: Our workplace support group helps create a breastfeeding-friendly community

**By Ching Pangilinan**  
City Tourism and Investment Promotions Officer  
Local Government Unit of the City of San Fernando, Pampanga

Our City Hall launched its breastfeeding station in March 2012 as part of the City's Women's Month Celebration thru the joint efforts of the City Health Office and the Council of Women, various women's organizations and private individuals.

I was the first female employee to make use of the facility. Soon after, I was joined by other colleagues. The City Health Office assigned a nurse to manage the station – she also happened to be a breastfeeding mother. Through this effort, we gained new friends and our common experiences helped us understand the challenges of breastfeeding in the workplace. We wanted to help other women.



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One of our first initiatives, together with our City Health Office and Human Resources Department was an awareness talk for the pregnant and new mothers working at the City Hall. This paved way for more mothers to choose to breastfeed and/or express breastmilk when they returned to work. By the end of the year, there were 13 mothers using the facility.

On our own, we improved the breastfeeding station. We put up a bulletin board and posted inspiring words about breastfeeding along with the pictures of our babies. We compiled resources, even developed a breastfeeding FAQs brochure for expectant parents. Personally, this support group inspired me to continue breastfeeding for my baby and do as much as I can for the advocacy. I have exclusively breastfed, and I am still breastfeeding my 40-month old daughter Sunis.

Behind this success is the commitment and support of our City Officials and City Health Office. Also, our group included department heads and several division and unit heads who are in a direct position to influence policy directions or tap potential support from both the public and the private sectors.

On the other hand, the presence of managers and supervisors was a potential disadvantage – it contributed to an emerging notion that the breastfeeding station was for “exclusive use”, especially among the rank and file employees. We try to address this by encouraging all new mothers to continue breastfeeding and use the facility. In fact, the breastfeeding station is open for public use.

Since our inception, we have been tapped for various City government efforts in the community. We help the City Health Office plan out activities for Women's and Breastfeeding Month celebrations. We helped organize a City Inter-agency Breastfeeding Summit, engaging multiple stakeholders from the health, labour, education and private sector among others. We engage the City government and the private sector when we organize awareness activities like lectures, photo exhibits and “*Tamang Hakab Na!*” (Latch On!).

Our informal organization now sits in the City Human Resource Development Office technical working group, helping them come up with updated policies for breastfeeding in our workplace as well as relevant training interventions to promote breastfeeding. Outside of our workplace, we have done milk drives to donate breastmilk to babies of our officemates or even strangers at the local hospitals within the vicinity.



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## Key Points



The need to support working women and their children is clear. Governments, businesses, employers, labour groups and advocates can work together for a better society through healthy beginnings in breastfeeding-friendly workplaces.



There is a need to implement the workplace provisions of RA 10028. The law mandates all establishments whether public or private, whether operating for profit or not, to provide both the space and time for working mothers to breastfeed/express breastmilk.



A workplace lactation policy should be part of an establishment's manual of operation/general policy and all workers, women and men, married or unmarried, should know its provisions.



In compliance with EO 51, establishments shall take strict measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes, as well as artificial teats and bottles, within lactation stations and in activities involving women and children whether related to breastfeeding promotion or not.



A large proportion of Filipino women work in atypical workplaces. Solutions for challenging workplace settings may require innovation and partnerships across different sectors in society.







International  
Labour  
Organization

Healthy Beginnings  
for a Better Society  
BREASTFEEDING IN THE WORKPLACE IS POSSIBLE

## MODULE 5

# Sustaining a breastfeeding-friendly workplace

A faint, stylized line drawing of a woman breastfeeding a child, positioned on the left side of the main title area.

Innovations and lessons learned

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## OBJECTIVES

The first part of this module discusses strategies on how to sustain the Workplace Lactation Programme. The second part of this module provides guidance in establishing communities supportive of breastfeeding workplaces. The third part discusses lessons from actual implementation.

Target users include local governments, human resource managers, business owners, advocates and anyone interested in creating and sustaining breastfeeding-friendly workplaces.

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## KEY CONTENTS

2 **Part 1 Sustaining the Workplace Lactation Programme**

- 3 Recognize that the programme is your contribution to society.
- 4 Put a team in charge.
- 5 Continuously assess needs and match them with existing opportunities.
- 6 Adapt implementation to the local context.
- 8 Justify continuous support with policies and mandates.
- 10 Foster breastfeeding support groups.

12 **Part 2 Partnerships for breastfeeding-friendly communities**

- 13 Build alliances between the local government and the social sector.
- 15 Sustain breastfeeding promotion in the workplaces through a Local Ordinance.

16 **Part 3 NSMP lessons at the local government level**

- 16 Lessons on the legislative agenda.
- 17 Lessons on advocacy and sustainability.

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## THE NUTRITION SECURITY AND MATERNITY PROTECTION THROUGH EXCLUSIVE AND CONTINUED BREASTFEEDING PROMOTION IN THE WORKPLACE (NSMP) PROJECT

*From January 2013 to August 2015, the International Labour Organization (ILO) in partnership with the European Union (EU) and the United Nations Children's Fund (UNICEF) implemented the NSMP Project aiming to advance women's rights to maternity protection and to improve nutrition security for Filipino children through the promotion of exclusive breastfeeding in the workplace.*

*Through this effort, local governments of key cities received technical assistance from partner agencies to promote and implement programmes in infant and young child feeding, particularly exclusive and continued breastfeeding in the workplace. This module draws recommendations, innovations and tools from actual implementation efforts with standards set by the Department of Health (DOH), UNICEF and the World Health Organization (WHO).*

**Tool #8** lists some of the resources developed through the NSMP Project.

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## Part 1

# Sustaining the Workplace Lactation Programme

**MODULE 4** discusses the essential components of the Workplace Lactation Programme as provided by the Expanded Breastfeeding Promotion Act of 2009 or Republic Act (RA) 10028.

You may be reading this module because you have already started your Workplace Lactation Programme. This module discusses the next steps. How do you sustain it?

## Recognize that the programme is your contribution to society.



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Your efforts go beyond compliance. Having installed the Workplace Lactation Programme, you are benefitting your workers, your workplace and society.<sup>1</sup> A clear appreciation of this facilitates ownership of the Workplace Lactation Programme and accountability.

1

### Foster a breastfeeding-friendly culture.

Provide venues to inform all workers, including managers and supervisors, about the programme and how it benefits them.

- One-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.<sup>2</sup>
- Absences due to sick children are not predictable, as opposed to the short lactation breaks entitled to working mothers.
- Supporting a working mother in her breastfeeding goal is expected to boost their morale and increase satisfaction in the workplace.
- Even a father of a sick child may not be fully focused and productive in the workplace. It is important to involve male workers so they can encourage their wives/partners to breastfeed.
- More infant illnesses means higher health care and insurance costs.

2

### Solicit feedback.

Engage target users (pregnant women and new mothers) by asking for their needs and feedback on the programme. Managers/supervisors of users will have to be asked as well.

3

### Recognize efforts and successes.

Incentivise successful efforts through awards and citations. Recognition positively impacts public relations, facilitates buy-in and motivates the team implementing the programme.

<sup>1</sup> Refer to **MODULE 1** for the discussion on the economic and public health benefits of breastfeeding.

<sup>2</sup> R. Cohen, M.B. Mrtek, R.G. Mrtek: "Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations" in *American Journal of Health Promotion* (1995, Vol. 10, No. 2), pp. 148–153.

"I have always felt that men and women with children are carrying the future of our society, and I am not saying this because I have children of my own. I had a colleague once who was breastfeeding twins. My co-workers and I would take turns doing small favours like buying her lunch or doing her time sheets. Whatever help we give to make her life easier is little compared to the enormous contribution that her babies will bring to the world if they are healthy."

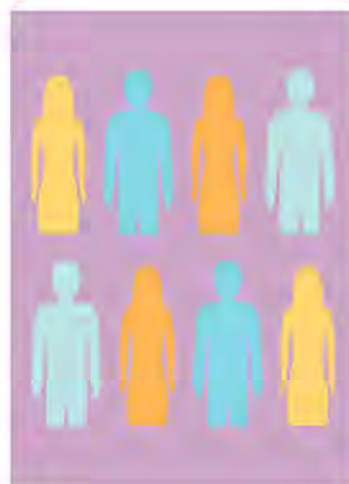
THEA ARCELLA BOHOL  
Development Consultant

## Put a team in charge.

### 1 If you haven't done so, convene a working group.

This group helps identify issues and develop policies to improve the implementation of the programme. The following stakeholders can bring in important perspectives: human resource manager, company medical personnel, facilities manager, financial advisor, public relations, supervisors and representatives from different departments, leaders of the workers groups, current and previous breastfeeding workers, and pregnant employees. You can also consult with health professionals within the community with knowledge on lactation management.

Leading the programme does not necessarily mean that they will be the only ones responsible for implementing it. Depending on your strategy, it can be carried out in partnership with interested individuals whether within (e.g. breastfeeding workers) or outside your organization (e.g. community mothers support groups), as long as it is done in compliance with the Philippine Milk Code of 1986 or Executive Order (EO) 51.



### 2 If you haven't done so, determine a "home" for the programme.

Should the programme be under the human resources division as part of staff development initiatives? Will it be part of the health, wellness or family programmes? Or part of the corporate social responsibility efforts?

In the local government unit (LGU), should the programme find its home in the local health and nutrition office through the Infant and Young Child Feeding initiative or under the Gender and Development activities? Or should it be a collaborative programme among them?



## Continuously assess needs and match them with existing opportunities.



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### 1 Prioritize essential issues.

This is important as resources are limited and needs are competing. A study conducted by the Employers Confederation of the Philippines (ECOP), recommended that investments should “*veer away from spending too much on facilities or construction of stations to information and education activities for target users*”. They found that employees who are well-informed on the health and economic benefits of breastfeeding participated in the programme.<sup>3</sup>

A well-informed workforce is a wise investment to sustain and grow the programme.

### 2 At the onset, avoid unnecessary expenditures by scoping for existing opportunities.

*Is there an extra room or space that can be converted into a Lactation Station? If yes, there is no need to construct a new one.*

*Is there a mother support or breastfeeding resource group in your community? You may want to partner with them for breastfeeding information activities.<sup>4</sup> Help can come from the local health office, health professionals and mother support groups who can assist your working group and provide direct services to your breastfeeding workers.<sup>5</sup>*

### 3 Find out if your efforts are making a difference!

*Are more mothers deciding to breastfeed? Are you able to influence duration of exclusive breastfeeding? Is there less work absenteeism?*

A good monitoring mechanism starts with having a **baseline survey** to which claims of success can be confidently compared. This is useful in promoting accomplishments and justifying requests for additional resources. Having the right kind of information also lets you know if the effort is not producing the desired effects, and thus guides improvements in programming decisions.

<sup>3</sup> Employers Confederation of the Philippines (ECOP): *The Nutrition Security and Maternity Protection (NSMP) Project Final Report* (2014).

<sup>4</sup> It must be noted that all efforts to implement the Programme should be made within the boundaries of Executive Order (EO) 51. Have partners sign a disclosure statement. A suggested format is provided in **Tool #7**.

<sup>5</sup> **Tool #6** provides a list of some breastfeeding support groups in the country.

## LESSONS AND INNOVATIONS FROM THE NSMP PROJECT

*The following resources were developed by the NSMP Project partners:*

1. *Baseline Survey and Monitoring Tools for Exclusive and Continued Breastfeeding in the Workplace (for formal workplace settings) (ECOP)*
2. *Baseline Survey, Monitoring and Evaluation Tools for Exclusive and Continued Breastfeeding in the Workplace (for informal economic units) [The National Anti-Poverty Commission (NAPC)]*
3. *Breastfeeding in the Workplace Program Management Training Course for Business Firms (ECOP)*
4. *Breastfeeding in the Workplace for the Informal Economy Program Management Training Modules (NAPC)*

## Adapt implementation to the local context.



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### Be sensitive to the cultural norms and personal preferences of mothers.

In some local cultures, bringing the child to the workplace is acceptable and breastfeeding in public is common practice. Anecdotes of breastfeeding mothers being asked to cover up or move within hidden confines (i.e. of the lactation station) are not uncommon. On the other hand, there are mothers who opt for privacy to be able to breastfeed in comfort.

Support and affirm a breastfeeding mother at all times. It is a normal, natural way of nurturing babies.



## Interventions should be equitable.

While it is good that many mothers have access to good quality breast pumps for faster and more efficient breastmilk expression, they are priced too steeply for most Filipino mothers especially for those working in the informal economy.

Hand expression is an essential, not to mention convenient skill every breastfeeding mother should possess, whether she has the option to purchase a breast pump or not. If done correctly, it should be comfortable and freely remove milk from the breasts. Available evidence suggests that hand expression appears to improve eventual breastfeeding rates at two months after birth, compared with expression using a hospital grade double-electric pump (the most expensive type), and that expressed milk volume does not differ between the two methods.<sup>6</sup>



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## BREASTFEEDING AS A CULTURAL NORM

*One of the mandates for the national public education and awareness program on breastfeeding is “to guarantee the rightful place of breastfeeding in society as a time honored tradition and nurturing value as well as a national health policy that must be enforced.”<sup>7</sup>*

*It is good for government and concerned agencies to recognize establishments and localities with good breastfeeding promotion practices. Recognition positively impacts the public image of breastfeeding-friendly workplaces, and may motivate others to comply. An example of this is the Mother-Baby Friendly Workplace seal of the DOH.*

*Consider joining the **Breastfeeding Welcome Here** campaign of the DOH, WHO and UNICEF as applicable in your establishment.*

*The Philippine Milk Code of 1986 (Executive Order 51) provides a national framework for the protection, promotion and support of breastfeeding. Know its provisions.*



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<sup>6</sup> V.J. Flaherman et al.: “Randomised trial comparing hand expression with breast pumping for mothers of term newborns feeding poorly” in *Archives of Disease in Childhood - Fetal and Neonatal Edition* (2012, Vol. 97), pp. F18–F23.

<sup>7</sup> Section 17b Republic Act (RA)10028



## Gather feedback, address misconceptions, and provide solutions.

During the implementation of the NSMP Project, officials running a workplace lactation programme in the marketplace thought that mothers should not breastfeed in the public market because sanitation is uncertain.

While an unclean environment is indeed not healthy, and maintaining cleanliness is a responsibility of the locals, a mother's breastmilk adapts its components to protect the baby from harmful germs that the mother, and therefore the baby, is often exposed to. Thus if the "dirty" environment is the only consideration, leaving the baby at home on formula milk may be more harmful than directly breastfeeding in the market.

Direct breastfeeding, whenever feasible, is more convenient than having to express breastmilk and keep it in cold chain. As such, evaluate the best approach (e.g. a lactation station or a day care facility?).

## Justify continuous support with policies and mandates.



### Government establishments

1. **The Civil Service Commission (CSC)** and its regional offices are mandated to enforce the provisions of pertinent laws, in this case the adoption of RA 10028 in all government workplaces (e.g. public schools and universities, government agencies, military facilities, hospitals).
2. Issued by the late Secretary Jesse Robredo, **Department of Interior and Local Government (DILG)** Memorandum Circular No. 2011-54 "Implementation and Monitoring of the National Policy on Breastfeeding and Setting Up of Workplace Lactation Program" enjoins local chief executives to implement RA 10028.
3. The establishment's **Manual of Operations/General Policy** should include provisions for the Workplace Lactation Policy.<sup>8</sup>

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<sup>8</sup> Section 9 RA 10028 Implementing Rules and Regulations (IRR)

## SOURCING FUNDS FOR IMPLEMENTATION

Pursuant to the Magna Carta of Women (RA 9710) and the General Appropriations Act (GAA), all government departments, including their attached agencies, offices, bureaus, state universities and colleges, government owned and controlled corporations, local government units and other government instrumentalities are mandated to formulate their annual **Gender and Development (GAD)** plans and budgets allocating at least **five per cent of their total budget** to mainstream gender perspectives in policies, programmes and projects.<sup>9</sup>

GAD funds should support efforts that promote decent work, work-life balance, and breastfeeding, among others, in alignment with the provisions of RA 9710.



### Private establishments

1. **DILG Memorandum Circular No. 2011-54** includes compliance with RA 10028 as part of private establishments' business permit requirement.
2. **The Department of Labor and Employment (DOLE) Labor Law Compliance Assessment Checklist** incorporates the provision of lactation stations and lactation periods. This tool is used by Labor Law Compliance Officers during assessment visits to establishments to monitor and ensure compliance with labour standards.
3. The establishment's **Manual of Operations/General Policy** should include provisions for the Workplace Lactation Policy.<sup>10</sup>

#### For large establishments (employing 200 or more workers)

- **Collective bargaining agreements (CBA)** between employers and workers can include RA 10028 provisions. If the CBA has been recently revised, provisions can be coured through a labour management cooperation agreement. **Tool #10** provides a sample workplace lactation support provision for a CBA.
- Implementation of the policy can be coured through existing programmes (e.g. corporate social responsibility, family welfare, health and wellness, staff development).

#### For micro, small and medium enterprises (MSMEs)

- Implementation of the workplace lactation programme can be customized to suit their needs and resources. The workplace lactation policy and the paid lactation periods are mandatory.
- **Tool #1** discusses lactation station models and equivalencies provided by the DOLE through Department Order No. 143 series of 2015.<sup>11</sup>
- For peculiar workplaces, initiatives may be carried out in common public places (e.g. marketplaces, terminals) and activities can be organized through **multi-sectoral collaboration**. This will be discussed in Part 2 of this module.

<sup>9</sup> Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular 2012-01 *Guidelines for the Preparation of Annual Gender and Development (GAD) Plans and Budgets and Accomplishment Report to Implement the Magna Carta of Women*

<sup>10</sup> Section 9 RA 10028-IRR

<sup>11</sup> Department of Labor and Employment (DOLE) Department Order No. 143, Series of 2015 "Guidelines Governing Exemption of Establishments from Setting Up Workplace Lactation Stations"



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## DID YOU KNOW?

Micro, small and medium enterprises (MSMEs) represent 99.6 per cent of the total business enterprises in the Philippines with 777,664 establishments. **Of these enterprises, 91.6 per cent (709,899) are micro enterprises.** Overall, 49.7 per cent of MSMEs are engaged in the wholesale/retail trade and repair services, followed by 14.4 per cent in manufacturing, and 12.5 per cent in hotel/restaurant industries.<sup>12</sup>

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### Informal economic units (public and private)

- The provision of services for women in the marginalized sector is a mandate of the LGU. **Local ordinances** can institutionalize efforts to promote breastfeeding in all workplaces, including informal economic units. **Tool #10** provides a sample of such ordinance.
- Breastfeeding promotion at the community level can be strengthened by the local health office through effective health service delivery systems. Training health care providers and fostering breastfeeding support groups should be a priority.

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## THE INFORMAL ECONOMY<sup>13</sup>

*The **informal economy** refers to all economic activities by **workers and economic units** that are – in law or in practice – not covered or insufficiently covered by formal arrangements; and does not cover illicit activities, in particular the provision of services or the production, sale, possession or use of goods forbidden by law, including the illicit production and trafficking of drugs, the illicit manufacturing of and trafficking in firearms, trafficking in persons, and money laundering, as defined in the relevant international treaties.*

*This applies to all workers and economic units in the informal economy who own and operate economic units (including own-account workers, employers, and members of cooperatives and of social and solidarity economy units), contributing family workers (irrespective of whether they work in economic units in the formal or informal economy) and employees holding informal jobs in or for formal enterprises, or in or for economic units in the informal economy, including but not limited to those in subcontracting and in supply chains, or as paid domestic workers employed by households; and workers in unrecognized or unregulated employment relationships.*

*Informal work may be found across all sectors of the economy, in both public and private spaces.*

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12 Senate Economic Planning Office: *The micro, small and medium enterprises (MSMEs) sector at a glance* (March 2012).

13 As defined in ILO Recommendation Concerning the Transition from the Informal to the Formal Economy, 2015 (No. 204)



## Foster breastfeeding support groups.

Mothers commonly encounter breastfeeding issues such as breast pain, engorgement and low milk supply. These issues range from simple to complex, thus practical help and skill may be required. Access to peer counselling in the community has been shown to dramatically improve exclusive breastfeeding practices.<sup>14</sup> Some communities have trained breastfeeding counsellors (e.g. Breastfeeding TSEK, mother support groups) but many do not have them yet.

You may have started your own efforts alone or through resource persons in the community. As you go along, you may find a growing number of successful breastfeeding workers who benefitted from the Workplace Lactation Programme. These women are usually willing to help out and can be quite effective in helping their peers. Consider if your establishment or community can start your own peer educators' /breastfeeding support group.



### LESSONS AND INNOVATIONS FROM THE NSMP PROJECT: WORKPLACE PEER EDUCATORS

*Partners of the NSMP project were able to train **Peer Educators** – workers who can educate others and advocate for exclusive and continued breastfeeding in the workplace.*

#### **Qualities of an Effective Peer Educator<sup>15</sup>**

- Knowledge of the law
- Assertive in the need to implement the law in the workplace
- Knowledge in facilitating programmes
- Confident and has a background on the issues related to breastfeeding
- Knowledge of company structure and policies
- Knowledge of the breastfeeding programme's effects on the company and the workers
- Committed to the programme

#### **The following training packages for workplace peer educators have been developed:**

1. Training of Exclusive Breastfeeding Peer Educators for the Informal Economy (NAPC)
2. Training of Exclusive Breastfeeding Peer Educators for the Workers in the Formal Sector [Trade Union Congress of the Philippines (TUCP) and Federation of Free Workers (FFW)]
3. Maternal and Child Health/Exclusive Breastfeeding in the Workplace Peer Education Training Course for HR Practitioners (ECOP)

<sup>14</sup> M.A. Salud et al.: "People's initiative to counteract misinformation and marketing practices: the Pembo, Philippines, breastfeeding experience, 2006" in *Journal of Human Lactation* (2009, Vol. 25, No. 3), pp. 341-9.

<sup>15</sup> From the "Training of Exclusive Breastfeeding Peer Educator" module developed by the Trade Union Congress of the Philippines (TUCP)



## Part 2

# Partnerships for breastfeeding-friendly communities

The **Department of Health (DOH)** is the lead agency for developing standards, guidelines and key messages on breastfeeding. It is mandated to provide capacity building for both health workers and community support, and to implement a national public education and awareness program on breastfeeding **through collaborative interagency and multi-sectoral effort at all levels.**<sup>16</sup>

The Local Health Office, the DOH counterpart in the LGU, should be able to provide the same support for breastfeeding in the workplace in their localities.

Workplaces are part of a bigger community and **local ordinances** can provide policy frameworks in which they should operate. The creation of communities supportive of breastfeeding-friendly workplaces requires a multi-sectoral approach.

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<sup>16</sup> RA 10028



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## Build alliances between the local government and the social sector.

### 1 Form a working group.

Identify allies who can set into motion this “*collaborative interagency and multi-sectoral effort*” to improve breastfeeding practices in the community. Determine where this group can find its administrative home. Will it be through the local health board? Or through the nutrition or GAD office?

This working group should involve LGU representatives from the health/nutrition office and GAD focal point to ensure support and sustainability. This group should engage representatives of workers’ associations from the formal sector and the informal economy, government administrators of public places (e.g. market, terminals), local social partners or individual advocates provided that there is no conflict of interest in compliance with EO 51.

This team should know how exclusive and continued breastfeeding benefits the local community (see **MODULE 1**).



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2

## Know the facts in your community.

The working group should be on the same page in knowing the current state of breastfeeding in the community. The most easily available data is the **breastfeeding rate**.

Health workers and community leaders should be able to give focused insights on these fundamental issues:

*Which groups are most at risk for stopping breastfeeding? When do they stop? More importantly, why do they mix-feed or stop breastfeeding? What are the current efforts to promote breastfeeding? What are the challenges and opportunities?*

Baseline measures promote stakeholder participation and build partnerships by fostering a shared burden to meet needs and find opportunities.

Knowing the facts also provides evidence to convince policy-makers and justify resource mobilization towards the desired effect.



Source: National Statistics Office, Family Health Survey 2011

## EXCLUSIVE BREASTFEEDING RATES BY REGION

*Percentage of youngest children 6-35 months who were exclusively breastfed until age six months, by region, Philippines, 2011*

3

## Decide which issue to prioritize.

Resources in a community are always limited while needs are competing. Prioritization should be guided by facts. For example, if you find out that return to work is a major challenge for mothers in your community, you may decide to prioritize efforts that promote breastfeeding in the workplace.

4

## Develop a plan of action, implement and monitor.<sup>17</sup>

A good plan of action is active and inclusive, and everyone's opinion should be taken into consideration. Stakeholders may have diverse opinions on an issue, which may result in conflicts but it is important for everyone to find common ground in a shared burden or goal (e.g. to increase the breastfeeding rate in a particular village or workplace).

<sup>17</sup> Programme management tools specific to the Workplace Lactation Programme have been developed by NSMP project partners. They are enumerated in Tool # 8.

## WHY DO YOU NEED A THOROUGH UNDERSTANDING OF YOUR ISSUE?<sup>18</sup>

- To convince members that the issue is important and keep them fired up
- To persuade allies to join your cause by presenting them with facts that they won't be able to ignore or refute
- To know why your opponents are taking their side, and what misconceptions or other interests (e.g. financial) they may have in continuing to do so
- To know the best approach to correct a situation – which steps are fairly easy to take, and which may be a major stretch for your group
- To know what strategic style is likely to work best, whether you're going to run an "in your face" type of initiative, or act behind the scenes, or something in between
- To be able to plan your progress logically and know just how far you have come

*When and if the dispute becomes public – as you may want it to do – you will have the answers. If a reporter asks you for a reaction, or you are challenged by an opponent, you will be prepared.*

## Sustain breastfeeding promotion in the workplace through a Local Ordinance.



In compliance with RA 10028, DILG Memorandum Circular No.54 Series of 2011 enjoins LGUs to require the setting-up of the Workplace Lactation Programme among businesses and to pursue private-public partnerships to establish and sustain lactation programmes in the informal sector.

Workplaces, whether belonging to the formal sector or informal economic units are part of the bigger community. **Local ordinances** can provide policy frameworks in which they should operate. **Tool #10** provides a sample local ordinance.

### SUSTAINABILITY THROUGH FUNDING

Inclusion of the Workplace Lactation Programme in the **City/Municipal Investment Plan for Health** ensures sustainability of your efforts.

Republic Act 9710 or the **Magna Carta of Women** mandates the use of **Gender and Development funds** to support efforts promoting decent work, work-life balance, and breastfeeding, among others.

<sup>18</sup> Adapted from P.Breitrose and E.Wadud: "Chapter 30, Section 3 Understanding the Issue" in Community Toolbox (2014). Accessed at <http://ctb.ku.edu/en/table-of-contents/advocacy/advocacy-principles/understand-the-issue/main>



## Part 3

# NSMP lessons at the local government level

## Lessons on the legislative agenda

### Ask:

1. Is there a local ordinance adopting RA 10028?
2. Is it compliant with the five workplace provisions?
3. Is it inclusive of provisions for workers in the informal economy?

If the answer is **YES** to all of the above questions, monitor and evaluate the implementation of the local ordinance. If the answer is **NO** to any of the above questions, plan to remedy the legislative gaps.

Multi-sectoral planning should involve local government administrators of the workplace, representatives of the workplace through workers' associations, local social partners and local duty bearers inclusive of the local health and nutrition offices and the GAD focal point to ensure support and sustainability.

Activities may include the following:

### 1. Orientation of participants

*Essential topics include:*

- a. breastfeeding benefits for society, families, mothers and children
  - b. community baseline measures on breastfeeding
  - c. EO 51 and RA 10028
  - d. DILG Memorandum Circular No.54 series of 2011 which enjoins the LGU to require the setting-up of the Workplace Lactation Programme among businesses and to pursue private-public partnerships to establish and sustain lactation programmes in the informal sector
  - e. orientation on the legislative process
2. Political mapping of sponsor and allies, as well as possible opponents of the proposed ordinance/amendments
  3. Drafting of the new local ordinance or proposed Implementing Rules and Regulations (IRR)



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Hon. Myra Paz V. Abubakar in her sponsorship speech during the 7th Regular Session of the Zamboanga City Council on 19 February 2014 for the proposed amendatory ordinance to expand the coverage of the existing city ordinance on breastfeeding promotion.



#### 4. Review of the draft ordinance/IRR for comments

*First, by the multi-sectoral stakeholders; then, by the city/municipal legal counsel and others in the LGU who may need to be strategically involved (e.g. budget officer).*

#### 5. Meeting with the legislator champion and staff

*Equip them with more information for public hearings, committee meetings and plenary deliberation. If needed, provide resource person/s during the public and committee hearings.*

#### 6. Celebration of accomplishments

The three NSMP project sites came up with local ordinances adopting the workplace provisions of RA 10028 providing a local policy framework inclusive of breastfeeding support for women workers in the formal sector and the informal economy.

**Tool #10** provides details on the legislative outputs of Iloilo City, Naga City and Zamboanga City.

## Lessons on advocacy and sustainability

While RA 10028 is not clear on its coverage of the workers in the informal economy, RA 9710 (the Magna Carta of Women) mandates the promotion of decent work, work-life balance, breastfeeding, among others.

Pursuant to the Magna Carta of Women (RA 9710) and the GAA, all government departments, including local government units and other government instrumentalities are mandated to formulate their annual GAD plans and budgets allocating at least **five per cent of their total budget** to mainstream gender perspectives in policies, programmes and projects.<sup>19</sup>

**GAD funds** should support efforts that promote decent work, work-life balance, and breastfeeding, among others, in alignment with the provisions of RA 9710.

Lactation stations in public places can be sustained through GAD funds as mandated by RA 10028.<sup>20</sup>

For example, a group of informal workers (i.e. market vendors and stall owners) operate a lactation station in the public market. Being owned and operated by the City Government, the Market Administrator's Office should allocate at least 5 per cent of the total budget for GAD initiatives. This allocation can be used to support and maintain the lactation station.

Likewise, lactation stations in transport terminals, being in a public place operated by the local government, can be sustained by the GAD funds to promote breastfeeding among passengers, shop keepers and workers within the area.

<sup>19</sup> Policy Guideline 2.3, PCW-NEDA-DBM Joint Circular 2012-01 *Guidelines for the Preparation of Annual Gender and Development (GAD) Plans and Budgets and Accomplishment Report to Implement the Magna Carta of Women*

<sup>20</sup> Section 17 RA 10028

### What was the problem?

While these legal frameworks and mandates exist, informal sector organizations and key persons in the community were not aware of these provisions.

### How was the problem addressed?

Among the innovations for the NSMP Project was a workshop that raised awareness on how GAD funds can be accessed for the promotion of breastfeeding in the workplace focusing on the PCW-NEDA-DBM Joint Circular 2012-01<sup>21</sup> and how it interfaces with RA 10028.



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Key activities included an orientation on breastfeeding in the workplace, a baseline survey of budget allocations of key government offices, an orientation on city budget preparation and the GAD budget guidelines, and an open forum. The Alliance of Workers in the Informal Economy/Sector (ALLWIES) was the implementing partner for this activity.

### Who were engaged?

The activity for each city was well represented by different sectors. Participants included representatives from the City Health Office, Budget Office, City Social Welfare and Development Office, Nutrition Office, Public Information Office and an elected official. The Barangay Nutrition Scholar Association and the Barangay Health Workers Federation showed their support.

The informal economy workers were represented by transport and vendors groups. City Chamber of Commerce, religious sector, and the women's association representatives also came.

Budget officers oriented the participants on how the city budget is prepared. Key government offices were requested to present their respective budgets.

### What were the key findings?

#### **Some key stakeholders were not aware of their mandates.**

Particularly, two out of three Social Welfare and Development Officers admitted that they were not aware of their mandates in RA 10028. None of them allocated funds for breastfeeding promotion.

#### **Breastfeeding was not a priority nutrition intervention in terms of funding.**

The following table shows that funding for breastfeeding promotion was not prioritized in a city nutrition programme. The nutrition officer expected the barangay to allocate funds for breastfeeding promotion activities therefore focusing the city nutrition office's budget to feeding assistance interventions.

21 Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular 2012-01 *Guidelines for the Preparation of Annual Gender and Development (GAD) Plans and Budgets and Accomplishment Report to Implement the Magna Carta of Women.*



## ACTUAL DATA FROM A CITY NUTRITION PROGRAMME SHOWING MINIMAL ALLOCATION FOR BREASTFEEDING PROMOTION

PROJECTS / ACTIVITIES	COST*
Food assistance Centre-based feeding	Php2,407,452 (US\$54,715)
Micronutrient supplementation	Php120,000 (US\$2,727)
Exclusive breastfeeding advocacy	Php4,500 (US\$102)

\* US\$1 = Php44 (2014)

### **Given the right information in a positive, non-confrontational setting, stakeholders commit to support breastfeeding.**

All of the Social Welfare and Development Officers committed to allocate funds for breastfeeding advocacy and interventions in the next budget cycle.

One of them volunteered to mainstream breastfeeding promotion in all livelihood programmess and counselling modules, as well as in disaster relief. She plans to include breastfeeding as a topic during marriage counselling.

Another person committed assistance to the workers in the informal economy by funding information, education and communication materials for breastfeeding promotion.

### **Further advocacy and coordination is needed at the barangay level.**

*Barangay* nutrition scholars found it challenging to engage some *barangay* chief executives. It was proposed that this issue be raised to the City Interior and Local Government Officer.

### **What was achieved?**

With their commitments, it is expected that the local government and participants representing workers in the informal economy will be able to propose workplace breastfeeding promotion initiatives and that key government stakeholders will allocate funds in the next budget cycle.



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# Creating communities supportive of breastfeeding-friendly workplaces

**"Every workplace shall develop a clear set of guidelines that protects, promotes and supports breastfeeding program."**

- Section 9 IRR, The Expanded Breastfeeding Promotion Act of 2009 (RA 10028) [1]

What is the nature of your workplace?	What external agency/agencies is/are mandated to facilitate breastfeeding-friendly workplaces?	What internal policy directive/s can facilitate and sustain your Workplace Lactation Programme?	Who can be the actor/s of the policy directive?	Under what initiative will the Workplace Lactation Programme find its "home"?
<b>ANY KIND OF ESTABLISHMENT</b>  <ul style="list-style-type: none"> <li>• <b>ALL</b>, including government, private and informal economic units</li> </ul>	DILG through Memorandum Circular 2011-054 [4]  The local government in the existence of a LOCAL ORDINANCE		Local government unit (e.g. through the health/nutrition office, GAD focal point, human resource officers, administrators of public places like markets and terminals)  Employers and workers groups, social sector, advocacy partners or individuals can catalyze action as long as within the bounds of Executive Order 51	Health and wellness initiatives  Personnel/staff development initiatives  Gender and development initiatives
<b>GOVERNMENT ESTABLISHMENT [2]</b>	The CSC as mandated to enforce pertinent laws, in this case RA 10028  Concerned national agency (e.g. DOH, DOLE, DepEd, DSWD)	Establishment's manual of operations/general policy	Administration (e.g. through the HR department, health department)	
<b>PRIVATE ESTABLISHMENT</b>				
<ul style="list-style-type: none"> <li>• <b>ALL</b>, any kind of private establishment</li> </ul>	DOLE through the Labor Law Compliance System [5]	Establishment's manual of operations/general policy	Business owners/employers/HR managers/company medical personnel, as applicable	
<ul style="list-style-type: none"> <li>• Large establishment (employing 200 or more)</li> </ul>		Collective bargaining agreement  Labour management cooperation agreement		Corporate social responsibility  Family Welfare Program (as applicable)
<ul style="list-style-type: none"> <li>• Medium (employing 100-199)</li> </ul>				
<ul style="list-style-type: none"> <li>• Small (employing 10-99)</li> </ul>				
<ul style="list-style-type: none"> <li>• Micro (employing 1-9) [3]</li> </ul>		Local ordinance		IYCF programme initiatives  Philippine Health Promotion Program Through Healthy Places initiatives
<b>INFORMAL ECONOMIC UNIT IN A PUBLIC OR PRIVATE SPACE</b>				



© ALLWIES

#### Notes:

[1] The Department of Health (DOH), as the lead agency, in coordination with the Department of Labor and Employment (DOLE), the Department of Trade and Industry (DTI), the Department of Justice (DOJ), the Department of Social Welfare and Development (DSWD), the Department of Education (DepEd), the Department of the Interior and Local Government (DILG), the Civil Service Commission (CSC), the Commission on Higher Education (CHED), the Technical Education and Skills Development Authority (TESDA) and professional and nongovernmental organizations concerned, shall issue the rules and regulations necessary to carry out the provisions of this Act. (Section 18, RA 10028)

[2] Pursuant to the Magna Carta of Women (RA 9710) and the General Appropriations Act (GAA), all government departments, including their attached agencies, offices, bureaus, state universities and colleges, government owned and controlled corporations, local government units and other government instrumentalities are mandated to formulate their annual Gender and Development plans and budgets, allocating at least five per cent of their total budget to mainstream gender perspectives in policies, programmes and projects. Pursuant to RA 9710, Gender and Development (GAD) funds should support efforts that promote decent work, work-life balance, and breastfeeding, among others. RA 10028 mandates the use of GAD funds for its implementation. [Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular 2012-01 *Guidelines for the Preparation of Annual Gender and Development (GAD) Plans and Budgets and Accomplishment Report to Implement the Magna Carta of Women*]

[3] Micro enterprises may have very few workers and/or peculiar workplace circumstances. As such, the local government can assist them in implementing the provisions of RA 10028. DOLE Department Order No. 143 Series of 2015 Annex A Part II provides a Lactation Station Equivalency Guide where they can support an LGU installed/common facility, among other options. These are illustrated in **Tool #1**.

[4] DILG Memorandum Circular 2011-054 *Implementation and Monitoring of the National Policy on Breastfeeding and Setting-up of Workplace Lactation Program* enjoins all local chief executives to establish the programme and include compliance to RA 10028 as part of private companies' business permit requirement.

[5] Provision of lactation stations and lactation periods are incorporated in the DOLE Labor Law Compliance Assessment Checklist, a tool used by Labor Law Compliance Officers during assessment visits to establishments to monitor and ensure compliance with general law standards.



## Key Points



A clear appreciation of how breastfeeding benefits workers and their families, the workplace, and society facilitates ownership of the Workplace Lactation Programme. Form a team who can be in charge and identify a “home” for the initiative, maximizing available resources.



Have a baseline survey to which claims of success can be compared, so you can promote accomplishments and justify requests for additional resources with confidence. Monitoring helps you know if your strategy is working or not, and helps you improve implementation.



Be sensitive of the local culture and personal preferences of mothers. Seek to establish breastfeeding as a cultural norm. Interventions should be equitable. Recognize establishments and localities with good breastfeeding promotion practices to enhance the public image of breastfeeding and motivate others to comply.



Policy directives facilitate compliance with RA 10028. While policies may be easier to translate into action in the formal sector, multi-sectoral support is needed for working mothers in peculiar workplaces and informal economic units. The Local Health Office, the DOH counterpart in the LGU, should be able to lead the provision of support for these breastfeeding workers through an effective service delivery system. Mother support groups in communities and peer educators in the workplaces should be fostered.



The creation of communities supportive of breastfeeding-friendly workplaces requires a multi-sectoral approach. Workplaces are part of a bigger community and local ordinances provide policy frameworks in which individual establishments should operate.







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## MODULE 6



# Making sense of the Philippine Milk Code

Understanding the provisions of  
Executive Order 51 (1986) and its RIRR (2006)

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## OBJECTIVES

This module aims to raise awareness on why there is a need to regulate certain commercial entities, and how this protects the best interest of infants and mothers.

It discusses important provisions of the Philippine Milk Code of 1986 or Executive Order (EO) 51 and its Revised Implementing Rules and Regulations of 2006 (RIRR) with the goal of helping the general public recognize unlawful marketing practices through illustrations of violations.

This module targets the general public, especially government agencies, employers, labour groups, media and health regulators, health workers and mothers.

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## KEY CONTENTS

- 1 Why is there a need for regulation?
- 2 The Philippine Milk Code of 1986 (Executive Order 51)
- 2 Marketing tactics of some regulated companies
- 4 What is the scope of Executive Order 51?
- 5 Up to what age is the target market restriction?
- 6 What entities are being regulated by Executive Order 51?
- 7 What sanctions are provided by Executive Order 51?
- 8 Some violations of Executive Order 51
  - 8 Health and nutritional claims, content of materials
  - 10 Gifts of any sort
  - 12 Marketing in the health care system
  - 12 Marketing to health workers
  - 13 Classes, seminars and other activities
  - 14 Point of sale advertising
  - 15 Donations
  - 16 Monitoring and reporting
  - 17 Additional resources



## Why is there a need for regulation?

A study in the Philippines found that two factors strongly affect a mother's decision to feed infant formula: advertising exposure, and physicians' recommendations.<sup>1</sup> Milk companies know this, and this is where marketing efforts are being targeted.

Like all commercial companies, the bottom line of milk companies is profit. Each formula milk sale corresponds to a mother who stopped breastfeeding or a baby who is not exclusively breastfed. Conversely, each successful breastfeeding mother is one potential long term consumer lost. The goal of optimal infant feeding will always be in conflict with the goal of milk companies.

The formula milk industry in the Philippines aggressively invests in marketing efforts. Over a period of five years, the milk industry spent US\$480 million in promoting and advertising in the Philippines, in contrast to the US\$130 million it spent in the United States.<sup>2</sup>

Company representatives used to have free access to health facilities and health workers. It is common knowledge that formula milk companies offer free trips to health workers, sponsor important conferences for medical societies, and, on occasion, take entire groups of *barangay* health workers to resorts for rest and recreation. These practices are part of their aggressive marketing strategy specifically targeted at health workers. To address this phenomenon Executive Order (EO) 51, otherwise known as the Philippine Milk Code of 1986, was enacted.

<sup>1</sup> H.L. Sobel et al., "Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis" in *Social Science & Medicine* (2011, Vol. 73, No. 10), pp. 1445- 1448.

<sup>2</sup> V. Uy: "Breastfeeding rate in RP at 34 for past 5 years – UNICEF" in *Philippine Daily Inquirer* (7 September 2010).



# The Philippine Milk Code of 1986 (Executive Order 51)

The **World Health Assembly Resolution 58.32** urges member states to ensure that financial support and other incentives for programmes and professionals working for the health of infant and young children do not create conflicts of interest.

**EO 51** is the result of a collective five-year effort by various government agencies and private health organizations. It incorporates many provisions of the **International Code on Marketing of Breastmilk Substitutes**, which was adopted by the World Health Assembly in May 1981.

It is one of the strongest breastfeeding protection laws in the world, imposing strict regulation upon formula milk marketing and limiting the activities of parent companies that manufacture products within the scope of the law as they relate with health workers and the general public.

EO 51 authorizes the Department of Health to promulgate rules and regulations as necessary to properly implement the Milk Code and accomplish its objectives.

In 2006, the Department of Health issued the **Revised Implementing Rules and Regulations (RIRR)** which must be read along with EO 51.

## Marketing strategies of some regulated companies

Due to the regulation brought about by EO 51, companies started to take on more sophisticated approaches to marketing.

For example, Section 32 of the RIRR clearly prohibits milk companies from providing any form of support, logistics or training to health workers. In response to this, some milk companies offer assistance to health workers that are not infant feeding in nature (e.g. sponsoring non-related topics like allergy or specific diseases). Some companies even fund a third party to provide trainings for health workers, including midwives. It must be noted, however, that the law does not distinguish between assistance that are infant feeding in nature and those that are not infant feeding in nature. Accordingly, said promotional activities are prohibited by EO 51 as implemented by Section 32 of the RIRR.

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*It must be emphasized that EO 51 regulates the **MARKETING** and not the actual sale of the products covered.*

*Marketing includes the following:*

- product promotion
  - distribution
  - selling
  - advertising
  - product public relations and
  - information services
- 

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## SPONSORSHIP

*The RIRR defines **sponsorships** as “hosting, initiating, or otherwise providing games, sport or cultural events, charities, dances/balls, conventions, meetings, youth and women seminars or classes, and other like activities, for the purpose of promoting, **directly or indirectly**, their products covered within the scope of this Code”. (Section 5dd, RIRR)*

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"The 'halo effect' of having mothers associate the company brand with a health worker, be this a personal recommendation or simply a logo on a pen, is highly valued [by milk companies]."

A guide for health workers to working within  
the International Code of Marketing of Breastmilk Substitutes.  
UNICEF United Kingdom 2013

Article 5.5 of the International Milk Code also prohibits marketing personnel, in their business capacity, to seek direct or indirect contact of any kind with women and children.

Recognizing what forms unlawful marketing can take is important for the best interest of vulnerable babies and society as a whole.

## THE EXPANDED BREASTFEEDING PROMOTION ACT OF 2009 (REPUBLIC ACT 10028)

**The Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028)** mandates workplace compliance with EO 51, prohibiting any direct or indirect promotion, marketing and/or sales of products within the scope of the law inside lactation stations or in any event involving women and children whether related to breastfeeding promotion or not.

# What is the scope of Executive Order 51<sup>3</sup>?

EO 51 regulates the marketing of certain products related to infant feeding, and ensures their quality and the appropriateness of information pertaining to their use.

## 1 Specific products and other products when marketed as partial or total replacement of breastmilk



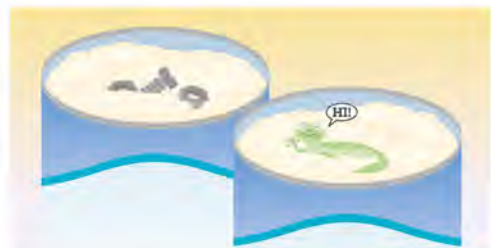
- Breastmilk substitutes including infant formula
- Feeding bottles and teats
- Other milk products
- Foods and beverages
- Bottle-fed complementary foods

} when marketed or otherwise represented to be suitable, with or without modification for use as a partial or total replacement of breastmilk

## 2 The quality and availability, and information concerning the use of these covered products

The law mandates companies to provide the necessary information about the appropriate use of their products.<sup>4</sup> However, the following vital information on the use of infant formula is rarely provided on product labelling thereof:

- Infant formula is not a sterile product and is associated with contamination of harmful bacteria like *Enterobacter sakazakii*.<sup>5</sup>
- Among other precautions, the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO) emphasizes that water **no cooler than 70°C** should be used to prepare infant feeds from powdered formula.<sup>6</sup> This temperature will kill harmful bacteria that may be present in powdered formula.



<sup>3</sup> Section 3 EO 51

<sup>4</sup> Section 10a EO 51

<sup>5</sup> World Health Organization in collaboration with Food and Agriculture Organization of the United Nations: *Safe preparation, storage and handling of powdered infant formula: Guidelines*. (Geneva, WHO, 2007).

<sup>6</sup> *Ibid.*



Check the labels of formula milk if this information is correctly provided. Common violations include instructions to cool down water before preparing a feed, probably to make infant formula preparation more convenient for the caregiver. This practice will put the infant at risk.

## Up to what age is the target market restriction?

The marketing restriction imposed by law was further defined by the Philippine Supreme Court. In *Pharmaceutical and Health Care Association of the Philippines (PHAP\*) vs. Health Secretary*, the Supreme Court explicitly ruled that: **“Clearly the coverage of the Milk Code is not dependent on the age of the child but on the kind of product being marketed to the public”**.<sup>7</sup>

This ruling was the result of a challenge to the age limits set by EO 51 and its RIRR.<sup>8</sup>

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*“Breastmilk substitute is defined under Section 4(a) [EO 51] as any food being marketed or otherwise presented as a partial or total replacement for breastmilk, whether or not suitable for that purpose. This section conspicuously lacks reference to any particular age-group of children. Hence, the provision of the Milk Code cannot be considered exclusive for children aged 0–12 months. Therefore, by regulating breastmilk substitutes, the Milk Code also intends to protect and promote the nourishment of children more than 12 months old.”*<sup>9</sup>

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Under this ruling, the marketing restriction for breastmilk substitutes covers not only those substitutes designated for a specific age group; rather, the restriction was unqualified, and thus referred to any kind of breastmilk substitute, whether for infants or for toddlers. In this regard, the current practice of marketing toddler milk because the product is not covered by EO 51 violates the Supreme Court ruling, which is law.

Whether the companies inadvertently or intentionally violate the law is a question for another day. Suffice to say that toddler milk is branded similarly to its formula milk counterparts, which again circumvents the law on marketing. In fact, this has the effect of marketing infant formula milk to mothers since toddler milk advertisements often promote a range of products that includes infant formula, and hence mothers are unknowingly exposed to this brand of covert advertising.<sup>10</sup>

The wisdom of the law in having an unqualified restriction for milk marketing is based on science. From an anthropological perspective, breastfeeding a child for 2.5 to 7.0 years is considered normal for human beings.<sup>11</sup> As long as the child wants to and the mother is willing, breastfeeding can be continued throughout childhood. Furthermore, the WHO stated that follow-up milk is not necessary.<sup>12</sup>

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\* In recent years, there have been changes in the membership composition of PHAP and some of the manufacturers of breastmilk substitutes it represented during the case are no longer affiliated with PHAP.

7 G.R. No. 173034, 9 October 2007.

8 *Ibid.*

9 *Ibid.*

10 N.J. Berry et al.: “It’s all formula to me: women’s understandings of toddler milk ads” in *Breastfeeding Review* (2010, Vol. 18, No. 1), pp. 21–30.

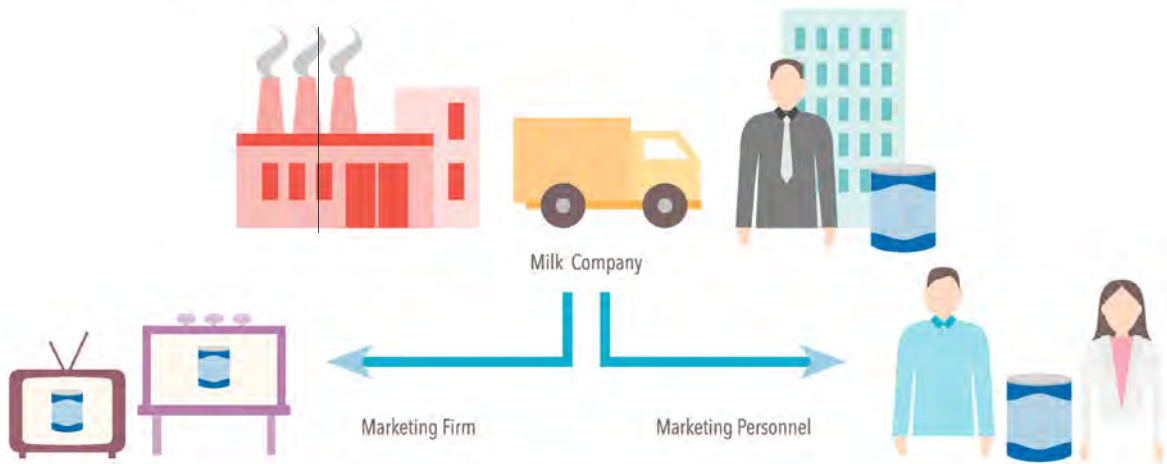
11 K.A. Dettwyler: “When to wean: Biological versus cultural perspectives” in *Clinical Obstetrics and Gynecology*, (2004, Vol. 47, No. 3), pp. 712–723.

12 *Information concerning the use and marketing of follow-up formula*, World Health Organization, 17 July 2013, [www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17july.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17july.pdf) [accessed 12 May 2015].

# What entities are being regulated by Executive Order 51?

EO 51 and its RIRR defines entities covered as:

- distributors (Section 4d EO 51, Section 5g RIRR);
- manufacturers (Section 4j EO 51, Section 5r RIRR);
- marketing personnel (Section 4l EO 51, Section 5 RIRR);
- marketing firms (Section 5s RIRR); and
- milk companies, which can be manufacturers or distributors (RIRR Section 5w).



The IAC is a powerful entity which determines whether advertising, promotion or other marketing materials of products covered by EO 51 may be permitted or not. In determining whether an advertising material may be permitted or not, the “total effect” rule should be applied.

“The ‘total effect’ should not directly or indirectly suggest that buying their product would produce better individuals, or resulting in greater love, intelligence, ability, harmony or in any manner bring better health to the baby or other such exaggerated and unsubstantiated claim.” (Section 13 RIRR)

The IAC is composed of representatives from the Department of Health (DOH), the Department of Trade and Industry (DTI), the Department of Justice (DOJ) and the Department of Social Welfare and Development (DSWD).

Under the DOH, the **Food and Drug Administration (FDA)**, formerly the Bureau of Food and Drugs (BFAD), is the designated secretariat of the IAC.

This Committee is integral to the proper implementation of EO 51.

## MILK CODE INTER-AGENCY COMMITTEE (IAC)

# What sanctions are provided by Executive Order 51?



The liability provided by law for those individuals or entities who engage in the prohibited acts displays how important breastmilk promotion and awareness is to the representatives of the Philippine people. The following sanctions will be imposed upon conviction for any violation of the Code:

ENTITY	PENALTY
<b>Individual</b>	<ul style="list-style-type: none"><li>• Imprisonment of two months to one year and/or</li><li>• Fine of Php1,000 to Php30,000</li></ul>
<b>Corporation/ Partnership</b>	<ul style="list-style-type: none"><li>• Impose the penalty for individuals on the chairman of the board of directors, president, general manager or partners and/or persons directly responsible</li><li>• Suspension/revocation of license, permit or authority for pursuit of business</li></ul>
<b>Health Worker</b>	<ul style="list-style-type: none"><li>• Revocation of license, permit or authority for the practice of profession/occupation</li></ul>

Section 46 of the RIRR provides for administrative sanctions not imposed by EO 51 which can include:

1. fine of Php1,000,000.00, recall of the offending product, cancellation of the Certificate of Product Registration, revocation of the License to Operate of concerned company, blacklisting of the company to be furnished the Department of Budget and Management and the Department of Trade and Industry for repeated violations; and
2. penalty of Php2,500 per day for each day the violation continues after being notified by the appropriate body.



## Some violations of Executive Order 51

### 1 Health and nutritional claims, content of materials

All health and nutrition claims for products within the scope of the Code are absolutely prohibited (Section 16, RIRR).

False or misleading information or claims of products within the scope of the Code are prohibited (Section 17, RIRR).



No pictures of babies and children together with their mothers, fathers, siblings, grandparents, other relatives or caregivers (or yayas) shall be used in any advertisements for infant formula and breastmilk supplements (Section 15a, RIRR).



## 2

### Gifts of any sort

#### What are “gifts of any sort”?

It means any form of financial, personal or commercial reward, inducement, incentives and other favours provided directly or indirectly, with or without company name or logo or product or brand name (Section 5j, RIRR; Section 20, RIRR).

#### Who are prohibited from giving “gifts of any sort”?

Milk companies/manufacturers, distributors, and representatives of products covered by EO 51 are prohibited from giving any sort of gift (Section 5j and 21, RIRR).

This provision in the Milk Code itself and the RIRR considerably **expands the coverage of the prohibition** beyond the actual formula milk product violating the Code, to the parent company manufacturing them.





### Who are prohibited from receiving "gifts of any sort"?

Covered entities cannot give gifts of any sort to any member of the general public, hospitals, and other health facilities, including their personnel and members of their families (Section 21, RIRR).

It can be seen that other violations flow logically from these premises. It must be emphasized that the Code **does not prohibit the actual sale** of covered products, but the **marketing** and misleading advertising thereof.



# 3

## Marketing in the health care system

Milk companies or their representatives are prohibited from using the health workers and the health care system in the dissemination, distribution and promotion of covered products (Section 20, RIRR).

This means there can be no display of marketing materials (e.g. placards, posters, toys, record books) or actual display of products covered by the Code in any healthcare facility.

“Professional service” representatives, “mothercraft nurses” or similar personnel, provided or paid for by manufacturers or distributors is prohibited (Section 7d, EO 51).



# 4

## Marketing to health workers

“No financial or material inducements or gifts of any sort to promote products within the scope of this code shall be offered or given by milk companies nor accepted by health workers and/or members of their families” (Section 18, RIRR).

“No assistance, support, logistics or training from milk companies may be permitted” (Section 32, RIRR).

## 5

## Classes, seminars and other activities

To avoid the use of these venues to market their brands or company names and to protect women and pregnant mothers, companies of covered products are prohibited from conducting or being involved in any breastfeeding promotion or education, production of information materials on breastfeeding, or holding/participating in classes or seminars for women and children and other similar activities whether with the intention to promote covered products or not (Section 22, 34, RIRR).

This prohibition covers activities related to other products used as partial breastmilk substitutes (such as follow-up milk formula and complementary foods). The Code also covers feeding bottles and teats. Thus, manufacturers and distributors of feeding bottles and teats also cannot hold classes for women and children, whether related to infant feeding or not.





# 6

## Point-of-sale advertising

There shall be no point of sale advertising, giving of samples or any promotion devices to induce sales directly to the consumers at the retail level, such as special displays, discount coupons, premiums, rebates, special sales, bonus and tie-in sales, loss-leaders, prices or gifts for the products within the scope of this Code (Section 23, RIRR).



## 7 Donations

Donations of products, materials, defined and covered under EO 51 and its IRR are strictly prohibited (Section 51, RIRR).

Donations of products and equipment not falling within the scope of EO 51 given by regulated entities, whether in kind or in cash, may only be coursed through the IAC which shall determine if the donation will be accepted or not (Section 52, RIRR).

**RA 10028** mandates workplace compliance with EO 51, prohibiting companies with products under the scope of the law from making any donations for lactation stations and activities related to breastfeeding promotion in the workplace.

Donations are also prohibited in times of disasters and calamities.<sup>13</sup> Indiscriminate distribution of these products put infants at greater risk of illness and death.<sup>14,15</sup> Provision for the needs of bottle-feeding infants in disaster areas will be met in accordance with guidelines set by the DOH, UNICEF and WHO.



- 13 The Department of Health issued Administrative Order 2007-0017 "Guidelines on the Acceptance and Processing of Local and Foreign Donations during Emergencies and Disasters". The order provides that infant formula, breastmilk substitutes, feeding bottles, artificial nipples and teats shall not be items for donation.
- 14 B. Adhisivam et.al.: "Feeding of infants and children in tsunami affected villages in Pondicherry" in *Indian Pediatrics* (2006, Vol. 43, No. 8, Aug), pp. 724-727.
- 15 D.B. Hipgrave et.al.: "Donated breast milk substitutes and incidence of diarrhoea among infants and children after the May 2006 earthquake in Yogyakarta and Central Java" in *Public Health Nutrition* (2012, Vol. 15, No. 2, Feb), pp. 307-315.

# Monitoring and reporting



## A Milk Code monitor<sup>16</sup>

- Monitors compliance and problems encountered in the implementation of the Milk Code.
- Submits reports on the status of the Milk Code implementation to the FDA verifies reports of Milk Code violations.
- Monitors the labels and marketing practices of products within the scope of the Code at various distribution centres.
- Carries out monitoring activities at any time, or based on specific reports/suggestions from the FDA in their respective jurisdictions.

Anyone who is committed to protecting and promoting breastfeeding can report a Milk Code violation. To report violations, the following information must be collected using the monitoring form:<sup>17</sup>

- a. Date and place where violation was found/seen.
- b. Specific location (health facility, store, TV ad, radio/TV channel).
- c. For printed matters, get sample or a picture of the violation.
- d. For radio/TV ad or programmes, clearly specify airing time, TV channel or radio frequency.
- e. For website based violations, provide web link.
- f. For violative products, e.g. mislabeled or misbranded product, a sample shall be purchased and receipt should be obtained and submitted as part of the evidence.

*Submissions should be made to:*

**The Director**  
**Food and Drug Administration**  
Civic Drive, Filinvest Corporate City  
Alabang, Muntinlupa City  
Philippines 1781

Trunkline: (+63) 2 857-1900  
Fax: (+63) 2 807-0751 /  
(+63) 2 807-8511  
E-mail: [report@fda.gov.ph](mailto:report@fda.gov.ph)

Violations can also be reported online through this website:  
<http://www.milkcodephilippines.org/>



<sup>16</sup> About Executive Order No. 51, no author, n.d., [www.milkcodephilippines.org](http://www.milkcodephilippines.org) [accessed 15 May 2015].

<sup>17</sup> Monitoring Report Form on EO 51. Department of Health Department Circular No. 2009-0228 *Guidelines for the Monitoring of Milk Code Activities*, page 6-8. This form is provided in the additional policy resources listed in **Tool #11**.



## Additional resources

The following materials can be used as additional resources for further understanding of the Milk Code:

1. A guide for health workers to working within the International Code of Marketing of Breastmilk Substitutes (UNICEF – United Kingdom 2013)
2. Safe preparation, storage and handling of powdered infant formula Guidelines (WHO/FAO 2007)

## Key Points



The Philippine Milk Code of 1986 or EO 51 regulates the marketing of infant milk formula, other milk products, foods and beverages, as well as feeding bottles and teats. The entities covered are milk companies that own and operate the product, including their manufacturers, distributors, marketing firms as well as their representatives.



It covers products marketed as “complete or partial substitute” to breastmilk, regardless of the age of the child.



Anyone who is committed to protecting and promoting breastfeeding can be a Milk Code monitor. Violations can be reported directly to the Food and Drug Administration or through the website <http://www.milkcodephilippines.org>.





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## MODULE 7



# Engaging advocacy champions for working mothers and babies

Building partnerships  
for breastfeeding-friendly workplaces



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## OBJECTIVES

This module provides a clear basis for the breastfeeding in the workplace advocacy. It identifies legal frameworks and mandates for different government agencies as well as opportunities of partnership with the private and social sector in order to implement policies and uphold regulations in infant and young child feeding, particularly in the workplace.

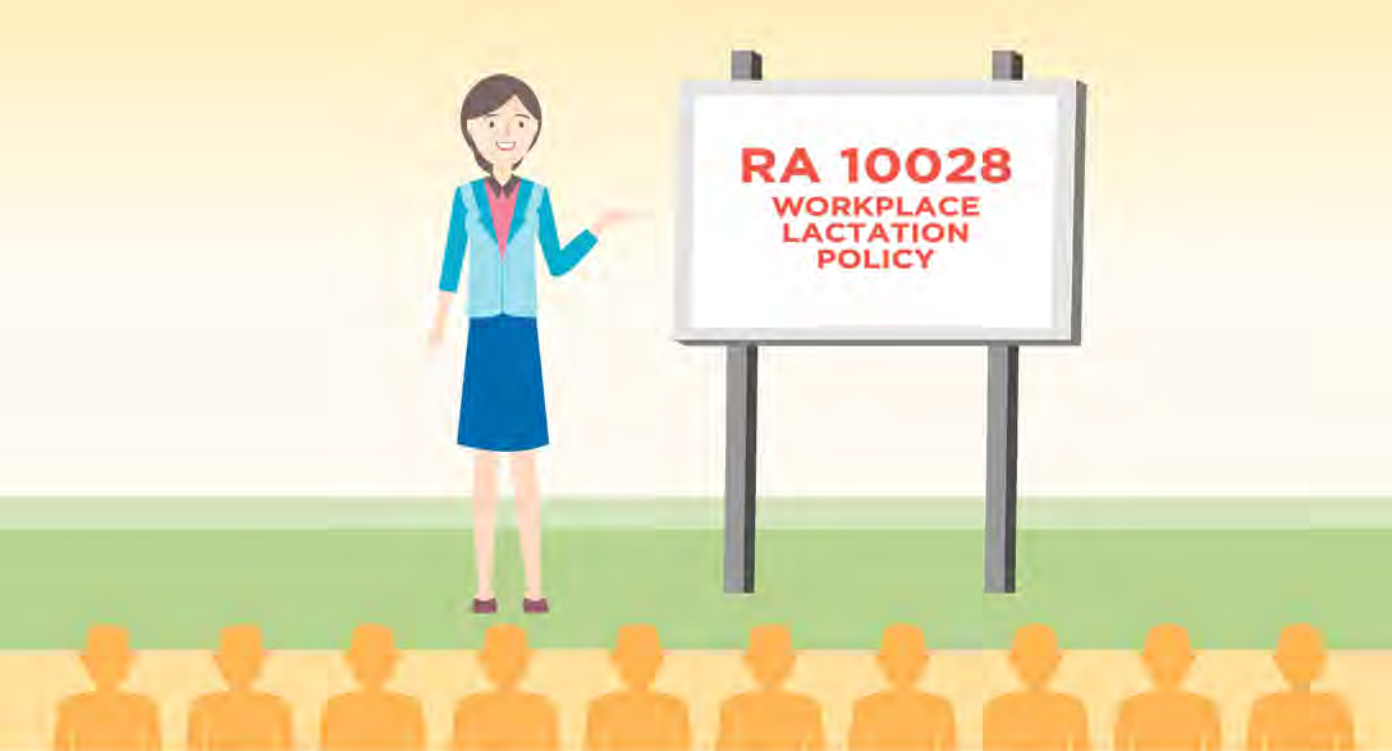
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## KEY CONTENTS

- 1 The cost of not breastfeeding is tremendous.
- 2 What are the economic stakes?
- 3 Why do mothers stop breastfeeding?
- 4 Our goal is to improve the breastfeeding rate of each region, each province, and each community.
- 6 Key government agencies are enjoined by laws and policies to support breastfeeding.
- 12 Social partners are important players for breastfeeding promotion, protection and support.
- 16 Champions at the local government and communities can be engaged.
- 16 Policies may not be enough: finding partners within the workplace.
- 17 Who will advocate for women in micro enterprises and the informal economy?

**"Ensuring adequate maternity protection and time and space for breastfeeding at work is not only the right thing to do, it also makes economic sense."**

GUY RYDER, Director General of the International Labour Organization  
in his statement for the celebration of the 2015 World Breastfeeding Week



## The cost of not breastfeeding is tremendous.

Only one out of three Filipino children are breastfed as recommended.<sup>1</sup> It is estimated that 16,000 Filipino infants die each year from not being breastfed optimally.<sup>2</sup> That is 44 infants – a bus-load of infants dying each day.

Infants 0-5 months old who were not breastfed have a sevenfold increased risk of dying from diarrhoea and fivefold increased risk of pneumonia than infants who are exclusively breastfed.<sup>3</sup>

Long term opportunities are potentially lost if mothers do not breastfeed. Mothers who have breastfed have reduced risk of type 2 diabetes, breast and ovarian cancer.<sup>4</sup> A landmark study found breastfeeding to have long term beneficial effects on intelligence, and is associated with increased educational attainment and higher income by 30 years of life.<sup>5</sup>

1 According to the *State of the World's Children Report* (UNICEF, 2014), in the Philippines, only 34% of infants under 6 months are exclusively breastfed. Also, only 34% continue to breastfeed until two years of age.

2 United Nations Children's Fund (UNICEF): *Infant and Young Child Feeding Programme Review. Case Study: The Philippines* (New York, June 2009).

3 G. Jones et al.: "How many child deaths can we prevent this year?" in *Lancet* (2003, Vol. 362), pp. 65-71.

4 S. Ip et al.: *Breastfeeding and maternal and infant health outcomes in developed countries*. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. (Rockville, MD: Agency for Healthcare Research and Quality, April 2007).

5 C.J. Victora et al.: "Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil" in *Lancet Global Health* (2015, Vol. 3), pp. e199-205.

In fact, children who were not optimally breastfed have a 3–7 IQ point disadvantage.<sup>6</sup> Later in life, breastfed infants are at lower risk of obesity, cardiovascular disease, diabetes, and other non-communicable diseases such as certain cancers, allergies, asthma.<sup>7</sup>

Breastfeeding an entire generation is expected to result in a healthy and intelligent workforce. Investing in breastfeeding makes good economic sense.



© Stanley Ong

## What are the economic stakes?

Economists estimate the price of breastmilk to be at the **US\$85–120 (Php3,825–5,400)** per litre range.<sup>8,9</sup> At this rate, **the Philippines loses an estimated US\$19 billion (Php859.6 billion) worth of breastmilk annually** due to premature weaning.<sup>10</sup>

Philippine data from 2003 shows that **US\$260 million (Php13.52 billion)** was spent on infant formula. Combining this expense with its related out-of-pocket medical expenditure exceeded **US\$400 million (Php20.8 billion)**.<sup>11</sup>

The formula milk industry in the Philippines aggressively invests in marketing efforts. Over a period of five years, the milk industry spent US\$480 million in promoting and advertising in the Philippines, in contrast to the US\$130 million it spent in the United States.<sup>12</sup> Infant formula value growth in sales in the Philippines increased an average of 5.1 per cent per year between 2003 and 2009.<sup>13</sup>

Like all commercial companies, their bottom line is profit. Each formula milk sale corresponds to a mother who stopped breastfeeding or a baby who is not exclusively breastfed. Conversely, each successful breastfeeding mother is one potential long term consumer lost. The goal of optimal infant feeding will always be in conflict with the goal of milk companies.

6 M.S. Kramer et al.: "Breastfeeding and child cognitive development: New evidence from a large randomized trial" in *Archives of General Psychiatry* (2008, Vol. 65, No. 5), pp.578–584.

7 American Academy of Pediatrics Policy Statement: "Breastfeeding and the use of human milk" in *Pediatrics* (2012, Vol. 129, No. 3), pp. e827–e841.

8 This is the price that hospitals are willing to pay to obtain breastmilk. US\$1 = Php 45 (2010, BSP)

9 R. Holla et al.: *The need to invest in babies - a global drive for financial investment in children's health and development through universalizing interventions for optimal breastfeeding* (Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN)–Asia, Delhi, India, 2013).

10 J.P. Smith: *Including household production in the System of National Accounts (SNA)*, ACERH Working Paper (2012, No. 10).

11 H.L. Sobel et al.: "The economic burden of infant formula on families with young children in the Philippines" in *Journal of Human Lactation* (2012, Vol. 28, No. 2), pp. 174–180. US\$1 = Php 52 (2003, BSP)

12 V. Uy: "Breastfeeding rate in RP at 34 for past 5 years – UNICEF" in *Philippine Daily Inquirer* (7 September 2010).

13 *Ibid.*



What is the effect of this marketing on families? Almost half of Filipino families with young children purchased infant formula and one-third of very poor families<sup>14</sup> purchased infant formula. Very poor families spent US\$37 (Php1,924) on formula, 70 per cent more than they spent on medical care and almost three times more than they spent on education.<sup>15</sup>

## Why do mothers stop breastfeeding?

**Work** has consistently been a major reason for stopping breastfeeding.<sup>16</sup> Virtually all mothers can breastfeed with proper support, but challenging conditions upon returning to work make it difficult for them to continue.

There is a window period, the first 1,000 Days of life, where breastfeeding – or not breastfeeding – impacts the child's ability to grow and learn in far reaching and irreversible ways. Working mothers spend most of these 1,000 Days in the workplace.

### DID YOU KNOW?

*At 60 days (around nine weeks), the Philippines has one of the shortest maternity leave durations in Asia and in the world.<sup>17</sup> When the maternity leave in Norway was increased from 10 to 40 weeks, breastfeeding rates at six months went from 10 per cent to 80 per cent.<sup>18</sup>*

By promoting and supporting programs that benefit women during this period, institutions such as the government, businesses, employers, and labour groups may influence breastfeeding success and improve the nation in lasting ways.



<sup>14</sup> Defined in the article as living on less than US\$2 (Php 104) per day.

<sup>15</sup> H.L. Sobel et al.: "The economic burden of infant formula on families with young children in the Philippines" in *Journal of Human Lactation* (2012, Vol. 28, No. 2), pp. 174–180, US\$1= Php 52 (2003, BSP)

<sup>16</sup> According to the 2008 National Nutrition Survey, 25.5% of mothers surveyed stopped breastfeeding because they were working.

<sup>17</sup> International Labour Organization (ILO): *A global review: ILO Working Conditions Laws Report 2012* (Geneva, 2013).

<sup>18</sup> *Maternity leave boosts breastfeeding*, UNICEF, n.d., [www.unicef.org.uk/BabyFriendly/News-and-Research/News/Paid-maternity-leave-can-improve-breastfeeding-rates/](http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/Paid-maternity-leave-can-improve-breastfeeding-rates/) [accessed 27 July 2015].

## KEEPING THINGS IN PERSPECTIVE: WOMEN IN THE PHILIPPINE WORKFORCE



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*How many Filipino women workers do we have?*

*Women represent 40 per cent of the workforce in the Philippines.<sup>19</sup> Around 8.4 million Filipino women are employed as wage and salary workers while around 6.6 million women are either self-employed or working in own family-operated farms or businesses. That is a total of around 15 million working women!<sup>20</sup>*

## Our goal is to improve the breastfeeding rate of each region, each province, and each community.



**Advocacy** is a process that brings about change in the policies, laws and practices of *influential individuals, groups and institutions*. It involves many people and/or organizations *working together* towards a *shared vision of change*.<sup>21</sup>

The goal of advocacy is to reach key audiences, decision-makers or actors who can directly or indirectly implement objectives.

The **Department of Health (DOH)** is the lead agency for developing standards, guidelines and key messages on breastfeeding. It is mandated to provide capacity building for both health workers and community support, and to implement a national public education and awareness program on breastfeeding **through collaborative interagency and multi-sectoral effort at all levels**.<sup>22</sup>

The Philippines has a policy-rich environment. With the existence of laws and policies, the creation of breastfeeding-friendly workplaces provides opportunities of collaboration at all levels of society. Such partnerships ensure coordination, accountability, sustainability and impact.

Implementation needs to be carried out at various levels.

- At the national, regional, and provincial levels
- At the municipal, community, and workplace levels

19 Labor Force Survey of 2013

20 Ibid.

21 Advocacy as defined in the Expanded Breastfeeding Promotion Act of 2009 (Republic Act (RA) 10028)

22 RA 10028

## EXCLUSIVE BREASTFEEDING RATES BY REGION

Percentage of youngest children  
6–35 months who were exclusively  
breastfed until age six months,  
by region, Philippines, 2011



Source: National Statistics Office, Family Health Survey 2011

## DID YOU KNOW?

The global movement on breastfeeding support traces its roots to the Philippines through a Baguio General Hospital study<sup>23</sup> by Dr Natividad Clavano. She contributed to the World Health Assembly's adoption of the **International Code on the Marketing of Breastmilk Substitutes** and the **Baby-Friendly Hospital Initiative** of the United Nations Children's Fund (UNICEF).<sup>24</sup> In the Philippines, she was instrumental in the passage of two landmark national laws: the Philippine Milk Code of 1986 (Executive Order 51) and the Rooming-in and Breastfeeding Act of 1992 (Republic Act 7600).

The World Health Organization (WHO) Region for the Western Pacific recently launched the First Embrace campaign highlighting simple steps that will save more than 50,000 newborn lives each year from unsafe practices in newborn care.<sup>25</sup> This intervention also traces its roots to the Philippines as the Unang Yakap campaign jointly supported by the Department of Health (DOH), WHO and UNICEF. One of its key interventions is ensuring breastfeeding initiation within the first hour of life, among others.

23 N. Clavano: "Mode of feeding and its effect on infant mortality and morbidity" in *Journal of Tropical Pediatrics* (1982, Vol. 28, No. 6), pp. 287–93.

24 S. Pincock: "Obituary Natividad Relucio Clavano" in *Lancet* (2007, Vol. 370), p. 1753.

25 WHO First Embrace campaign to save more than 50,000 newborn babies a year in the Region, WHO Western Pacific Region, 05 March 2015, <http://a.wpro.who.int/mediacentre/releases/2015/20150305/en/> [accessed 20 July 2015].



# Key government agencies are enjoined by laws and policies to support breastfeeding.

## Department of Health (DOH)

### Expanded Breastfeeding Promotion Act of 2009 or Republic Act (RA) 10028

The DOH is mandated to lead a comprehensive national public education and awareness program on breastfeeding and provide leadership through technical standards and guidelines, capacity building, and development of key messages on infant and young child feeding.

**DOH Health Human Resource Development Bureau (HHRDB)** is mandated to develop and implement a capacity development plan for health workers and in coordination with the Civil Service Commission (CSC), to develop an orientation course on breastfeeding for government employees.<sup>26</sup>

As workplaces, health facilities and DOH offices are expected to implement the workplace provisions of RA 10028. Gender and Development (GAD) funds<sup>27</sup> can be used for this purpose.

### Philippine Milk Code of 1986 or Executive Order (EO) 51

DOH has the powers and function to call the assistance of government agencies and the private sector to ensure implementation and enforcement of, and strict compliance with, the provisions of EO 51.

Under the DOH, the **Food and Drug Administration (FDA)**, formerly the Bureau of Food and Drugs (BFAD), is the designated secretariat of the Inter-Agency Committee mandated to implement and monitor EO 51.<sup>28</sup>



## DID YOU KNOW?

*The **Commission on Population (PopCom)** is a DOH-attached agency tasked to lead, coordinate and monitor the population program.<sup>29</sup> Responsible Parenthood (RP), Reproductive Health (RH) and Family Planning (FP) are fundamental pillars of the country's population management program. The Commission's **Directional Plan of 2011–2015** lists breastfeeding as part of the comprehensive RP and RH care information and service.*

26 Section 25 RA 10028 Implementing Rules and Regulations (IRR)

27 Section 17 RA 10028

28 Section 38 Executive Order (EO) 51 Revised Implementing Rules and Regulations (RIRR)

29 *Commission on Population - Mandates and Functions*, PopCom, n.d., [www.popcom.gov.ph/transparency-seal/agencyprofile/b-mandates-and-functions](http://www.popcom.gov.ph/transparency-seal/agencyprofile/b-mandates-and-functions) [accessed 25 July 2015].

### Philippine Health Promotion Program through Healthy Places (PHPPP) (Administrative Order 341 Series of 1997)

The DOH is also the lead agency for the implementation of the PHPPP aiming to build health supportive environments through advocacy, networking and community action by engaging multiple government agencies and sectors.

Among the “healthy places” that should promote health messages are schools, workplaces, hospitals, hotels, vehicles and terminals, ports, restrooms, markets, eating places, prisons, homes, resorts, movie-houses, streets and *barangays*. Breastfeeding rates and nutrition status of children 0-5 months are among the health indicators identified.

### Philippine Strategic Framework for Comprehensive Nutrition Implementation Plan 2014-2025

This framework incorporates essential nutrition actions translated into essential health and nutrition packages for each life stage. It identifies the Disease Prevention and Control Bureau (DPCB) - Women’s and Men’s Health Development Division (WMHDD) and Children’s Health Development Division (CHDD) as primarily responsible in the overall execution and adoption of the strategic plan. The Infant and Young Child Feeding programme is currently managed under the DPCB-CHDD.

Integrating nutrition-related programmes, the DOH encourages intra-collaboration between the DPCB and other DOH offices such as the Health Facilities and Development Bureau, Health Emergencies Management Bureau, with the support of the Health Promotion and Communication Service, Health Human Resource Development Bureau and the Bureau of Local Health and Development.

DPCB also coordinates with the **National Nutrition Council (NNC)**, a DOH-attached agency, and other stakeholders in planning, implementation, monitoring and evaluation of the plan. NNC ensures harmonization of protocols and guidelines related to the framework, among other functions.

## Department of Labor and Employment (DOLE)

**DOLE** ensures compliance of establishments with all labour laws and other labour related issuances such as the provision of lactation support in the workplace.

The **Bureau of Working Conditions (BWC)** enforces labour laws which include general labour standards and occupational safety and health standards through sixteen administrative regions. Provision of lactation stations and periods are incorporated in the DOLE Labor Law Compliance Assessment Checklist, a tool used by Labor Law Compliance Officers during assessments visits to establishments to monitor and ensure compliance with general law standards.

The **Bureau of Workers with Special Concerns (BWSC)** focus on policy and program development for special groups of employees under the Labor Code such as women, children, domestic workers and other equally vulnerable groups of workers. Breastfeeding promotion in the workplace can be part of the **Family Welfare Program** advocacy through the Responsible Parenthood and Nutrition dimensions.



## Department of Social Welfare and Development (DSWD)

According to **EO 51 Revised Implementing Rules and Regulation of 2006 (RIRR)**, the promotion, protection and support of breastfeeding and the proper implementation of the Philippine Milk Code shall be an integral part of all activities of DSWD.<sup>30,31</sup>

In the context of disaster relief, EO 51 bans the donation of infant formula and related products. An opportunity to collaborate with the DOH is the alignment of camp management guidelines with *Infant and Young Child Feeding in Emergencies* principles, particularly in putting up mother-baby friendly spaces.

**RA 10028 Implementing Rules and Regulations (IRR)** enjoins the agency to support the national breastfeeding awareness programme through its relevant programs, services and projects and integrate breastfeeding principles as appropriate in program manuals.<sup>32</sup> The **Family Development Sessions** provide opportunities to promote principles of breastfeeding in the workplace among its conditional cash transfer recipients.



<sup>30</sup> Section 8c EO 51 RIRR

<sup>31</sup> This is discussed in greater detail in **MODULE 6**

<sup>32</sup> Section 27 RA 10028 IRR



## Department of the Interior and Local Government (DILG)

**DILG Memorandum Circular No.2011-54** entitled *Implementation and Monitoring of the National Policy on Breastfeeding and Setting up of Workplace Lactation Program* enjoins all Local Chief Executives to implement RA 10028 and include this requirement as part of private companies' business permit requirement.



## Department of Education (DepEd), Commission on Higher Education (CHED) and the Technical Education and Skills Development Authority (TESDA)

The promotion, protection and support of breastfeeding and the proper implementation of **EO 51** shall be an integral part of all activities of DepEd, CHED, TESDA and other such concerned agencies.<sup>33</sup> This is discussed in greater detail in [MODULE 6](#).



In compliance with EO 51, parent companies of infant formula and other products under the scope of the law are prohibited from providing incentives or gifts of any sort to the public, with or without company name or logo or brand name of product.



**RA 10028** enjoins these agencies to integrate breastfeeding concepts and change of societal attitudes towards breastfeeding in the curriculum of private and public institutions at the elementary, high school and college levels, especially in medical education.<sup>34</sup>



As workplaces, schools are also expected to implement the workplace provisions of RA 10028. For state universities and colleges and other government instrumentalities, GAD funds can be allocated for this purpose.<sup>35</sup>

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<sup>33</sup> Section 8c EO 51 RIRR

<sup>34</sup> Section 24b, 24c, and 24c RA 10028 IRR

<sup>35</sup> Section 17 RA 10028

## Professional Regulation Commission (PRC)

The PRC implements policies on the regulation and licensing of various professions and occupations, including health professionals. One of the sanctions provided by EO 51 is the revocation of license of offending professionals, upon the recommendation of the DOH.<sup>36</sup>

The PRC ensures the inclusion of breastfeeding and related concepts in professional licensure examinations. It is mandated to develop and implement sanction mechanisms for professionals violating RA 10028, and address complaints of patients, relatives and society on violations concerning breastfeeding-related issues.<sup>37</sup>

Professional organizations are mandated by RA 10028 to incorporate provisions that promote, protect and support breastfeeding in their Code of Ethics.<sup>38</sup>



## Civil Service Commission (CSC)

Pursuant to the Magna Carta of Women (RA 9710) and the General Appropriations Act (GAA), all government departments and instrumentalities are mandated to formulate their annual GAD plans and budgets, allocating at least five per cent of their total budget to mainstream gender perspectives in policies, programmes and projects.<sup>39</sup>

The **CSC** is the central personnel agency of the Philippine government and is mandated to enforce the provisions of pertinent laws, in this case the adoption of RA 10028 in all government workplaces. RA 10028 mandates that GAD funds are to be used for this purpose.<sup>40</sup>



## National Anti-Poverty Commission (NAPC)

NAPC enables the basic sectors to be involved in the crafting of policy proposals and formulation of strategies for specific projects on sectoral issues. It also acts as a liaison on their behalf for legislative issues with government. Among the sectors assisted by NAPC are workers in the informal economies, women and children.



<sup>36</sup> Section 13b EO 51

<sup>37</sup> Section 24c RA 10028 IRR

<sup>38</sup> Section 24h RA 10028 IRR

<sup>39</sup> Policy Guideline 2.3, Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular 2012-01

<sup>40</sup> Section 17 RA 10028

The NAPC-Workers in the Informal Sector Council (NAPC-WISC) cooperated closely with the Alliance of Workers in the Informal Economy/Sector (ALLWIES), a workers group, for the legislative for the legislative agenda on workplace breastfeeding support and establishment of lactations stations.

Through the Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace (NSMP) project, NAPC assisted in the development of breastfeeding in the workplace tools for informal workers groups and local government units, listed in **Tool #8**.

## Philippine Information Agency (PIA)

The mandates and functions of PIA are clearly focused on public information dissemination to provide access to accurate, timely and relevant information to help people improve their quality of life. It also provides technical assistance to other government agencies regarding the communications component of their programmes through multi-media strategies.<sup>41</sup>

The PIA can help raise awareness on breastfeeding in the workplace and the policies that protect it.

While any time of the year is a good time to promote breastfeeding, the following can provide timely opportunities for breastfeeding promotion:

1. Presidential Decree 491 declares July as “Nutrition Month”
2. RA 10028 declares August as “Breastfeeding Awareness Month”
3. Proclamation No. 227 designates March as “National Women’s Month”.

## Movie and Television Review and Classification Board (MTRCB)

Presidential Decree No. 1986 series of 1985 created the Movie and Television Review and Classification Board (MTRCB), giving it the power to screen, review and examine all motion pictures, television programs, including publicity materials such as advertisements, trailers and stills. It has the power to approve or disapprove objectionable portions that are, among others contrary to law, in this case EO 51 and RA 10028.<sup>42</sup>

One of its mandates is to promote and protect the family, the youth, the disabled, and other vulnerable sectors of society in the context of media and entertainment.<sup>43</sup>



<sup>41</sup> *Mandate*, Philippine Information Agency, n.d., [newsdesk.pia.gov.ph/files/aboutpia.pdf](http://newsdesk.pia.gov.ph/files/aboutpia.pdf) [accessed 17 July 2015].

<sup>42</sup> Presidential Decree No. 1986 series of 1985 Creating the Movie and Television Review and Classification Board.

<sup>43</sup> *Movie and Television Review and Classification Board Mandate*, MTRCB, n.d., [www.mtrcb.gov.ph/transparency/mandateand-functions.html](http://www.mtrcb.gov.ph/transparency/mandateand-functions.html) [accessed 17 July 2015].



# Social partners are important players for breastfeeding promotion, protection and support.

## Health Workers (including Associations and Societies)



"[H]ealth workers are the ideal conduit for promoting company products. They engender public trust and respect and have easy access to virtually all new mothers and babies. The 'halo effect' of having mothers associate the company brand with a health worker, be this a personal recommendation or simply a logo on a pen, is highly valued."

A guide for health workers to working within  
the International Code of Marketing of Breastmilk Substitutes  
UNICEF United Kingdom 2013



Health workers are central to breastfeeding promotion. Actively involving organizations in the promotion of policies and upholding of regulations in infant feeding is important. Members of these groups are often targets of unethical marketing practices of milk companies.

Like all commercial companies, the bottom line of milk companies is profit. Each formula milk sale corresponds to a mother who stopped breastfeeding or a baby who is not exclusively breastfed. Conversely, each successful breastfeeding mother is one potential long term consumer lost. The goal of optimal infant feeding will always be in conflict with the goal of milk companies.

Since the passage of EO 51, some companies started to take on more sophisticated approaches. While the law prohibits milk companies from providing assistance to health workers, some companies may continue offering assistance that is not infant feeding in nature. They may sponsor non-related topics like allergy or specific diseases. Some companies may even go to as far as funding a third party to provide trainings for health workers, including midwives. These activities provide the 'halo effect' to boost company image, with unsuspecting institutions/societies/experts lending credibility and influence to benefit the company.

### WHO ARE HEALTH WORKERS?

*A health worker means a person working in a component of such health care system, whether professional or non-professional, including volunteer workers. It also includes health workers in private practice. Community volunteers involved in health and nutrition promotion and education shall likewise be covered.<sup>44</sup>*

<sup>44</sup> Section 5m R.I.R.R.

Recognizing what forms this marketing can take is important for any health worker desiring to work within the bounds of the law for their best interest, and those who want to help mothers and babies succeed in breastfeeding.

Professional organizations are mandated by RA 10028 to incorporate provisions that promote, protect and support breastfeeding in their Code of Ethics.<sup>45</sup> They can also be encouraged to implement regulatory measures within their organizations and among their members.

Key organizations include, but are not limited to the following:

- Professional societies such as the Philippine Medical Association (PMA) and its specialty organizations: Philippine Pediatric Society (PPS) and its subspecialty societies, the Philippine Obstetrical and Gynecological Society (POGS), the Philippine Academy of Family Physicians (PAFP)
- The Philippine College of Occupational Medicine (PCOM) may also find opportunity in promoting competencies on lactation management to address the specific needs of working mothers
- The Association of Municipal Health Officers in the Philippines (AMHOP), as the umbrella organization of local government unit health officers
- Philippines Nurses Association (PNA) and its specialty organization Mother and Child Nurses Association of the Philippines (MCNAP)
- The Integrated Midwives Association of the Philippines (IMAP)
- The Philippine Association of Nutrition (PAN), and other nutrition bodies in the country including the Department of Science and Technology Food and Nutrition Research Institute (DOST-FNRI), and the Nutritionist-Dietician Association of the Philippines (NDAP)

*"It is the primary responsibility of the health workers to promote, protect and support breastfeeding and appropriate infant and young child feeding. Part of this responsibility is to continuously update their knowledge and skills on breastfeeding. No assistance, support, logistics or training from milk companies is permitted."*  
Section 32 EO 51 RIRR

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<sup>45</sup> Section 24b RA 10028/IRRC



## Employers' Organizations, Private Companies or Firms



Employers benefit from having the best possible workforce. There is an interconnection between an employee's productivity, health and work-life balance. Employers' organizations can promote best practices in the workplace within the wider business community.

Employers are in a position of power and leadership to implement policies on maternal protection and breastfeeding support. As an example, through its Corporate Social Responsibility (CSR) arm, the Employers Confederation of the Philippines (ECOP) was already implementing programs on work-life balance through women-friendly corporate policies that focused on breastfeeding in the workplace, even before the passage of RA 10028.<sup>46</sup>

## Trade Unions and Workers Associations



Trade unions are vital in raising awareness and improving maternity protection in the workplace and beyond. They can gather information from their members about their concerns and experiences and share this information with the workforce, the wider labour movement, concerned government agencies, as well as with employers' organizations.

Trade unions can also negotiate with employers on the creation of workplace policy, take part in its implementation and help in its monitoring and evaluation. With their reach, they can press for improvements in the implementation of RA 10028.

The following trade unions and workers' associations have been active in implementing Breastfeeding in the Workplace initiatives: Trade Union Congress of the Philippines (TUCP), Federation of Free Workers (FFW), and ALLWIES.

## Academe and Academic Organizations



The academe is to implement issuances on the integration of breastfeeding concepts in the curricula. Academic organizations are mandated to protect, promote and support breastfeeding through advocacy in organizational activities, forum and conventions among its members, recognition of supportive institutions through awards and incentives and encouragement of relevant breastfeeding research among its members.<sup>47</sup>

Assistance for research and clinical trials given by manufacturers and distributors of EO 51 covered products (i.e. milk formula, bottles and teats) are allowed only upon the approval by an ethics committee led by DOH. The DOH shall ensure that research conducted related to infant and young child feeding should be free from any actual or potential conflict of interest with the company/person funding the research.<sup>48</sup>

<sup>46</sup> Employers Confederation of the Philippines: *Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace* NSMP Project Final Report. (October 15, 2014).

<sup>47</sup> Section 24f and 24 g RA 10028 IRR.

<sup>48</sup> Section 9 EO 51 RIRR.



## Socio-Civic Organizations



Socio-civic organizations are mandated by RA 10028 to incorporate provisions that promote, protect and support breastfeeding in their Code of Ethics.<sup>49</sup>

Strategic advocates for breastfeeding protection, promotion and support would be various women and child welfare groups.<sup>50</sup> Some examples of local organizations with work focused on nutrition, breastfeeding support and/or maternal/child support are as follows: Philippine Coalition of Advocates for Nutrition Security (PhilCAN); Arugaan; Beauty, Brains and Breastfeeding (BBB); Lactation, Attachment, Training, Counselling, Help (LATCH); WomanHealth; Kalusugan ng Mag-ina, Inc. (KMI); Association for the Rights of Children in Southeast Asia (ARCSEA); Health Organization for Mindanao (HOM).

## Advertising Industry



The Philippines' advertising industry is self-regulating through the **Advertising Standards Council (ASC)** – the body in-charge of screening and regulating content of advertising materials across all media.

Products, brands, services covered by EO 51 are subject to pre-screening. ASC's Code of Ethics states that “advertisements of infant formula, complementary food, feeding bottles, and teats must comply with the Milk Code of the Philippines and its Implementing Rules and Regulations”.<sup>51</sup>

The scope of their regulation includes all broadcast materials (on television, cable, radio, whether national or local), cinema ads, out-of-home advertising media (e.g. billboards, LED, street furniture or fixtures and street marketing demos), print ads (broadsheets, tabloids magazines), merchandising (such as banners, standees), point-of-sale or point-of-purchase materials, and internet and mobile advertisements.

## International Agencies



These include United Nations attached agencies such as the United Nations Children's Fund (UNICEF), World Health Organization (WHO), and International Labour Organization (ILO) and development partners such as Action Against Hunger (ACF), Save the Children (SCI), and World Vision (WVI).

<sup>49</sup> Section 24h RA 10028 IRR.

<sup>50</sup> The Philippine Commission on Women has an extensive list of NGOs found in this link: <http://pcw.gov.ph/directory-ngos>

<sup>51</sup> *Code of Ethics Article 8, Section 3*, Advertising Standards Council, n.d., <http://www.asc.com.ph/our-standards/code-ofethics/special-product-services> [accessed 17 July 2015].

## Champions at the local government and communities can be engaged.



© ALLWIES

At the community level, above mentioned actors can be engaged through regional or local counterparts or initiatives. As applicable at the provincial, city/municipal/barangay levels, the following groups or actors are among those who can effectively advocate for breastfeeding in the workplace:

- Local Chief Executive
- Focal persons of related standing committees in the *Sanggunian* (e.g. Committee on Health, Human Resource Development, Women and Family, Gender)
- Health Officer
- Nutrition Officer
- Human Resource Development Officer
- Gender and Development focal point
- Social Welfare and Development Officer
- Budget Officer

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### THE LOCAL HEALTH BOARD

*This group proposes programs and projects in support of the overall health thrust of the national government; it also proposes the annual budgetary allocation for the operation and maintenance of health facilities and services in the locality.  
Ask if this group is active in your area.*

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## Policies may not be enough: finding partners within the workplace.

While formal policies are important in establishing guidelines and expectations for workplace breastfeeding support, a recent study found that interpersonal communication is as important as written communication in enacting these policies at the workplace level. Open communication is the context where such policies are explained, negotiated and implemented.<sup>52</sup>

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<sup>52</sup> J. Anderson et al.: "Policies aren't enough. The importance of interpersonal communication about workplace breastfeeding support" in *Journal of Human Lactation* (2015, Vol. 31, No. 2), pp. 260-266.

The advocacy can be lodged through (but not limited to) the following channels:

- Employer/Supervisor/Human Resource Department
- Family Welfare Committee
- Labour Management Committee
- Employees/Workers Groups

It is also good to seek out mothers and individuals who share concerns regarding breastfeeding in the workplace. **MODULE 4** can provide guidance for the initiation of a Workplace Lactation Programme.



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## Who will advocate for women in micro enterprises and the informal economy?

### DID YOU KNOW?

*Micro, small and medium enterprises (MSMEs) account for 99.6 per cent of the total business enterprises in the Philippines with 777,664 establishments. Of these enterprises, 91.6 per cent (709,899) are micro enterprises.<sup>53</sup>*

*Overall, 49.7 per cent of MSMEs are engaged in the wholesale/retail trade and repair services, followed by 14.4 per cent in manufacturing, and 12.5 per cent in hotel/restaurant industries.<sup>54</sup>*

*Workers in the informal economy as defined under the Magna Carta of Women Act of 2009 (RA 9710) refer to “self-employed, occasionally or personally hired, subcontracted, paid and unpaid family workers in household incorporated and unincorporated enterprises, including home workers, micro-entrepreneurs and producers, and operators of sari-sari stores and all other categories who suffer from violation of workers’ rights”.*

Women in informal and atypical work settings lack access to maternity protection because they are not covered under the scope of existing policies applicable to those with formal employer–employee relationship. As such, the local government unit (LGU) can see to it that their needs are addressed through policy frameworks and direct interventions. **MODULE 5** provides inspiration on how this can be accomplished by the LGU in partnership with organized workers in the informal economy.

<sup>53</sup> Senate Economic Planning Office: *The micro, small and medium enterprises (MSMEs) sector at a glance* (March 2012).

<sup>54</sup> *Ibid.*



## Key Points



With the economic and health costs at stake, the need for maternity protection in the workplace through breastfeeding support is difficult to ignore.



The Philippines has a policy-rich environment. The creation of breastfeeding-friendly workplaces provides opportunities of collaboration at all levels of society, ensuring sustainability and impact. Implementation needs to be carried out at various levels.



**Advocacy** brings about change in the policies, laws and practices of influential individuals, groups and institutions. It moves people and organizations towards a shared goal. In this case, the goal is to improve breastfeeding rates in every community to ensure a better future for the country.



EO 51 and RA 10028 mandate different sectors of society to protect, promote and support breastfeeding through awareness raising, provision of direct services, and regulation of unethical marketing practices that undermine breastfeeding.



While formal policies are important, non-confrontational and open communication provides a safe context where policies can be explained and negotiated in order to implement workplace breastfeeding support.



The LGU can see to it that the needs of women in informal and atypical work settings are addressed through policy frameworks and direct interventions that promote breastfeeding in the workplace.





International  
Labour  
Organization

Healthy Beginnings  
for a Better Society  
BREASTFEEDING IN THE WORKPLACE IS POSSIBLE

ANNEX



# Implementation toolbox

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This Toolbox provides a set of practical resources for creating and sustaining breastfeeding-friendly workplaces.

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## TOOL # 1

### Lactation Station Models and Equivalencies

Lactation stations in the workplace can be inexpensive and easy to set-up. Choose a model that best suits your needs and resources. You may want to start small, and grow your efforts as you gain more support and the needs arise.

Annex A of the Department of Labor and Employment (DOLE) Department Order No. 143 series of 2015 provides lactation station models and equivalencies to facilitate compliance.<sup>1</sup>

#### Model 1

- a corner shielded with screen, foldable or movable divider or tall cabinet – ensuring privacy for an employee to express milk
- non-negotiable: not to be located in the toilet
- a wash basin along with water container with spout, basin collects used water
- expressed milk kept in containers and stored in coolers
- a comfortable chair and small table
- well-ventilated



#### Model 2

- within the clinic but shielded from view by screen or divider; free from intrusion
- near sink not to be located in the toilet
- may or may not have refrigerator; expressed milk to be stored in coolers
- a comfortable chair and small table
- well-ventilated



### Model 3

- private room
- may be inside clinic but enclosed separately
- sink with running water
- small refrigerator
- small locker to store equipment
- electrical outlets for breast pumps (optional)
- a comfortable chair and small table
- well-ventilated



### Model 4

- a combination of models 1 to 3
- portable
- box-like type
- can be moved from one location to another where it is most needed
- with electrical outlets, small table and comfortable chair
- refrigerator is located outside
- well-ventilated

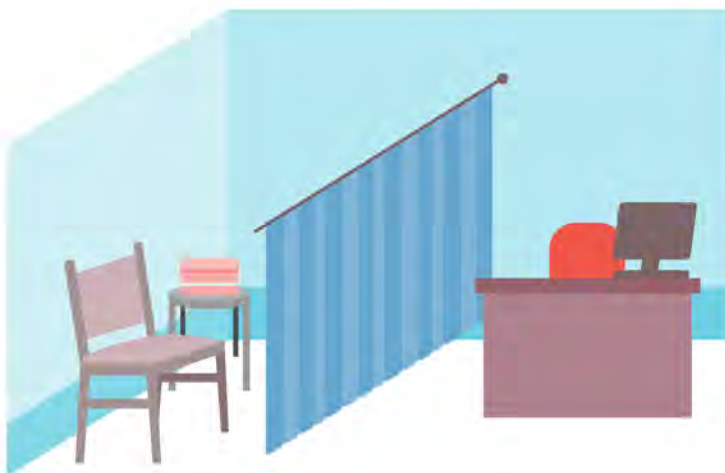


## Equivalency Guide



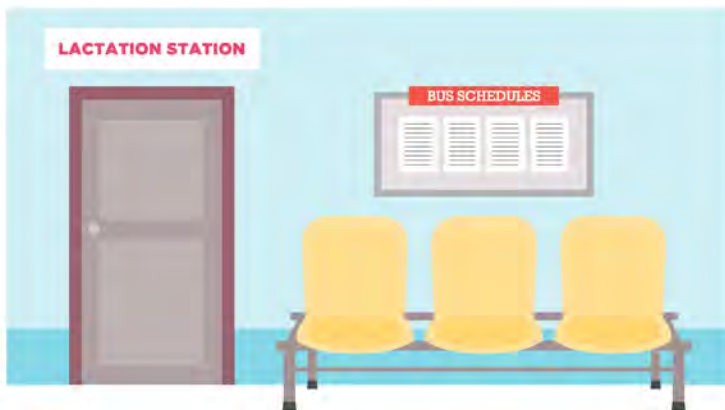
### Option 1

- provision of breastfeeding capes, shawls, or nursing covers



### Option 2

- screened corner like a fitting room
- provision of coolers for storing expressed breastmilk



### Option 3

- support a common facility or the LGU installed lactation facility in the area
- provision of breastfeeding capes, shawls, or nursing covers
- provision of coolers



## TOOL # 2

### Sample Lactation Station Logbook

A lactation station logbook can help you monitor the number of women, and their use of the lactation station.

This should not be interpreted as monitoring or limiting the worker's lactation period to a specific number of minutes. Each woman may find that emptying the breast can take longer or shorter periods of time to complete depending on the intervals between the breaks, her body's condition and other factors.

#### Lactation Station Logbook

Is it your first time to use the station? Sign up for the Workplace Lactation Programme (ask for the Application Form) so we can count you in and support you.

Please keep the area clean at all times.

	DATE	NAME	DEPARTMENT	TIME OF USE	
				START	END
1					
2					
3					
4					
5					
6					
7					
8					

**Note:** Tool #3 is a Sample Application Form to the Workplace Lactation Programme.

## TOOL # 3

# Sample Application to the Workplace Lactation Programme

## Application to Participate in the Workplace Lactation Programme

This form can be furnished prior to giving birth or immediately upon return to work, to be submitted to the human resource department/designated person upon note of the target user's immediate supervisor.

Having this form helps increase awareness of the programme among the target users (pregnant women and new mothers) and their immediate supervisors and co-workers.

It also relieves the target user of the "burden" of having to ask permission to avail of lactation breaks from immediate supervisors and co-workers, knowing that the management is behind her through the Workplace Lactation Policy.

### Application to Participate in the Workplace Lactation Programme

Name \_\_\_\_\_ Department \_\_\_\_\_  
Expected date of birth / Birthday of current baby \_\_\_\_\_

*To get the maximum benefit and protection for you and your child, the World Health Organization (WHO), United Nations Children's Fund (UNICEF) and the Department of Health (DOH) recommends that babies be given **nothing but breastmilk for the first 6 completed months of life**, and continue breastfeeding up to two years or beyond with the addition of appropriate foods.*

#### Breastfeeding Duration Goal

☐ 0-3 months      ☐ 9-12 months  
☐ 3-6 months      ☐ 1-2 years and beyond  
☐ 6-9 months

I have read our **Workplace Lactation Policy**. I desire to breastfeed my child and intend to avail of my rights to lactation breaks and access to the lactation station in accordance with the Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028). I am submitting this application to inform you of this intention. Thank you for your support.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Noted by \_\_\_\_\_  
Date \_\_\_\_\_

## TOOL # 4

### Flexible Return to Work Options for Breastfeeding Workers

Although not required by law, you can help arrange for a flexible return to work option that will allow your breastfeeding worker to adjust to the new routine upon returning to work from maternity leave.

This is expected to boost her morale as your employee, and help her to be more productive as she transitions.

If she is working a night shift, consider if she would like to be reassigned to a morning shift, so she can continue direct breastfeeding during the night. Night time breastfeeding helps sustain breastmilk production.

If the first day of her return to work happens to fall on a Monday (see Calendar A), consider if she can return to work earlier on the preceding Thursday or Friday and offset the early work days on the succeeding Wednesday/s (see Calendar B). This will allow her to “regroup” from the disruption of her breastfeeding routine, rather than diving into a straight 5-day workweek.

CALENDAR A

SUN	MON	TUE	WED	THU	FRI	SAT
	Maternity Leave					
	Return to Work	Work	Work	Work	Work	
	Work	Work	Work	Work	Work	
	Work	Work	Work	Work	Work	

CALENDAR B

SUN	MON	TUE	WED	THU	FRI	SAT
	Maternity Leave			Early return to work Day 1	Early return to work Day 2	
	Official date of return to work	Work	Offset Day 1	Work	Work	
	Work	Work	Offset Day 2	Work	Work	
	Work	Work	Work	Work	Work	



You can also help her arrange for a work schedule that accommodates her lactation periods.

If she works in a peculiar workplace, such as in a factory production line, you may assist her in coming up with a schedule with her supervisor/co-workers. You may refer to **Tool #3** for a sample application form.

## SAMPLE WORK SCHEDULES FOR A BREASTFEEDING WORKER

### Schedule 1: Office-Based

**Breastfeed directly before leaving for work**

**8:00 am** Arrive at work, get started  
**9:30 am** Snack, with first expression session  
**12:00 noon** Lunch break, second expression session  
**3:30 pm** Snack, with third expression session  
**5:00 pm** End of working hours  
another expression session if overtime is needed

**Breastfeed directly upon arriving at home**

### Schedule 2: Factory-Based

**Breastfeed directly before leaving for work**

**6:00 am** Arrive at work, get started  
**8:00 am** Snack, with first breastmilk expression session  
**10:00 am** Lunch break, second expression session  
**1:00 pm** Snack, with third breastmilk expression session  
**2:00 pm** End of working hours  
**Breastfeed directly upon arriving at home**

## TOOL # 5

# Sample Workplace Lactation Policies

Possible contents of your Workplace Lactation Policy are as follows:

- The use and duration of lactation periods
- The use of the lactation station
- The provision of breastfeeding information among workers
- Provisions for compliance with EO 51

*Your policies can be developed and adjusted based on your workplace resources and until they suit the needs of your workers.*

### Workplace Lactation Policy

[LOGO, NAME OF COMPANY]

Recognizing the impact of breastfeeding on our work, our workers, their children and society, we commit to protect, promote and support breastfeeding in this workplace by complying with the Expanded Breastfeeding Promotion Act of 2009 (RA 10028).

#### 1. Breastfeeding workers are entitled to the following:

##### a. Access to the Lactation Station

Breastfeeding workers can access the breastfeeding room upon informing the administration. Users are required to keep the area quiet and clean at all times.

A breastfeeding worker may opt to express breastmilk in an area other than the breastfeeding station by matter of preference or convenience, and upon due consideration of the environment's safety (i.e. free from contaminants and harmful substances).

##### b. Lactation Periods (no less than 40 minutes for every 8 hours of work)

This can be 2-3 breastmilk expression intervals, and scheduled upon negotiation between the breastfeeding worker and immediate supervisor.

#### 2. All workers are entitled to accurate and relevant breastfeeding Information.

Materials on the benefits of breastfeeding, particularly in the workplace are available through the \_\_\_\_\_ (company clinic/HR department/others).

The \_\_\_\_\_ committee/ department shall organize regular breastfeeding awareness activities.

#### 3. Compliance with the Philippine Milk Code (Executive Order 51) and its Revised Implementing Rules and Regulations of 2006 shall be of primary concern with regard to this policy. There shall be no promotion or display of infant formula and related products, no gifts and sponsorships, whether direct or indirect, with company logo or without, from milk manufacturers, distributors and companies, as well as those involved in the marketing of baby bottles and artificial nipples.

#### 4. Any act found to be intentionally directed against breastfeeding workers shall be reported to the \_\_\_\_\_ (appropriate manager/department) and be met with necessary action.

This policy shall be communicated to all **current workers** and be part of the orientation of **new workers**. It shall also be routinely communicated to all **pregnant workers** prior to their maternity leave.

## Workplace Lactation Policy for Micro and Small Enterprises (to be contextualized as applicable)

(NAME OF ESTABLISHMENT)

### Workplace Lactation Policy

We commit to protect, promote and support breastfeeding in this workplace by acting in accordance with the Expanded Breastfeeding Promotion Act of 2009 (RA 10028).

#### 1. Breastfeeding workers are entitled to the following:

**Lactation Periods (no less than 40 minutes for every 8 hours of work, compensated)**

This can be 2-3 breastmilk expression intervals, and scheduled upon negotiation between the breastfeeding employee and her immediate supervisor/co-workers.

**Access to Privacy for Breastmilk Expression and/or Breastfeeding**

Breastfeeding workers can access the lactation station located at the \_\_\_\_\_ (if not available, specify an equivalency).

If by matter of preference or convenience, a breastfeeding employee would opt to express breastmilk/breastfeed in an area other than the one specified above, she should be allowed for as long as her work responsibilities and her breastmilk quality is not compromised (i.e. environment is free from contaminants and harmful substances)

#### 2. All workers are entitled to accurate and relevant breastfeeding information.

Management will provide breastfeeding-related activities through workplace peer educators /coordinate with the local health unit or mother support groups for breastfeeding-related activities.

Materials on the benefits of breastfeeding, particularly in the workplace may be requested through \_\_\_\_\_ (e.g. peer educators, HR office, others).

Breastfeeding employees in need of additional information and counselling are encouraged to seek help from any of the following networks (indicate as applicable):

- trained mother support/peer educator groups in the workplace (specify, if any)
- her private health care provider
- local health office/local government unit mother support groups (specify, if any)

#### 3. In compliance with the Philippine Milk Code of 1986 (Executive Order 51), there shall be no promotion or display of infant formula and related products, no gifts and sponsorships from milk manufacturers, distributors and companies, as well as those involved in the marketing of baby bottles and artificial nipples. These entities also cannot be involved in activities related to women and children, whether related to breastfeeding or not.

#### 4. Any act found to be intentionally directed against breastfeeding employees shall be reported to the \_\_\_\_\_ (appropriate manager/department) and be met with necessary action.

#### 5. This policy shall be communicated to all **current employees** and be part of the orientation of **new employees**. It shall also be routinely communicated to all **pregnant employees** prior to their maternity leave.



## TOOL # 6

# Partial List of Breastfeeding Support Groups in the Philippines

This list of mother support groups in the Philippines is a result of a voluntary survey conducted from May to June 2015 among leading breastfeeding advocacy networks, government and private individuals. It does not cover all breastfeeding support groups that may exist in your local government units, local hospitals, or community.

### National Capital Region (NCR)

#### Arugaan

*Marikina City, Quezon City*

##### Description of Services Offered

- Provides counselling and training on breastfeeding support, lactation massage, relaxation
- Offers day care, wet nurse facility for working and breastfeeding moms
- Provides assistance in organizing/creation of mother support groups

##### Phone Number(s)

0908-888-8153 (Nanay Innes)  
0915-774-1614 (Mommy Velvet)  
0916-308-6434 (Nanay Rechilda)

##### Website / E-mail

innes.sea@gmail.com (Marikina City)  
velvethere@yahoo.com (Quezon City)

#### Bangko Sentral ng Pilipinas Lactation Room Mothers

*Manila*

##### Description of Services Offered

- Peer counsellors trained by both L.A.T.C.H. and Arugaan providing mother to mother support on breastfeeding and infant and young child feeding
- Conducts quarterly seminars on breastfeeding
- Currently establishing chapters in its 22 regional offices by 2016 in compliance with RA 10028

##### Address

HRMD Wellness Unit; Bangko Sentral ng Pilipinas, Mabini cor. Pablo Ocampo Street, Malate, Manila

##### Phone Number(s)

BSP Trunkline 708-7701 / Telephone 708-7133

##### Website / E-mail

www.facebook.com/groups/502602373084394  
c/o cmogol@bsp.gov.ph / ongjc@bsp.gov.ph

#### Breastfeeding Philippines (a program of Nurturers of the Earth)

##### Description of Services Offered

- Provides phone counselling and professional services/classes
- Conducts trainings, provides consultation on setting up of community, corporate-based breastfeeding station and support groups

##### Phone Number(s)

218-7777 / 0915-399-9992 / 0998-998-9953

##### Website / E-mail

www.breastfeedingphilippines.com  
www.facebook.com/BreastfeedingPhilippines

#### Breastfeeding Pinays

##### Description of services offered

- Provides online breastfeeding support and information
- Conducts breastfeeding and complementary feeding seminars
- Organizes meet-ups for breastfeeding mothers, may arrange for phone, home, hospital support
- Provides breastfeeding peer counsellor's trainings

##### Website / E-mail

www.facebook.com/groups/breastfeedingpinays  
breastfeedingpinays@gmail.com

#### KAYA Women Empowerment and Support Group

##### Description of Services Offered

- Provides breastfeeding and complementary feeding counselling via home/hospital visits, online and phone
- Organizes/conducts infant and young child feeding (breastfeeding and complementary feeding) seminars, meet-ups, and events

##### Phone Number(s)

0917-862-2782

##### Website / E-mail

kaya.phils@gmail.com

## L.A.T.C.H

### Description of Services Offered

- Provides breastfeeding classes, counselling, home/hospital visits
- Breastfeeding support via phone, online, email, SMS
- Organizes campaigns to promote, protect and support breastfeeding
- Conducts trainings, provides consultation on setting up of corporate-based breastfeeding stations and support groups

### Contact Person(s)

Jen CC Tan

### Website / E-mail

[www.facebook.com/theperfectlatch](http://www.facebook.com/theperfectlatch)

## The Medical City Lactation Unit

### Pasig City

### Description of Services Offered

- Outpatient and inpatient consultation, routine breastfeeding assessment, breast physical exam and counselling, development of plan of care, breastfeeding help and problem solving, referral to further breastfeeding management for problematic cases, rental of breast pumps and other devices.

### Address

The Medical City, Ortigas Avenue, Pasig

### Phone Number(s)

635-6789 loc. 6720

## Mandaluyong City Breastfeeding Patrol

### Mandaluyong City

### Description of Services Offered

- Provides breastfeeding counselling and support to mother and child during emergencies
- Provides awareness in the community and health facilities

### Contact Person(s)

Dr Shari Sabalvaro / Ms Marie Tess Belo

### Phone Number(s)

624-9293 / 0917-8164567

### Website / E-mail

[www.facebook.com/profile.php?id=258149663834](http://www.facebook.com/profile.php?id=258149663834)

## South PiNanays (SPiN)

### South GMA, Cavite, Laguna, Batangas, Quezon

### Description of Services Offered

- Provides counselling (online, phone and hospital/home visits)
- Conducts classes on breastfeeding and proper infant and child nutrition, babywearing
- Organizes mommy meet-ups

### Address

South GMA including Parañaque, Muntinlupa, Las Piñas, Cavite, Laguna, Batangas and Quezon

### Website / E-mail

[www.facebook.com/groups/SouthPiNanays](http://www.facebook.com/groups/SouthPiNanays)  
[south.pinanays@gmail.com](mailto:south.pinanays@gmail.com)

## Region III

## Breastfeeding Pinays - Olongapo

### Zambales

### Description of Services Offered

- Provides peer counselling (online, phone, home and hospital visits)
- Holds monthly meet ups and breastfeeding and proper infant and child nutrition awareness events
- Conducts breastfeeding talks in local communities in collaboration with local health centres and civic groups

### Phone Number(s)

0917-808-9672

### Website / E-mail

[www.facebook.com/groups/BFPinaysOlongapo](http://www.facebook.com/groups/BFPinaysOlongapo)  
[bfpolongapo@gmail.com](mailto:bfpolongapo@gmail.com)

## Breastfeeding Pinays - Pampanga

### Pampanga

### Description of Services Offered

- Conducts breastfeeding classes, seminars
- Provides peer counselling (online, phone and home/hospital visits) and peer counsellor training through Tamang KAIN

### Phone Number(s)

0916-648-4380

### Website / E-mail

Facebook: BFP-Pampanga  
[bfpkabal@gmail.com](mailto:bfpkabal@gmail.com)



## City Government of San Fernando Breastfeeding Employees

*San Fernando City, Pampanga*

### Description of Services Offered

- Holds and supports breastfeeding seminars, undertakes breastfeeding awareness activities within the community, milk donation (when available)

### Contact Office

Human Resource Development Office

### Website / E-mail

(045) 961-8640

## Nueva Ecija Breastfriends

*Nueva Ecija*

### Description of Services Offered

- Supports breastfeeding awareness activities within the community
- Provides online support about breastfeeding

### Phone Number(s)

0917-586-6043 (Karen)

0917-946-7067 (Nor Ann)

### Website / E-mail

[www.facebook.com/groups/1602908023276151](https://www.facebook.com/groups/1602908023276151)

[karenjoy\\_seranilla@yahoo.com](mailto:karenjoy_seranilla@yahoo.com)

[nbalatbat@gmail.com](mailto:nbalatbat@gmail.com)

## Region IV-A

### South PiNanays (SPiN)

*South GMA, Cavite, Laguna, Batangas Quezon*

### Description of Services Offered

- Provides counselling (online, phone and hospital/home visits)
- Conducts classes on breastfeeding and proper infant and child nutrition, babywearing
- Organizes mommy meet-ups

### Address

South GMA including Parañaque, Muntinlupa, Las Piñas, Cavite, Laguna, Batangas and Quezon

### Website / E-mail

[www.facebook.com/groups/SouthPiNanays](https://www.facebook.com/groups/SouthPiNanays)

[south.pinanays@gmail.com](mailto:south.pinanays@gmail.com)

## Region VI

### Bacolod Mom & Baby Club (BMBC)

*Negros Occidental*

### Description of Services Offered

- Provides breastfeeding information and support to mothers who want to breastfeed, relactate and anyone wishing to learn more about breastfeeding

### Phone Number(s)

0922-484-6708

### Website / E-mail

[www.facebook.com/bacolodmomandbabyclub](https://www.facebook.com/bacolodmomandbabyclub)

[bacolodmomandbabyclub@gmail.com](mailto:bacolodmomandbabyclub@gmail.com)

## Region VII

### BF Peer Counselors - Lamac & Poblacion, Pinamungajan

*Cebu*

### Description of Services Offered

- BHW/CHTs/Purok Leaders provide breastfeeding counselling using the Gabay Counselling Cards to pregnant and lactating mothers at home

### Contact Person(s)

Lurica June Gambe

### Phone Number(s)

0908-814-9288

### BF Peer Counselors - Macrohon and Padre Burgos

*Southern Leyte*

### Description of Services Offered

- BHW/CHTs/Purok Leaders provide BF counselling using the Gabay Counselling Cards to pregnant and lactating mothers at home. This is a collaboration with PNC-South Leyte and Visayas Health

### Contact Person(s)

Nilda Rich



## **BF Peer Counselors - San Isidro, Calape**

### *Bohol*

#### *Description of Services Offered*

- BHW/CHTs/Purok Leaders provide breastfeeding counselling using the Gabay Counselling Cards to pregnant and lactating mothers at home. This is a collaboration with NNC 7 and Visayas Health

#### *Contact Person(s)*

Jeffrey Licardo

#### *Phone Number(s)*

0922-834-6371

## **IYCF Community Support Group - San Vicente, Liloan**

### *Cebu*

#### *Description of Services Offered*

- BHW/CHTs/Purok Leaders provide breastfeeding counselling using the Gabay Counselling Cards to pregnant and lactating mothers at home. This is a collaboration with NNC 7 and Visayas Health

#### *Contact Person(s)*

Rouen Armilla

#### *Phone Number(s)*

0919-610-0394

#### *Website / E-mail*

[www.facebook.com/groups/breastfeedingpinays/](http://www.facebook.com/groups/breastfeedingpinays/)

## **L.A.T.C.H - Cebu**

### *Cebu*

#### *Description of Services Offered*

- Provides breastfeeding classes, counselling, home/hospital visits
- Breastfeeding support via phone, online, email, SMS
- Organizes campaigns to promote, protect and support breastfeeding
- Conducts trainings, provides consultation on setting up of corporate-based breastfeeding station and support groups

#### *Contact Person(s) / Address*

Mary Melinda M. Santana  
53 Turquoise St. Silver Hills, Talamban, Cebu

#### *Phone Number(s)*

0917-326-1145

#### *Website / E-mail*

Facebook: Latch Moms Cebu  
[msantana@organicsasiainc.com](mailto:msantana@organicsasiainc.com)

## **Milk Making Mommies (MMM) / Cebu Breastfeeding Club (CBC)**

### *Cebu*

#### *Description of Services Offered*

- MMM is a Facebook Breastfeeding Support Group. CBC meets once a month for peer support, some house visits

#### *Contact Person(s)*

Marini Esguerra, MD / Kristy Allyn King-Luy

#### *Phone Number(s)*

0943-725-1777

#### *Website / E-mail*

Facebook: Milk Making Mommies / Cebu Breastfeeding Club  
[cebu.breastfeeding@yahoo.com](mailto:cebu.breastfeeding@yahoo.com)

## Region VIII

### **HOM MOM-C (Communities Mobilized to Offset Malnutrition)**

*Eastern Samar, Western Samar*

**Description of Services Offered**

- The MOM-Cs are trained and educated on essential nutrition, i.e. 1,000 days, IYCF, etc. and detection and reporting of acute malnutrition

**Contact Person(s)**

Selahuddin Yu Hashim

**Phone Number(s)**

0915-625-5466 / (064) 552-0727

**Website / E-mail**

[www.facebook.com/HealthOrganizationMindanao](http://www.facebook.com/HealthOrganizationMindanao)

### **IYCF Mother to Mother Support Group - Capoocan**

*Capoocan, Leyte*

**Description of Services Offered**

- Trained BNS/BHW/CHT/Barangay Councilor/Leaders/Mothers provide IYCF Counselling to pregnant, lactating and mothers with children <5 years old in their respective catchment areas
- Conduct Positive Deviance Hearth sessions/modified Pabasa sa Nutrisyon and formation of Father support group in selected barangays

**Contact Person(s)**

Matilde Leonzanida

**Phone Number(s)**

0921-691-6929

## Region IX

### **HOM MOM-C (Communities Mobilized to Offset Malnutrition)**

*Zamboanga City*

**Description of Services Offered**

- The MOM-Cs are trained and educated on essential nutrition, i.e. 1,000 days, IYCF, etc. and detection and reporting of acute malnutrition

**Contact Person(s)**

Selahuddin Yu Hashim

**Phone Number(s)**

0915-625-5466 / (064) 552-0727

**Website / E-mail**

[www.facebook.com/HealthOrganizationMindanao](http://www.facebook.com/HealthOrganizationMindanao)  
[www.healthorgmindanao.com](http://www.healthorgmindanao.com)

## Region X

### **Mommy Bright Side**

*Cagayan de Oro*

**Description of Services Offered**

- Mommy Bright Side is a breastfeeding support group. We also conduct breastfeeding seminars and counselling, lactation massage, etc.

**Contact Person(s)**

Nadine Casiño

**Phone Number(s)**

0915-486-8868

**Website / E-mail**

[www.facebook.com/MommyBrightSide](http://www.facebook.com/MommyBrightSide)  
[mommybrightside@yahoo.com](mailto:mommybrightside@yahoo.com)

## **L.A.T.C.H - Davao**

*Davao del Sur*

### *Description of Services Offered*

- Provides breastfeeding classes, counselling, home/hospital visits
- Breastfeeding support via phone, online, email, SMS
- Organizes campaigns to promote, protect and support breastfeeding
- Conducts trainings, provides consultation on setting up of corporate-based breastfeeding station and support groups

Phone Number(s)

0905-353-7144

Website / E-mail

[www.facebook.com/LATCHDavao](https://www.facebook.com/LATCHDavao)

## **HOM MOM-C (Communities Mobilized to Offset Malnutrition)**

*Basilan, Sulu, Tawi-Tawi, Maguindanao and Lanao del Sur*

### *Description of Services Offered*

- The MOM-Cs are trained and educated on essential nutrition, i.e. 1,000 days, IYCF, etc. and detection and reporting of acute malnutrition

Contact Person(s)

Selahuddin Yu Hashim

Phone Number(s)

0915-625-5466 / (064) 552-0727

Website / E-mail

[www.facebook.com/HealthOrganizationMindanao](https://www.facebook.com/HealthOrganizationMindanao)  
[www.healthorgmindanao.com](http://www.healthorgmindanao.com)



## Sample disclosure statement to ensure Executive Order 51 compliance

The formula milk industry in the Philippines aggressively invests in marketing efforts. Over a period of five years, they spent US\$480 million in promoting and advertising in the Philippines, in contrast to the US\$130 million spent in the United States.<sup>1</sup> As a result, infant formula value growth in sales in the Philippines increased an average of 5.1 per cent per year between 2003 and 2009.<sup>2</sup>

Like all commercial companies, the bottom line of milk companies is profit. Each formula milk sale corresponds to a mother who stopped breastfeeding or a baby who is not exclusively breastfed. Conversely, each successful breastfeeding mother is one potential long term consumer lost. Those using formula were 6.4 times more likely to stop breastfeeding before 12 months.<sup>3</sup>

The goal of optimal infant feeding will always be in conflict with the goal of milk companies. There is a need to protect mothers and babies from potential conflicts of interest that may arise from implementing the Workplace Lactation Programme. Republic Act 10028 mandates workplace compliance with Executive Order 51.

Establishments shall take strict measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes, as well as artificial teats and bottles, within lactation stations and activities involving women and children whether related to breastfeeding promotion or not.

Milk companies and manufacturers/distributors of artificial teats and bottles are prohibited from holding or sponsoring classes towards women and children, whether they are related to infant feeding or not.

### Disclosure Statement

Individuals involved in the planning and implementation of the Workplace Lactation Programme may sign a Disclosure Statement to signify their commitment to protecting, promoting and supporting breastfeeding in the workplace.

1. Head of the department under which the Workplace Lactation Programme is being managed
2. Members of the team managing or implementing the Workplace Lactation Programme
3. The nurse or whoever is in charge of the lactation space
4. Resource persons or funding agencies external to the establishment

1 V. Uy: "Breastfeeding rate in RP at 34 for past 5 years UNICEF" in *Philippine Daily Inquirer* (07 September 2010).

2 H.L. Sobel et al.: "The economic burden of infant formula on families with young children in the Philippines" in *Journal of Human Lactation* (2012, Vol. 28, No. 2), pp. 174-180. Exchange rate used was US\$1 = Php 52.

3 H.L. Sobel et al.: "Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis" in *Social Science & Medicine* (2011, Vol. 73, No. 10), pp. 1445-1448.

## Workplace Lactation Programme SAMPLE DISCLOSURE STATEMENT

\_\_\_\_\_ (company/business/office name) requires employees/  
partners involved in the Workplace Lactation Programme to sign this Disclosure Statement to ensure  
compliance with the provisions of Executive Order 51 (The Milk Code) and RA 10028 (Expanded  
Breastfeeding Promotion Act).

The Workplace Lactation Programme cannot involve any activity or entity that relates to the production,  
marketing, distribution or sale of breast milk substitutes, infant foods, baby bottles and artificial nipples.

In reference to the statement above, the undersigned hereby volunteer the following information:

I certify that as an employee/partner/resource person involved in the planning and/or implementation  
of the Workplace Lactation Programme:

- ☐ I am not in any way engaged in any business, profession or occupation that relates to the  
production, manufacture, marketing, distribution or sale of breastmilk substitutes and infant  
foods, as well as baby bottles and artificial nipples.
- ☐ I have not received gifts or sponsorships whether directly or indirectly from entities that relate  
to the production, manufacture, marketing, distribution or sale of breast milk substitutes, infant  
foods, baby bottles and artificial nipples.
- ☐ I have not been involved directly or indirectly with any promotion or display of breastmilk  
substitutes, infant foods, baby bottles and artificial nipples in any activity/services related to  
women and children.

I certify that the information provided above is true, correct and complete to the best of my knowledge.  
In addition, I certify that I will make future and further disclosure/s as my personal interest/s change.

I have reviewed and agree to abide by the Workplace Lactation Policy of \_\_\_\_\_  
(company/business/office name).

Name \_\_\_\_\_  
Signature over Printed Name, Position

Date \_\_\_\_\_

# Training and Programme Management Tools developed through the Nutrition Security and Maternal Protection (NSMP) Project

From January 2013 to August 2015, the International Labour Organization (ILO) with funding from the United Nations Children's Fund (UNICEF) and the European Union (EU) implemented the Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace (NSMP) Project aiming to advance women's rights to maternity protection and to improve nutrition security for Filipino children through the promotion of exclusive breastfeeding in the workplace.

Through this effort, city governments of Iloilo, Naga and Zamboanga received technical assistance from partner agencies to implement breastfeeding in the workplace initiatives.

Partner agencies developed these tools with standards set by the Department of Health (DOH), UNICEF and the World Health Organization (WHO).

## Peer Educators Training Tools

- Training of Exclusive Breastfeeding Peer Educators for the Informal Economy (NAPC)
- Training of Exclusive Breastfeeding Peer Educators for Workers in the Formal Sector [Trade Union Congress of the Philippines (TUCP) and the Federation of Free Workers (FFW)]
- Maternal and Child Health/Exclusive Breastfeeding in the Workplace Peer Education Training Course for HR Practitioners [Employers Confederation of the Philippines (ECOP)]

## Programme Management Tools

- Baseline Survey, Monitoring and Evaluation Tools for Exclusive and Continued Breastfeeding in the Workplace for the Informal Economy (NAPC)
- Baseline Survey and Monitoring Tools for Exclusive and Continued Breastfeeding in the Workplace for Formal Workplace Settings (ECOP)
- Breastfeeding in the Workplace Program Management Training Course for Business Firms (ECOP)
- Breastfeeding in the Workplace for the Informal Economy Program Management Training Modules (NAPC)
- Monitoring and Evaluation Tool Training Module on Exclusive Breastfeeding for Workers in the Informal Economy (NAPC)



## Directory of Implementing Partners

### National Anti-Poverty Commission (NAPC)

*Modules can be accessed through the NAPC Gender and Development focal person and the sector representative of NAPC-WIS, especially those developed in collaboration with ALLWIES.*

MWSS-LWUA Complex, Katipunan Avenue,  
Quezon City 1105

*Telephone:* 426-5028 / 426-5019 /  
426-4956 / 426-4965

*Fax:* 927-9838

*E-mail:* info@napc.gov.ph

### Employers Confederation of the Philippines (ECOP)

3rd Floor ECC Bldg., 355 Sen. Gil Puyat Ave.,  
Makati City 1200

*Telephone:* 890-4847 / 897-5295 /  
895-8576 / 890-9483

*Fax:* 895-8576

*E-mail:* secretariat@ecop.org.ph

### Trade Union Congress of the Philippines (TUCP)

Unit 601, Marbella II Bldg., Roxas Boulevard,  
Malate, Manila 1004

*Telephone:* (632) 263-2270

*E-mail:* secltucp@gmail.com

### Alliance of Workers in the Informal Economy/Sector (ALLWIES)

B7 L9 P5 Villa de Primarosa, Brgy. Buhay na  
Tubig, Imus 4103, Imus City, Cavite

*Telephone:* (046) 875-1383 / 850-5233  
(Suntel Wireless)

*Telefax:* (046) 543-1410

*E-mail:* sgtesiorna@gmail.com

### Federation of Free Workers (FFW)

1943 Taft Avenue, Malate 1004, Manila

*Telephone:* (632) 521-9435 / (632) 521-9464 /  
(632) 400-6656

*Fax:* (632) 400-6656

*E-mail:* acasper1951@yahoo.com  
dabigdyul@gmail.com

## Sample Workplace Lactation Programme provisions in a Collective Bargaining Agreement

Collective Bargaining Agreements (CBAs) can serve as instruments for addressing the rights and responsibilities of both the employers and the workers. CBAs can include provisions supportive of breastfeeding in the workplace in accordance with Republic Act 10028.

### Sample Collective Bargaining Agreement Provisions

#### Article \_\_\_\_ : Workplace Lactation Programme

**Section 1.** Pursuant to The Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028) and its Implementing Rules and Regulations, the Company shall establish a Workplace Lactation Programme.

**Section 2.** The Company shall implement an education program on the benefits of exclusive and continued breastfeeding for all its employees.

**Section 3.** The Company shall provide a lactation station or corner for the use of lactating employees, with the following minimum specifications: accessible, with ample privacy, with access to clean water, comfortable seats, table and a cooler or refrigerator

**Section 4.** Breastfeeding employees will be granted paid lactation breaks that may be over the minimum period of 40 minutes every day for the purpose of expressing breastmilk, on top of the existing allowed breaks.

**Section 5.** Planning and implementation of such activities will be conducted with due consideration of provisions in the Philippine Milk Code of 1986 (Executive Order 51). The Company shall take strict measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes, as well as artificial teats and bottles, within lactation stations and activities involving women and children whether related to breastfeeding promotion or not.

# Sample Local Ordinance on Exclusive and Continued Breastfeeding in the Workplace

The International Labour Organization (ILO) in partnership with the United Nations Children's Fund (UNICEF) and funding from the European Union (EU) implemented the *Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace* (NSMP) Project aiming to advance women's rights to maternity protection and to improve nutrition security for Filipino children through to the promotion of exclusive and continued breastfeeding in the workplace.

Through this project, city governments of Zamboanga City, Naga City and Iloilo City received technical assistance from partner agencies to implement breastfeeding in the workplace initiatives.

Local ordinances adopting the workplace provisions of Republic Act 10028 to create a local policy framework for the provision of breastfeeding support for women workers were enacted in the three cities.

### Zamboanga City

*"An enabling ordinance on the expanded promotion of exclusive and continued breastfeeding in the workplace and providing penalties thereof" (2011)*

*"An ordinance amending certain sections of City Ordinance No. 377, series of 2011, otherwise known as An enabling ordinance on the expanded promotion of exclusive and continued breastfeeding in the workplace and providing penalties thereof" (2014)*

### Naga City

*"An ordinance requiring all government agencies/offices and private establishments and institutions in the City of Naga to establish breastfeeding corners or lactation stations in their offices/establishments/institutions including their instrumentalities and providing the mechanism for enforcement and prescribing penalties for violations thereof" (2011)*

### Iloilo City

*"An Ordinance adopting a customized promotion of exclusive and continued breastfeeding in the informal workplaces" (2010)*

The 2011 local ordinance for Zamboanga City is featured on this section. Copy of the 2014 amending ordinance is embedded on this PDF file as an attachment (*check the attachment panel*).





Republic of the Philippines  
**OFFICE OF THE SANGGUNIANG PANLUNGSOD**  
CITY OF ZAMBOANGA

ORDINANCE NO. 377

**AN ENABLING ORDINANCE ON THE PROMOTION OF BREASTFEEDING IN THE WORKPLACE  
AND PROVIDING PENALTIES THEREOF**

Author: HON. LILIA M. NUÑO

Co-Authors: HON. MYRA PAZ V. ABUBAKAR  
HON. ROMMEL S. AGAN  
HON. MIGUEL C. ALAVAR III  
HON. LUIS R. BIEL III  
HON. JAIME U. CABATO  
HON. REYNERIO S. CANDIDO  
HON. VINCENT PAUL A. ELAGO  
HON. BENJAMIN E. GUINGONA III  
HON. CESAR L. JIMENEZ, JR.  
HON. RODOLFO R. LIM  
HON. JOANNA MARI D. MAS  
HON. ABDURAHMAN B. NUÑO  
HON. PERCIVAL S. RAMOS  
HON. EDUARDO T. SAAVEDRA, JR.  
HON. MELCHOR REY K. SADAIN

EXPLANATORY NOTE

WHEREAS, The 1987 Constitution of the Republic of the Philippines mandates the State to protect and promote the right to health of the people and instill health awareness among them;

WHEREAS, Section 16 of Republic Act 7160 provides that the Local Government shall ensure and promote the general welfare of its constituents, to include among others, the promotion of health and safety;

WHEREAS, The Philippines has adopted the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) "2002 Global Strategy on Infant and Young Child Feeding" which recommends exclusive breast milk feeding for newborn, and with continued breastfeeding in combination with complimentary feeding for infants and young children from six (6) months onward;

WHEREAS, The use of breast milk which is widely recognized as the best source of nutrition for babies, promotes the development of emotional bonding between the mother and child, bestow upon the newborn infant protection against infection, provides the mother natural contraception after delivery and protect the mother from closely spaced pregnancy.

NOW, THEREFORE, be it enacted, as it is hereby enacted by the Sangguniang Panlungsod of Zamboanga City in session assembled, that:

SECTION 1. TITLE – This Ordinance shall be known as the “Promotion of Breastfeeding in the Workplace and Providing Penalties Thereof.”

SECTION 2. DECLARATION OF POLICY – The City of Zamboanga shall adopt the national policy of rooming-in and breastfeeding in order to encourage, protect and support the practice of breastfeeding.

It shall create an environment where basic physical, emotional and psychological need of the mothers and infants are fulfilled.

The City shall likewise protect working mothers by providing safe and healthy working conditions, taking into account the maternal functions, facilities and opportunities that will enable mothers to combine family obligations with work responsibilities.

Towards this end, the city shall promote and encourage continues breastfeeding and provide specific measures that would enable nursing mothers to continue expressing their milk and/or breastfeeding their infants or young child.

SECTION 3. DEFINITION OF TERMS:

3.1 Cup feeding – the method of feeding an infant using a cup the content of which can be any type of fluid.

3. 2 Breastfeeding – is the method of feeding an infant directly from the human breast.

3.3 Breast milk – is the human milk from the mother.

3.4 Breast milk substitute – any food being marketed or otherwise represented as partial or total replacement of breast milk whether or not suitable for that purpose.

3.5 Expressed breast milk – is the human milk which has been extracted from the breast by hand or by breast pump, which can be fed to an infant using a dropper, a spoon, or a cup.

3.6 Expressing milk – is an act of extracting human milk from the breast by hand or by pump into a container.

3.7 Formula feeding – is the feeding of a newborn with infant formula usually by bottle feeding. It is also called artificial feeding.

3.8 Health Institutions – are hospitals, health infirmaries, health centers, lying-in centers, or puericulture centers with obstetrical and child health services.

3.9 Health personnel – are professionals and workers who manage and/or administer the entire operations of health institution and/or who are involved in providing maternal and child health services.

3.10 Health workers – all persons who are engaged in health and health related work, and all persons employed in all hospitals, sanitaria, health infirmaries, health centers, rural health units, clinics, and all other health related establishments, whether government or private and shall include medical, allied health professional administrative support personnel employed regardless of their employment status.

3.11 Infant – is a child with the zero (0) to twelve (12) months of age.

3.12 Lactation Station – private, clean, sanitary, and well-ventilated room or an area in the workplace or public place where nursing mothers can wash up, breastfeed or express their milk comfortably and store this afterward. Also known as breastfeeding room/area/station.

3.13 Non-health facility, establishment or institution – public places and workplaces.

3.14 Private sector organizations – refer to privately owned companies, corporations, associations, foundations, and the like.

3.15 Public sector – the portion of society controlled by national, state or provincial and local governments.

3.16 Public place – enclosed or confined areas such as schools, public transportation terminals, shopping malls, and the like.

3.17 Rooming-in – the practice of placing the newborn in the same room as the mother right after delivery up to discharge to facilitate mother-infant bonding and to initiate breastfeeding. The infant may either share the mother's bed.

3.18 Workplace – refers to the work premises, whether private enterprises or government agencies, including their subdivisions, instrumentalities and GOCC's.

3.19 Young child – is a child from the age of twelve (12) months and one (1) day up to thirty-six (36) months.

3.20 Nursing Employee – any female worker, regardless of employment status, who is lactating or breastfeeding her infant and/or young child.

SECTION 4. SCOPE/APPLICABILITY – The provision of this Ordinance shall apply to all private enterprises, government agencies, including their subdivisions and instrumentalities, and all government owned and controlled corporations in the City of Zamboanga.



However, upon application to, and determination by the Director of the Department of Labor and Employment for the private sector, and Chairperson of the Civil Service Commission for the public sector, health and non-health facilities, establishment and institution may be exempted for a renewable period of two (2) years from Section 4 of this Ordinance, where the establishment of lactation stations is not feasible or necessary due to the peculiar circumstances of the workplace or public place taking into consideration, among others, the number of women employees, physical size of the establishment and the number of women who visit the establishment or office.

**SECTION 5. ESTABLISHMENT OF LACTATION STATIONS** – The City of Zamboanga mandates all private enterprises, government agencies, including their subdivisions and instrumentalities, and government-owned and controlled corporations in the City of Zamboanga to establish a lactation station with necessary equipment and facilities, such as lavatory for hand-washing, unless there is an easily accessible lavatory nearby; refrigeration or appropriate cooling facilities for storing expressed breast milk; a table; comfortable seats where the mother can hand express breast milk; electrical outlets for breast pumps and other items shall also be provided, the standards of which shall be defined by the City Health Office. The lactation station shall be clean, well ventilated, comfortable and free from contaminants and hazardous substances, and shall ensure privacy for the women to express their milk and/or in appropriate cases, breastfeed their child. In no case, however, shall the lactation station be located in the toilet.

**SECTION 6. LACTATION PERIODS** – Nursing mother employees are entitled to break intervals in addition to the regular time-off for meals to breastfeed or express milk. The employee shall notify her immediate supervisor before leaving her station.

These intervals which include the time it takes an employee to get to and from the workplace to the lactation station shall be counted as compensable hours worked. The duration and frequency of breaks may be agreed upon by employees and employers but in no case shall such intervals be less than 40 minutes for every 8 hour working period. Usually, there could be 2-3 breast milk expressions lasting to 15-30 minutes each within a workday.

**SECTION 7. ACCESS TO BREASTFEEDING INFORMATION** – Employers shall ensure that the staff and employees shall be made aware of this Ordinance. That all pregnant employees shall be provided with information on how they can combine breastfeeding and work once they return to work. The employers shall coordinate with the City Health Office in order for them to avail of the breastfeeding program for working mother.

**SECTION 8. INCENTIVES AND AWARDS SYSTEM** - The City Health Office shall create an award system in order to strengthen compliance of this Ordinance subject to existing laws, rules and regulations.

**SECTION 9. BREASTFEEDING AWARENESS MONTH** – In order to raise the awareness on the importance to promote breastfeeding, the month of August in each and every year shall be known as the "Breastfeeding Awareness Month".

The City Health Office shall be the lead agency in the celebration of Breastfeeding Awareness Month through the inclusion of BF awareness month in the monthly health events.

SECTION 10. IMPLEMENTATION AND MONITORING – The City Health Office shall be the lead agency in the implementation and monitoring of the provision of this Ordinance for this purpose. The Chief Executive shall create a multi-sectoral monitoring team composed of the following persons or their duly authorized representative, but not limited to:

1. City Health Officer - Chairman
2. City Nutrition Action Officer
3. City Social Welfare and Development Officer
4. Licenses and Permits Officer, Office of the City Mayor
5. Representative from the NGO to be appointed by the City Mayor
6. City Treasurer
7. City Engineer
8. City Schools Division Superintendent, Dep-Ed.
9. Regional Director, Department of Health
10. Regional Director, DOLE
11. Regional Director, CSC
12. City Director, DILG
13. City Police Director

The monitoring team shall have the following functions:

1. Monitor compliance of this Ordinance.
2. Develop and provide information and educational materials on the benefits of Breastfeeding/breast milk.
3. Conduct training and seminar programs on breastfeeding.
4. Submit reports on the status of implementation of this Ordinance to the City Mayor and the City Health Office.

SECTION 11. PENALTIES – The following penalties shall be imposed on violation of the Ordinance.

Any private non-health facility, establishment and institution which unjustifiably refuses or fails to comply Sections 5, 6 and 7 of this Ordinance shall be imposed a fine of:

First offense – P1,000.00 plus warning to be issued by the City Health Office

Second offense – P2,000.00 and non-extension of sanitary permit

Third offense – P5,000.00 and the cancellation or revocation of business permits or licenses to operate.

In all cases, the fine imposed should take into consideration, among others, the number of women employees, physical size of the establishment, and the average number of women who visit the establishment.

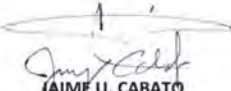
SECTION 12. FUNDING – The City Government shall allocate substantial amount from the Gender and Development Fund for the effective implementation of this Ordinance.

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SECTION 13. SEPARABILITY CLAUSE – If for any reason, any part or provision of this Ordinance is declared null and void, other parts or provisions which are not affected shall continue to be in full force and effect.

SECTION 14. EFFECTIVITY CLAUSE – This Ordinance shall take effect in accordance with the provisions of the Local Government Code.


ENACTED: July 27, 2011, as an urgent measure.

  
**JAIME U. CABATO**  
Temporary Presiding Officer

ATTESTED:

  
**ZENAIDA C. JAYME**  
City Secretary

-----  
APPROVED:

  
**CELSO L. LOBREGAT**  
City Mayor

Jdramirez 07-27-11



## Additional Resources

### The Laws

1. **The Philippine Milk Code of 1986 (Executive Order 51)**  
Adopting a national code of marketing of breastmilk substitutes, breastmilk supplements and related products, penalizing violations thereof, and for other purposes
2. **Department of Health (DOH) Administrative Order No. 2006-0012 (Revised Implementing Rules and Regulations of Executive Order 51)**  
Revised implementing rules and regulations of Executive Order 51, otherwise known as the “Milk Code”, relevant international agreements, penalizing violations thereof, and for other purposes
3. **The Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028)**  
An Act expanding the promotion of breastfeeding, amending for the purpose Republic Act No. 7600, otherwise known as “An Act providing incentives to all government and private health institutions with rooming-in and breastfeeding practices and for other purposes”
4. **Implementing Rules and Regulation (IRR) of RA 10028 (2011)**
5. **Rooming-in and Breastfeeding Act of 1992 (Republic Act 7600)**  
An Act providing incentives to all government and private health institutions with rooming-in and breastfeeding practices and for other purposes

### Policy Directives

1. **Department of Interior and Local Government (DILG) Memorandum Circular 2011-054**  
Implementation and monitoring of the national policy on breastfeeding and setting-up of workplace lactation program
2. **Department of Labor and Employment (DOLE) Department Order 2015-143**  
Guidelines governing exemption of establishments from setting up workplace lactation stations
3. **DOH Department Circular No 2009-0228**  
Guidelines for the monitoring of Milk Code activities
4. **Administrative Order No. 97-341**  
Implementing the Philippine Health Promotion Program through Healthy Places
5. **Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular No. 2012-01**  
Guidelines for the preparation of annual Gender and Development (GAD) plans and budgets and accomplishment reports to implement the Magna Carta of Women

## Breastfeeding and infant feeding: seeing the big picture

### 1. Breastfeeding on the Worldwide Agenda

Findings from a landscape analysis on political commitment for programmes to protect, promote and support breastfeeding (United Nations Children's Fund (UNICEF) 2013)

### 2. Improving Child Nutrition

The achievable imperative for global progress (UNICEF 2013)

## For health workers and mothers

1. Breastfeeding: A winning goal for life. Overcoming obstacles and making an empowered choice (World Health Organization (WHO) – Western Pacific Region Office (WPRO) 2014)
2. Infant and Young Child Feeding Counselling Cards (DOH/UNICEF 2012)
3. Safe preparation, storage and handling of powdered infant formula Guidelines (WHO/Food and Agriculture Organization of the United Nations (FAO) 2007)

## For health workers

1. Early Essential Newborn Care Clinical Practice Pocket Guide by the World Health Organization (WHO – WPRO 2014)
2. Baby-friendly hospital initiative: revised, updated and expanded for integrated care. Section 3, Breastfeeding promotion and support in a baby-friendly hospital: a 20-hour course for maternity staff (WHO/UNICEF 2009)
3. A guide for health workers to working within the International Code of Marketing of Breastmilk Substitutes (UNICEF – United Kingdom 2013)

