

## **Breastfeeding Advocacy Initiative Research Brief**

### **The Evidence for Maternity Protection**

Breastfeeding, and support for women to succeed in breastfeeding, have important impacts on the economy. This often unappreciated contribution of women to national development, and the need for maternity protection, especially active paid maternity leave in all countries, is the focus of this year's 23rd World Breastfeeding Week (WBW) of the World Alliance for Breastfeeding Action's (WABA's) is dedicated to "Breastfeeding and Work: Let's Make It Work!" The objectives are to protect breastfeeding rights by galvanizing support, promoting action, informing/raising awareness concerning the most recent entitlements, policies, etc., strengthening and showcasing supportive practices, and engaging with target groups, such as trade unions, labor organizations, and women's groups. WBW also highlights every mother's needs and that she deserves Time, Support and Place/Proximity<sup>i</sup> in order to succeed in breastfeeding. This call for action is based on human rights and gender equity. Importantly, increasing women's participation in paid employment is a fundamental step towards women's economic empowerment, family health and improving national development outcomes. Gender equality in labor force participation and increasing women's labor force participation are drivers of economic growth<sup>ii</sup> The challenge for this brief is to present the evidence of the impact that paid maternity leave and maternity protection can have on breastfeeding and workplace, alike. Ten important issues are explored.

#### **Maternity leave, paid leave and/or workplace accommodation...**

##### **1...Allow women to make decisions without the need to return to work immediately and increases breastfeeding duration.**

Research shows a statistically significant association between breastfeeding cessation and length of maternity leave. A study of working mothers in California, where there was no guaranteed paid leave at the time, found a higher risk of breastfeeding cessation among full-time employed mothers with maternity leaves  $\leq 12$  weeks when compared to mothers who never returned to work.<sup>iii</sup> The relationship between length of maternity leave and breastfeeding duration remains significant after adjustment for education, income, race, parity, marriage/cohabitation and psychosocial stress. In all adjusted categories, those with maternity leaves  $\leq 6$  weeks had the highest risk of early cessation. A recent US study reported that mothers who returned to work during the first year postpartum were more likely to breastfeed for a shorter time than they had planned.<sup>iv</sup> This, again, was especially true for mothers who returned to work by 6 weeks. Breastfeeding rates in California increased by 10-20% at 3, 6 and 9 months, after implementation of 6 weeks of partially paid family leave. In China, as well, workplace accommodation impacted breastfeeding.<sup>v</sup>

##### **2...Result in improved health and development outcomes.**

Research has established that paid maternity leave is associated with better child health outcomes. Infants are more likely to be breastfed,<sup>vi</sup> have better attendance at well-baby visits, higher rates of immunizations,<sup>vii viii</sup> lower rates of infant mortality,<sup>ix</sup> and improved early brain development<sup>x</sup> Research in Canada compared children born before and after expanded paid leave; after longer leave, children exhibited better cognitive outcomes up to 4-5 years of age.<sup>xi</sup> Research in Norway of a change in the Government's regulations for maternity leave from 12 weeks of unpaid leave to 4 months of paid leave and 12 months of unpaid leave, found a 2 percentage point decline in high school dropout rates and a 5 percent increase in wages at age 30.<sup>xii</sup> Paid leave also improves maternal mental<sup>xiii</sup> and physical health,<sup>xiv</sup> reducing respiratory infections<sup>xv</sup> and depressive symptoms in mothers. The impact appears to increase with the duration of leave<sup>xvi</sup> however, more studies on this issue are needed. Many of the countries with paid leave also offer increased access to affordable, high quality child care.<sup>xvii</sup>

##### **3...Reduce companies' (and nations') health care costs.**

Positive health effects of breastfeeding are best documented in an infant's first year of life, so employers or countries that cover health insurance should see a quick return on investment.<sup>xviii</sup> Employers and other providers of health services will accrue annual savings of hundreds of thousands of dollars in health care expenditures, with fewer prescriptions and reduced absenteeism rates, with infant health care costs for newborns 3 times lower with fewer hospitalizations and insurance claims.<sup>xix xx</sup>

##### **4...May strengthen workforce performance, including attendance, loyalty, productivity, and morale.**

Research shows that women who receive support to express milk at work are more productive and loyal to the company,<sup>xxi</sup> feel this support eases their transition back to work and allows them to return to work sooner.<sup>xxii</sup> One study found that workplace lactation accommodation promoted positive attitudes towards workplace breastfeeding, so employers wishing to accommodate nursing mothers should not fear negative reactions from other workers.<sup>xxiii</sup> Other studies, reported in the US HHS<sup>xxiv</sup> Business Case for Breastfeeding show that employees taking advantage of lactation programs report higher job satisfaction, and that employees are more positive about the company, worry less about family concerns on the job, and

intend to make the company their long term employer. Co-located child care would allow breastfeeding, rather than pumping, breaks, with all the additional advantages of breastfeeding that accrue with direct interaction with the child.

### **5...Decrease employee absenteeism.**

Since breastfed babies are healthier, there is a decrease in absenteeism to care for sick children. Among the 40 illnesses causing a one day absence for employees, only 25% occurred in mothers of breastfed infants while 75% occurred in formula fed infants.<sup>xxv</sup>

### **6...Support increases employee retention**

Providing a worksite lactation support program helps to maintain a stable workforce by reducing employee turnover.<sup>xxvi</sup> Employees who want to breastfeed their babies are more likely to return to a work place that provides a supportive breastfeeding environment;<sup>xxvii</sup> US businesses with lactation support programs report retention rates of 83 to 94.2% compared to the national rate of 59%.

### **7...Improve the company's public image.**

Studies show that providing a supportive environment for nursing employees enhances a company's reputation as one that is concerned for the welfare of its employees and their families. There are long-term sustainable approaches that may be legislated, and workplace measures can be implemented until that time.<sup>xxviii</sup> This ultimately earns a business a positive self-image in the community.<sup>xxix</sup> The payoff is significant and seen in a positive public relations and company image.

However, this should not be a rationale for government complacency on this issue.

### **8...Are supported by a variety of legal and policy approaches.**

The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) introduces "maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances".<sup>xxx</sup> The Maternity Protection Convention C 183 adopted in 2000 by ILO requires 14 week of maternity leave as minimum condition.<sup>xxxi</sup> National laws vary widely and there are many approaches for a country to pay for maternity leave.<sup>xxxii</sup> Coverage include social security, insurance approaches, employer liability, and a mix of the three. However, paid leave in the informal sector has not been well studied.<sup>xxxiii</sup>

### **9...Need not raise employer concerns.**

Employers who do not support or accommodate breastfeeding may do so for several reasons:<sup>xxxiv</sup> such as concerns about availability of physical space, the cost and loss of productivity and the effect on other employees. Some employers believe not all employees are comfortable with the mother who is breastfeeding.<sup>xxxv</sup> However, these employers may not be aware of the positive impacts for cost and for public relations. (See 3-7, above)

### **10...Should not cause discrimination against women for employment.**

There is concern that leave results in discrimination against the hiring of women. In some countries women are discriminated against at many levels: family, employer decisions, and government policies. This would suggest that workplace support for breastfeeding mothers should be coupled with protection against discriminatory hiring practices. A good example is Canada that has taken a proactive approach with public policy to accommodate breastfeeding mothers in the workplace; if her right is denied, the employer faces charges of discrimination based on gender. In the developing world, when funded maternity leave is enacted, there is a still greater positive effect on women's lives and employment outcomes.<sup>xxxvi</sup>

**References are available upon request.** This brief is drawn heavily from: ILO. *Maternity and Paternity at work: Law and practice across the world*. 2014, ILO Geneva; USDHHS *Business Case for Breastfeeding*; ASPHN Policy Brief, March 2015; Center for American Progress - *Maintain a Stable Workforce by Reducing Employee Turnover*, 2012; the *WBW Action Folder*, 2015; OECD reports; and from the work of Haviland B et al. *Supporting Breastfeeding in the workplace*; Burbank M, et al. *Mandating Paid Maternity Leave for America's Working Mothers: Improving the Health and Economic Stability for Families*. CDC, February 2015; Marinelli K et al. *ABM Statement: Breastfeeding Support for Mothers in Workplace Employment or Educational Settings*, *Breastfeeding Med*, 8:1:137-141. The majority of the research reported herein is from industrialized countries.

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