



International  
Labour  
Organization

# Healthy Beginnings for a Better Society

**BREASTFEEDING IN THE WORKPLACE IS POSSIBLE**

A TOOLKIT



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International Labour Organization  
Country Office for the Philippines  
October 2015

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### *ILO Cataloguing in Publication Data*

Healthy beginnings for a better society breastfeeding in the workplace is possible : a toolkit / International Labour Organization, ILO Country Office for the Philippines. - Makati City: ILO, 2015

ISBN: 9789221301646; 9789221301653 (web pdf)

ILO Country Office for the Philippines

maternity protection / breast feeding / women workers / working mother / infant / nutrition / working conditions / Philippines

13.03.1

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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-dietitians 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-dieticians, 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

