



## ADVOCACY BRIEF

# BREASTFEEDING AND FAMILY-FRIENDLY POLICIES

Breastfeeding gives all children the healthiest start in life. Breastmilk promotes cognitive development and acts as a baby's first vaccine, providing critical protection from disease and death. Breastfeeding also reduces the burden of childhood and maternal illness, lowering health care costs, creating healthier families and strengthening the development of nations.

When mothers breastfeed, everyone benefits. Yet today, only 41 per cent of the world's children younger than six months are exclusively breastfed. By age two, only 45 per cent receive any breastmilk at all.<sup>1</sup> Increasing breastfeeding worldwide would prevent more than 800,000 child deaths each year, particularly those associated with diarrhoea and pneumonia.<sup>2</sup> Optimal breastfeeding also has the potential to prevent nearly 100,000 maternal deaths from cancer and type II diabetes each year.

Time, resources and protective policies are critical to support breastfeeding mothers. Family-friendly policies—such as paid maternity leave, access to quality childcare, breastfeeding breaks and dedicated nursing spaces—provide mothers and babies with the time to recover from birth, bond with their babies and breastfeed in the critical early weeks and months of life. These policies are particularly important for working mothers, for whom returning to paid or unpaid work is one of the greatest barriers to breastfeeding.

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**Maternity leave is critical to enabling exclusive and continued breastfeeding. It can also reduce infant mortality. Governments should mandate paid maternity leave for a minimum of 18 weeks, and preferably, for a period of six months or more after birth, as well as paid paternity leave.**

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# GLOBAL BREASTFEEDING COLLECTIVE

Led by UNICEF and WHO, the Global Breastfeeding Collective is a partnership of more than 20 prominent international agencies calling on donors, policymakers, philanthropists and civil society to increase investment in breastfeeding worldwide.

The Collective's vision is a world where all mothers have the technical, financial, emotional and public support they need to start breastfeeding within an hour of a child's birth, breastfeed exclusively for six months, and continue breastfeeding (with adequate, age-appropriate and safe complementary foods) for two years or beyond.

The Collective advocates for smart investments in breastfeeding, assists policymakers and non-governmental organizations in implementing solutions, and galvanizes public support to get real results in increased rates of breastfeeding for children, families and entire nations.

## KEY MESSAGES

**Adequate paid maternity leave, access to quality childcare, breastfeeding breaks and dedicated nursing spaces are critical workplace policies for protecting and supporting breastfeeding.**

No mother should have to choose between providing for her family economically and offering the best nourishment for her infant. Yet the return to work is one of the greatest barriers a mother faces in realizing her right to breastfeed throughout her child's infancy. Family-friendly policies are critical to ensuring that breastfeeding and work are not mutually exclusive. To provide adequate time for mothers to recover from birth, breastfeed, and bond with their babies, governments should mandate paid maternity leave for a minimum of 18 weeks, and preferably, for a period of six months or more after birth, as well as paid paternity leave.

**Time off work along with skilled birth support in the first hour and days after birth can improve breastfeeding and newborn health and survival.**

Adequate maternity leave and the support of health workers can enable women to breastfeed immediately after birth and throughout the first few days and weeks of life, giving their babies the best chance to survive and thrive.<sup>2,3</sup>

Returning to work too soon after the birth of a child has been shown to have a detrimental effect on breastfeeding practices.<sup>4,5</sup> One recent study found that a one-month increase in the legislated duration of paid maternity leave was associated with a 5.9 percentage point increase in the prevalence of exclusive breastfeeding.<sup>6</sup> Breastfeeding exclusively and on-demand for the first six months requires

a significant investment of time and energy. The round-the-clock needs of exclusively breastfeeding babies are difficult to meet without adequate time off work.

**Family-friendly policies are an investment in early childhood health and development.**

The evidence is clear that a nurturing environment, stimulating and responsive care and the nourishment provided by breastfeeding can strengthen a baby's developing brain. To undertake these critical practices, parents need time, resources and support, in the form of paid parental leave, breastfeeding breaks and access to quality childcare. Such policies enable breastfeeding and help parents nurture their child's health and brain development in the earliest years of life, when it matters most.

**Family-friendly policies protect women's health, promote gender equality and support women's participation in the workforce.**

Paid leave improves mothers' physical and mental health,<sup>7,8</sup> enhances family well-being, allows parents to share child rearing responsibilities, and enables a woman's right to breastfeed. Family-friendly workplace policies promote gender equity and women's economic participation, while strengthening the economy. Numerous studies have demonstrated that one of the most powerful ways to grow national GDP is through the increased participation of women in the labour force.

**Paid leave and other family-friendly policies are good for mothers, babies—and business.**

Family-friendly policies represent a win-win for the health of mothers and babies and for the bottom line in business. Studies in the United States have shown that workplace breastfeeding policies save an average of US\$3 for every US\$1 invested,<sup>9</sup> owing to savings on reduced employee turnover, increased employee retention and satisfaction, and reduced absences related to illness. Experiences in implementing workplace breastfeeding policies in the tea industry in Kenya and the garment industry in Bangladesh suggest that paid maternity leave and breastfeeding accommodations for working mothers may result in greater productivity and lower absenteeism.

## KEY FACTS

- The International Labour Organization (ILO) recommends that employers provide a minimum of 18 weeks of maternity leave.<sup>10</sup>
- Only 42 countries (23 per cent) meet or exceed the ILO recommendation of 18 weeks leave.<sup>11</sup> The ILO

Armenia, 2016  
City of Yerevan, the capital.  
Republican Maternity Ward  
Mother and father with new born baby.  
UNICEF/UN0206267/Pirozzi



estimates that 830 million women workers globally are not adequately covered by maternity protection (including maternity leave),<sup>12</sup> constraining their ability to breastfeed, nurture and care for their infants in the earliest months of life.

- Maternity leave is critical to enabling early, exclusive and continued breastfeeding. Once a mother returns to work, the provision of hygienic lactation spaces, breastfeeding breaks, and access to childcare can help her continue breastfeeding for as long as she chooses.
- Longer maternity leave is associated with lower infant mortality in low- and middle-income countries. For each month of additional maternity protection, there is a reduction of nearly eight infant deaths per 1,000 live births.<sup>13</sup>
- Family-friendly workplace policies attract more women to the workforce and reduce constraints on women's time, increasing per capita income and benefiting national economies.<sup>14</sup>
- The provision of workplace breastfeeding rooms and nursing breaks are low-cost interventions that can improve breastfeeding,<sup>15,16</sup> job performance and employee retention.<sup>8</sup>
- The cost of not breastfeeding is significant, for both children and nations. Globally, the total annual economic loss of not breastfeeding according to recommendations is estimated to be between US\$257 billion and US\$341 billion. Investments in scaling up breastfeeding programmes are therefore critical to boosting human capital and strengthening economies around the world.<sup>1</sup>

## CALL TO ACTION

Family-friendly policies that protect and promote breastfeeding are an investment in the health, development and future prosperity of children, women and nations. There is compelling evidence that paid leave, access to quality childcare and dedicated nursing time and space can improve breastfeeding rates, resulting in healthier mothers and children, stronger economies and greater human capital.

We invite partners to join us in advocating with governments and employers for the adoption of family-friendly policies that support optimal breastfeeding and allow parents the time, space and resources to bond with and nurture their children after birth and throughout early childhood. Together we must:

- Generate and share evidence about the potential for family-friendly policies to improve breastfeeding, reduce health care costs and boost economies.
- Advocate with governments to enact maternity leave policies that provide a minimum of 18 weeks paid leave, and preferably, six months or longer; as well as paid paternity leave.
- Advocate with businesses and other employers to adopt and strengthen workplace policies that protect, promote and support breastfeeding; and provide technical assistance to build their capacities to implement such policies.
- Track, document and share lessons learned and success stories of national and workplace family-friendly policies and their impact on improving breastfeeding.

## REFERENCES

- 1 Walters, D., et al., The cost of not breastfeeding: global results from a new tool, *Health Policy and Planning*, 24 June 2019.
- 2 United Nations Children’s Fund and World Health Organization. *Capture the Moment—Early initiation of breastfeeding: The best start for every newborn*. New York: UNICEF; 2018.
- 3 Chai, Y. et al., Does extending the duration of legislated paid maternity leave improve breastfeeding practices? Evidence from 38 low-income and middle-income countries. *BMJ Global Health*, 2018;3:e001032.
- 4 Navarro-Rosenblatt, D., Garmendia, M.-L. (2018). Maternity leave and its impact on breastfeeding: a review of the literature. *Breastfeeding Medicine*, 13(9), 589–597.
- 5 Steurer, L. M. (2017). Maternity leave length and workplace policies’ impact on the sustainment of breastfeeding: global perspectives. *Public Health Nursing*, 34(3), 286–294.
- 6 Chai, Y., Nandi, A., Heymann, J. (2018). Does extending the duration of legislated paid maternity leave improve breastfeeding practices? Evidence from 38 low-income and middle-income countries. *BMJ Global Health* 3:e001032.
- 7 Aitken, Z., et al., (2015). The maternal health outcomes of paid maternity leave: a systematic review. *Social Science & Medicine*, 130, 32–41.
- 8 Dagher, R. K., et al. (2014). Maternity leave duration and postpartum mental and physical health: implications for leave policies. *Journal of Health Politics, Policy and Law*, 39(2), 369–416.
- 9 Office of Women’s Health. (2018). *Business Case for Breastfeeding*. Retrieved April 3, 2019, from womenshealth.gov website: <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>.
- 10 International Labour Organization. C183—*Maternity protection convention*, 2000 (No. 183) and *Maternity Protection Recommendation*, 2000 (No. 191).
- 11 International Labor Organization. *Maternity and paternity at work: Law and practice across the world*. ILO, Geneva; 2014.
- 12 International Labour Organization (ILO). (2014). *Maternity and Paternity at Work—Law and Practice across the World*. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_242615.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf).
- 13 Nandi A, et al., (2016) Increased Duration of Paid Maternity Leave Lowers Infant Mortality in Low- and Middle-Income Countries: A Quasi-Experimental Study. *PLoS Med*. 13(3):e1001985.
- 14 Asian Development Bank. (2015). *Women in the workforce: An unmet potential in Asia and the Pacific*. Mandaluyong City, Philippines: Asian Development Bank.
- 15 Heymann J. et al., Breastfeeding policy: a globally comparative analysis. *Bulletin of the World Health Organization* 2013; 91: 398–406.
- 16 Dabritz HA et al., Evaluation of lactation support in the workplace or school environment on 6-month breastfeeding outcomes in Yolo County, California. *J Hum Lact*. 2009; 25: 182-193.

## FOR MORE INFORMATION AND TO JOIN THE COLLECTIVE: [breastfeeding@unicef.org](mailto:breastfeeding@unicef.org) [unicef.org/breastfeeding](http://unicef.org/breastfeeding)

Global Breastfeeding Collective Partners: 1000 Days | Academy of Breastfeeding Medicine | Action Against Hunger | Alive and Thrive | Baby Friendly Hospital Initiative Network | Bill and Melinda Gates Foundation | CARE | Carolina Global Breastfeeding Institute | Center for Women’s Health and Wellness | Centers for Disease Control and Prevention | Concern Worldwide | Helen Keller International | International Baby Food Action Network | International Lactation Consultant Association | La Leche League International | New Partnership for Africa’s Development | Nutrition International | PATH | Save the Children | UNICEF | United States Agency for International Development | WHO | World Alliance for Breastfeeding Action | World Bank | World Vision International

World Health Organization (WHO)  
Avenue Appia 20  
1202 Geneva, Switzerland  
[www.who.int/en](http://www.who.int/en)

United Nations Children’s Fund (UNICEF)  
3 United Nations Plaza  
New York, NY 10017, USA  
[www.unicef.org](http://www.unicef.org)

[unicef.org/breastfeeding](http://unicef.org/breastfeeding)