




International
Labour
Organization

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

MODULE 3



What every
health worker
should know

Supporting working mothers
to make breastfeeding possible

OBJECTIVES

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

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

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

- 1 Your role as a health worker is important.
- 2 What makes breastmilk superior?
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Your role as a health worker is important.

Only one out of three Filipino children are breastfed as recommended.¹

Work is a major reason for stopping breastfeeding.² 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.³

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

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

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

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

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

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

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



You have a powerful impact on her choice.

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

What makes breastmilk superior?

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



Benefits for the breastfed baby

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

1. **Protection against sudden infant death syndrome (SIDS)⁷**
2. **Protection against infection**

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

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

⁷ D. Meyers: "Breastfeeding and health outcomes" in *Breastfeeding Medicine* (2009, Vol. 4, Suppl 1), pp. S13–15.

⁸ *Ibid.*

3. Protection against non-communicable illnesses

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

4. Better cognitive outcomes

Breastmilk contains optimal amounts of long chain polyunsaturated fatty acids (LCPUFA) which are building blocks in brain development.¹¹ 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.¹²



Risks for the non-breastfed baby

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

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



Benefits for the breastfeeding mother

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

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



Risks for the non-breastfeeding mother

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

9 Ibid.

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

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

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

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

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

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

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

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

What should be a working woman's breastfeeding goal?

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

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

OPTIMAL INFANT FEEDING PRACTICES

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

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

Preparations for a pregnant woman



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

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

Guidance during prenatal care

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

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

In the course of prenatal care, you, the health worker should:¹⁹



Have a breastfeeding friendly environment.

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



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

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



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

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



Set realistic expectations of the breastfeeding experience.

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



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

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

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

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

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

Ask the Mother...



Were you able to breastfeed your previous child?

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

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



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

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



Are you taking any medications?

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

Very few types of medications – namely, anti-cancer agents and radioactive metabolites – are contraindicated with breastfeeding. You, the health worker, can reassure her that there are reliable sources of information such as, among others, the World Health Organization (WHO) **Breastfeeding and Maternal Medication** document²² and **LactMed**²³ regarding the compatibility of maternal medications with breastfeeding.



Will you be going back to work?

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

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

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

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

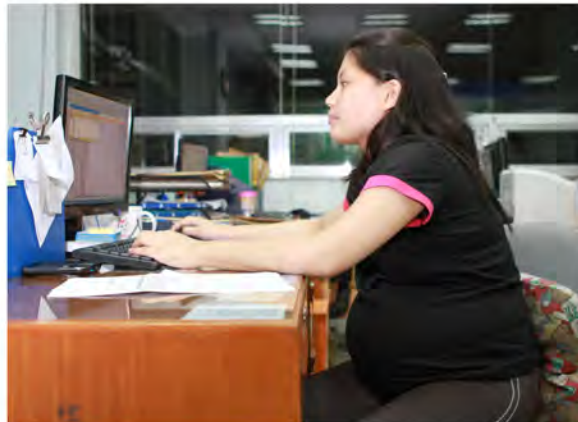
22 *Ibid*.

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

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

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

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



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Guidance for labour, childbirth and the immediate newborn period



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

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



Some of its recommendations are as follows:

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

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

THE FOUR CORE STEPS OF THE FIRST EMBRACE

1 Immediate and Thorough Drying

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

2 Early Skin-to-Skin Contact

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

3 Properly-timed Cord Clamping

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

4 Non-separation of Newborn from Mother for Early Breastfeeding

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



DID YOU KNOW?

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

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

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

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

REPUBLIC ACT 7600

THE ROOMING-IN AND BREASTFEEDING ACT OF 1992

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

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

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

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

DID YOU KNOW?

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



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

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

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

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

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

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

BABIES CAN TELL WHEN THEY ARE READY TO FEED!

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

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

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

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



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

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

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



"Oh, no! I am really hungry!"



"Feed me NOW!"



"Hug me, please!"

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



Note to the mother and family:

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

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

DID YOU KNOW?



© Claire Mogol

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

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

Guidance for post-natal support



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

Elicit any difficulties with breastfeeding:

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

IS THE BABY GETTING ENOUGH BREASTMILK?



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

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

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

MY BREASTS ARE PAINFUL!

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

BREASTFEEDING IN THE FIRST WEEK

Baby's Name: _____






















Name of Mother: _____

Date of Birth: _____

Time of Birth: _____

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

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

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

Practical guidance for a breastfeeding mother on maternity leave



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

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

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

Build her confidence by ensuring a good milk supply.

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

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

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

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

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

DID YOU KNOW?

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

Practical tips for family members of breastfeeding mothers



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

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

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

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

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

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

Teach her how to express breastmilk.

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

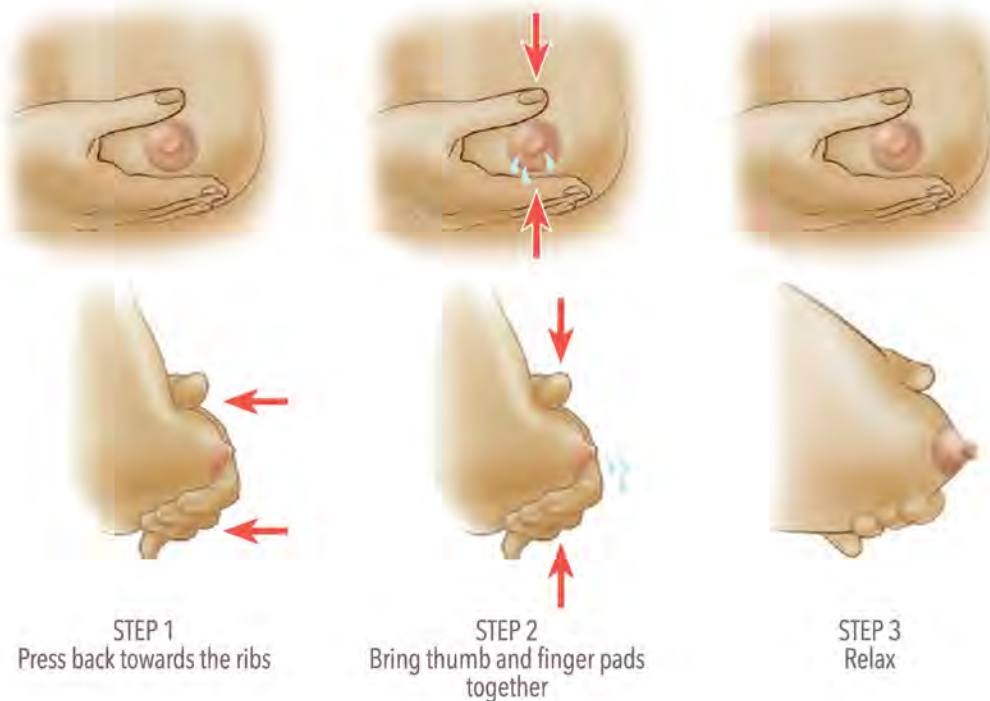
If done incorrectly, pumping or hand expression can be uncomfortable and frustrating as it would yield minimal milk. Thus, it is important to teach her how to express properly. The key to breastmilk expression is triggering a milk ejection reflex.

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

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

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

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



Hand expression of breastmilk²⁸

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

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

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

DID YOU KNOW?

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

²⁸ 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 www.beststart.org/resources/breastfeeding/Expressing_Fact%20Sheets_Eng_rev2.pdf [accessed 15 May 2015].

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

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

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

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

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

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

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

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

WHEN IS THE BEST TIME TO COLLECT BREASTMILK FOR STORAGE?

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

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

Collecting breastmilk

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

Storing breastmilk

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

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

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

4

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

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

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

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

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

Teach them how to properly thaw frozen breastmilk.

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

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

³¹ The storage duration guidelines for preterm neonates are slightly different.

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

Teach them how to properly handle breastmilk.

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

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

Teach them how to feed the breastmilk by cup.

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

CUP FEEDING OF BREASTMILK

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



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

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

Practical guidance for a breastfeeding mother returning to work



1

Encourage her to manage her time well.

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

Practical tips for flexible return to work arrangements



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

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

CALENDAR A

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

CALENDAR B

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

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

Collecting breastmilk in the workplace

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

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

Transporting expressed breastmilk from the workplace to her home

The breastmilk should be transported in her insulated cooler.

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

What if the family does not have a refrigerator?

The following are options for breastmilk storage:

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

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



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

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

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



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



Encourage her to breastfeed directly whenever she can.

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

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

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

ESSENTIAL CHECKLIST BEFORE RETURNING TO WORK

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

Practical guidance when her baby completes six months of life

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

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

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

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

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

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

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

37 *Information concerning the use and marketing of follow-up formula*, World Health Organization, 17 July 2013, www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf [accessed 5 May 2015].

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



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

The formula milk industry in the Philippines aggressively invests in marketing efforts. Over a period of five years, the milk industry spent US\$480 million in promoting and advertising in the Philippines, in contrast to the US\$130 million it spent in the United States.³⁹ As a result, infant formula value growth in sales in the Philippines increased an average of 5.1 per cent per year between 2003 and 2009.⁴⁰

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

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

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

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

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

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

DID YOU KNOW?

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

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

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

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

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

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

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

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

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

Additional resources

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

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

Key Points



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



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



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



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



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





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