



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.

---

## 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.

---

<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. Tenderso



## 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.

---

## 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

---

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.

---

<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.

---

*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.*

---

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.

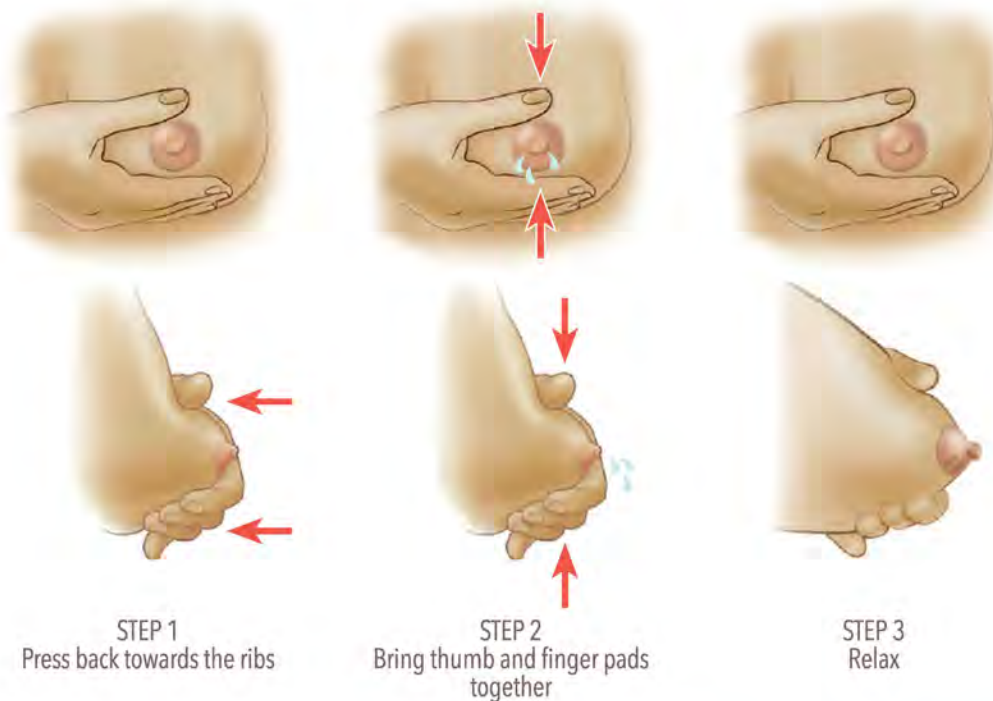
Hand expression is an essential, not to mention, convenient skill every breastfeeding mother should possess. If done correctly, it should be comfortable and freely remove milk from the breasts. Being able to visualize your milk flow (i.e. breastmilk squirting out or dripping from the breast) also effectively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



© KMI/Lei Alfonso

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].

## 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	<b>6 hours</b>
Cooler bag with frozen gel / ice packs	<b>24 hours</b>
Freshly expressed breastmilk in the refrigerator	<b>2 days</b>
Thawed breastmilk in the refrigerator	<b>1 day</b>
Freezer - Domestic refrigerator (single-door)	<b>2 weeks</b>
Freezer - Domestic refrigerator (two-door)	<b>2 months</b>



© ILO/Lei Alfonso



© ILO/Lei Alfonso

**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.



© Arvini Alfonso

# 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.



© ILO/Lei Alfonso



<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



© BSP Audio Visual Division

## 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).

