



International
Labour
Organization

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

MODULE 4



Creating a breastfeeding-friendly workplace

**Workplace provisions of the Expanded Breastfeeding
Promotion Act of 2009 (RA 10028)**

OBJECTIVES

This module provides guidance and tools for the initiation of a Workplace Lactation Programme. It discusses the workplace provisions of the Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028).

The target users are government agencies, human resource managers, business owners, advocates and anyone interested to set up a Workplace Lactation Programme.

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Why do we need breastfeeding-friendly workplaces?

It is estimated that only one out of three Filipino children are breastfed as recommended.¹ Although virtually all mothers can breastfeed with proper support, conditions upon return to work make it difficult for mothers to continue.²

Economists estimate the price of breastmilk to be at the **US\$85–120 (Php3,825–5,400)** per litre range.^{3,4} At this rate, the Philippines loses an estimated **US\$19 billion (Php859.6 billion)** worth of breastmilk annually due to premature weaning.⁵ However, breastfeeding is currently not appreciated as women's work and thus goes unsupported and uncompensated. Mothers who invest in breastfeeding do so at the expense of losing work or income opportunities.

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 (NNS), 25.5% of mothers cited work as the reason for stopping breastfeeding.

³ This is the price that hospitals are willing to pay to obtain breastmilk. US\$1 = Php 45

⁴ 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).

⁵ J.P. Smith: Including household production in the System of National Accounts (SNA), ACERH Working Paper (2012, No. 10).

In the Philippines, women represent 40 per cent of the workforce.⁶ Around **8.4 million Filipino women** are employed as wage and salary workers while around **6.6 million women** are either self-employed or work in own family-operated farms or businesses. That is a total of around 15 million working women!⁷

Infant feeding choices profoundly affect the lives of workers. Children who are breastfed receive natural protection from the mother's milk, and are therefore less prone to sickness.⁸ One-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.⁹ The father or mother of a sick child may not be fully focused and productive in the workplace. Absences due to sick children are not predictable, and may compromise workplace operations.

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.



⁶ Labor Force Survey 2013

⁷ *Ibid.*

⁸ American Academy of Pediatrics Policy Statement: "Breastfeeding and the Use of Human Milk" in *Pediatrics* (2012, Vol. 129, No. 3), pp. e827-e841.

⁹ R. Cohen, M.B. Mrtek, R.G. Mrtek: "Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations" in *American Journal of Health Promotion* (1995, Vol. 10, No. 2), pp. 148-153.

There is a window period, the first 1,000 Days of life, where breastfeeding – or not breastfeeding – impacts the child’s ability to grow and learn in far reaching and irreversible ways. Working mothers spend most of these 1,000 Days in the workplace.

Young children who are undernourished during this period 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.^{10,11} They are likely to have lower incomes, higher fertility rates, and provide poor care for their children, thus contributing to the intergenerational transmission of poverty.¹²

By creating breastfeeding-friendly workplaces, optimal infant feeding practices are promoted.

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.¹⁴

The need to support working women and their children is clear. Governments, businesses, employers, labour groups and advocates can work together for a better society through healthy beginnings in breastfeeding-friendly workplaces.

It is estimated that
16,000
Filipino infants
die each year
from not being
breastfed optimally.¹³

“My co-workers were an excellent source of support! My boss was male, but he was supportive of my choice to breastfeed. I was never discriminated against or made to feel bad or anything negative. Some of my co-workers would come up and ask me about milk storage, and some were genuinely surprised that breastfeeding even while at work is possible.”

REGINA ALESSANDRA CORTAZAR
Legislative Staff Officer
House of Representatives

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

11 *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].

12 S.G. Grantham-McGregor et al.: “Developmental potential in the first 5 years for children in developing countries” in *Lancet* (2007, Vol. 369), pp. 60–70.

13 UNICEF: *Infant and Young Child Feeding Programme Review. Case Study: The Philippines* (New York, June 2009).

14 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.

What is a breastfeeding-friendly workplace?



There are only two essential components: TIME AND SPACE

The **space** should be a clean private area where a breastfeeding worker can breastfeed or express breastmilk while the **time** is the “lactation break” she is allowed to take.

So that this arrangement is protected, promoted and supported, there should be a **written policy in the workplace** and all workers, women and men, married or unmarried, receive the **information** that this benefit is being offered, as well as why it is important to have.

In the Philippines, the Expanded Breastfeeding Promotion Act of 2009 or Republic Act (RA) 10028 mandates all establishments, public or private, whether operating for profit or not, to support breastfeeding in the workplace through the above-mentioned provisions.

Why does a breastfeeding worker need to express breastmilk?

She needs to express breastmilk to provide for the baby back home.

Beyond nutrition, breastmilk confers **active protection** to the baby. Breastmilk coats the baby’s immature stomach and intestinal tract against harmful germs. For the first six months of life, giving anything other than breastmilk disturbs this protective barrier and may put the baby at risk for infections.

If she does not express milk to meet her baby’s demand, she and her family will have to provide something else – usually formula milk. Formula milk is milk from cows and does not provide this natural protection against infection.

She needs to express breastmilk to sustain her milk supply.

Breastmilk production is dependent on the baby’s breastfeeding. Breasts that are not regularly emptied decrease production in time, and mothers often perceive this change. “Inadequate milk flow”, whether perceived or real, is the most common reason why mothers give up breastfeeding.¹⁵ Thus, regular breastmilk expression protects and sustains her breastmilk supply.

She needs to express breastmilk to relieve the discomfort of full breasts.

When she goes to work and leaves her baby home, milk production is still an ongoing process, even if the baby is not feeding. Breastmilk eventually builds up, leaving her in discomfort and even pain.

¹⁵ According to the 2008 National Nutrition Survey, 34.5% of mothers surveyed stopped breastfeeding because they perceived inadequate milk flow.

Workplace provisions of the Expanded Breastfeeding Promotion Act of 2009 (RA 10028)

In the Philippines, RA 10028 mandates all establishments, whether public or private, whether operating for profit or not, to support breastfeeding in the workplace through the following provisions:

1

Workplace Lactation Policy

- should be made part of the establishment's general policy/manual of operation
- should be widely disseminated among all employees (e.g. to all workers during a general assembly, to pregnant workers prior to maternity leave, and to new employees during orientation, both women and men, married or unmarried)
- should contain workplace provisions of RA 10028: space and time to breastfeed/express breastmilk, provision of breastfeeding information and compliance with the Philippine Milk Code of 1986 or Executive Order (EO) 51

2

Provision of space: the Lactation Station

- an area in the workplace or public place, not located within a toilet, where breastfeeding mothers can wash up, breastfeed or express their milk in privacy and comfort, and store their breastmilk afterwards
- Department Order No. 143 series of 2015 of the Department of Labor and Employment (DOLE) provides lactation station models and lists lactation station equivalencies for establishments with peculiar workplace circumstances

3

Provision of time: Lactation Periods

- 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

4

4. Provision of breastfeeding information

For the general public

- through breastfeeding classes and easily accessible educational materials (e.g. posters, pamphlets, videos and other resources)

For pregnant and breastfeeding workers

- through counselling by trained individuals or peer educators within the workplace, or resource persons within the community

All activities must comply with EO 51

- persons and companies that produce, distribute, market or sell goods covered by EO 51 cannot take part, directly or indirectly, in any activity related to breastfeeding promotion whether in the workplace or in the general public

5

Compliance with Executive Order 51

- no promotion or display of infant formula and related products, no gifts and sponsorships from milk companies, as well as those involved in the marketing of baby bottles and artificial nipples

Components of the Workplace Lactation Programme



Lactation station

- A lactation station is an area in the workplace or public place where breastfeeding mothers can wash up, breastfeed or express their milk in privacy and comfort, and store their breastmilk afterwards. It is also known as breastfeeding room/area/station.
- Some workers may opt to breastfeed or express breastmilk discreetly in areas other than the designated space as a matter of preference or convenience. In such cases, they should still be supported, provided that it does not compromise the quality of the breastmilk (e.g. there are no harmful contaminants in the area).



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Requirements

- accessible to the breastfeeding women
- clean, well ventilated, comfortable and free from contaminants and hazardous substances
- ensures privacy for women to express their milk and/or in appropriate cases, breastfeed their child
- equipped with a small table, comfortable seat
- refrigeration or appropriate cooling facilities for milk storage
- water source/lavatory for hand-washing (unless there is an easily-accessible lavatory nearby)
- not located in the toilet
- compliant with the Philippine Milk Code of 1986 or EO 51



GETTING STARTED

Lactation stations in the workplace can be inexpensive and easy to set-up. Choose a model that best suits your needs and resources. You may want to start small, and grow your efforts as you gain more support and the needs arise.

Tool #1 Sample Lactation Stations Models and Equivalencies¹⁶

Department Order No. 143 series of 2015 of the DOLE provides lactation station models to facilitate compliance. It also lists lactation station equivalencies for establishments with peculiar workplace circumstances. Examples of establishments with peculiar circumstances include very small workplaces or those with very few workers.

Tool #2 Sample Lactation Station Logbook

¹⁶ Department of Labor and Employment (DOLE) Department Order No. 143, Series of 2015 *Guidelines Governing Exemption of Establishments from Setting Up Workplace Lactation Stations*



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Lactation periods or "lactation breaks"

- Breastfeeding workers are entitled to break intervals in addition to the regular time-off for meals to breastfeed or express milk. The **minimum** is 40 minutes for every 8-hour working period.
- Usually, there could be 2–3 breastmilk expressions lasting to 15–30 minutes each within a workday. Duration and frequency of breaks may be agreed upon by workers and employers.
- These intervals, which include the time it takes a worker to get to and from the workplace lactation station, shall be counted as compensable hours worked.
- For establishments with child care provisions, the mother should be able to directly breastfeed during these breaks.

▶ GETTING STARTED

Transitioning back to the workplace is a challenge for the breastfeeding mother, her baby and the caretakers back home. Let your worker know that she has your support!

Although not required by law, you can help arrange for a flexible return to work option that will allow the mother to adjust to the new routine. This is expected to boost her morale as your worker, and help her to be more productive as she transitions. You can also help her arrange for a work schedule that accommodates her lactation periods.

Tool #3 Sample Application to the Workplace Lactation Programme

Tool #4 Flexible Return to Work Options for Breastfeeding Workers



The Workplace Lactation Policy

Now that the two essential workplace provisions have been discussed, it is time to put things into writing – the Workplace Lactation Policy.

Every workplace shall develop a clear set of guidelines that protects, promotes and supports a breastfeeding programme. This should be developed by managers in consultation with the workers and the policy should be part of the company's general policy or manual of operations. The policy should operationalize the provisions of RA 10028 and should be properly disseminated to all concerned.¹⁷



GETTING STARTED

Possible contents of your Workplace Lactation Policy are as follows:

- Use and duration of lactation periods
- Use of the lactation station
- Provision of breastfeeding information among workers
- Provisions for compliance with EO 51

Your policies can be developed and adjusted based on your workplace resources until they suit your needs.

Tool #5 Sample Workplace Lactation Policies



Provision of breastfeeding information

Breastfeeding information should be made available to all workers for them to appreciate the value of breastfeeding to society. This can foster a breastfeeding-friendly culture in the workplace, making it easier to gain support and implement the programme.

Information is also beneficial to expectant fathers so they can encourage their wives/partners to breastfeed. Even a father's productivity in the workplace can be affected if the child is sick.

Expectant mothers should have access to correct breastfeeding information and awareness of their rights. Knowing that your workplace has support in place can help working women choose to continue to breastfeed.

"The first six months were the most crucial because I was exclusively breastfeeding. My workplace is part of my success story. My co-workers knew why I take some time off to express breastmilk. There was never any unnecessary or unhelpful remark about that special space of my breastmilk in the new office refrigerator. Exclusively breastfeeding while working full time can be done!"

DANG BUENAVENTURA-SNYDER
Manager
Corporate Social Responsibility Department
Employers Confederation of the Philippines

Information can be delivered by:

1. including the workplace lactation policy in the orientation of new workers, both men and women, unmarried or married;
2. discussing with a pregnant worker prior to her maternity leave;
3. making materials on breastfeeding information/policies in the workplace (e.g. posters, pamphlets, handouts) accessible to all workers; and
4. organizing/supporting breastfeeding classes for all workers.



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DID YOU KNOW?

While any time of the year is a good time to promote breastfeeding, the following provide timely opportunities for breastfeeding promotion:

July, declared by Presidential Decree 491 as **Nutrition Month**
August, declared by Republic Act 10028 as **Breastfeeding Awareness Month**
March, designated by Proclamation No. 227 as **National Women's Month**

Who will provide breastfeeding counselling to individual mothers?

Breastfeeding mothers may encounter difficulties such as breast pain, breast engorgement and low milk supply. These mothers should be given timely, practical and skilled assistance to resolve problems so they can continue breastfeeding. The following can provide direct help:

- company health care provider, fellow breastfeeding mothers or peer educators in the workplace;
- their own medical providers; and
- resources in the community through mother support groups, the local health office or hospitals.



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GETTING STARTED

Breastfeeding classes can help foster a breastfeeding-friendly workplace. Target audience should include both women and men, unmarried or married. If management and employees appreciate the benefits of breastfeeding for society, they are more likely to throw in their support.

Start where you are!

*Come up with a short talk on breastfeeding using the information outlined in **MODULE 1**.*

*For pregnant women and breastfeeding mothers, you may refer to **MODULE 2**.*

*Standard messages, such as the DOH/ UNICEF Infant and Young Child Feeding Community Counselling Cards can used as additional resource materials (see **Tool #11** for the list of additional resources).*

Ask your company physician, or breastfeeding mothers in your workplace to help you out. Most likely, they would be glad to lend a hand.

Invite resource persons in your community.

Invite the local health or nutrition officer in your community. You may also seek help from medical professionals or mother support groups within the area.

Tool #6 Partial List of Breastfeeding Support Groups in the Philippines

Ensure compliance with EO 51

Persons affiliated with companies that produce, distribute or sell goods covered by EO 51 cannot take part in any activity related to breastfeeding promotion whether in the workplace or in the general public.

Tool #7 Sample Disclosure Statement to Ensure EO 51 Compliance



Compliance with EO 51

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.¹⁸

Like all commercial companies, the bottom line of milk companies is profit. 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 long-term consumer lost. The goal of optimal infant feeding will always be in conflict with the goal of milk companies.

There is a need to protect mothers and babies from potential conflicts of interest that may arise from implementing the Workplace Lactation Programme. Thus, 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 in any event involving women and children whether related to breastfeeding promotion or not. Unlawful marketing practices are illustrated in **MODULE 6**.

Toddler milk brands usually bear striking semblance to their formula counterparts. In fact, mothers understand that toddler milk advertisements promote a range of products that includes infant formula and they tend to accept these advertising messages uncritically. Many mothers stop breastfeeding when they go back to work and it does not help when milk products are marketed, intentionally or not, as “acceptable” substitutes.¹⁹



LEARN MORE

Tool #7 Sample Disclosure Statement
Ensure EO 51 Compliance

DID YOU KNOW?

Products within the scope of EO 51 pertain to breastmilk substitutes and infant formula, including beverages (such as other milk products 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.

18 V. Uy: “Breastfeeding rate in RP at 34 for past 5 years – UNICEF” in *Philippine Daily Inquirer* (7 September 2010).

19 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.

How about atypical work settings and the informal economy?

DID YOU KNOW?

Micro, small and medium enterprises (MSMEs) represent 99.6 per cent of the total business enterprises in the Philippines with 777,664 establishments. Of these enterprises, 91.6 per cent (709,899) are micro enterprises.²⁰

Largely unaccounted for are women workers in the informal economy (e.g. vendors, contributing family workers, and household help) where labour is usually not recorded, regulated or protected by public authorities.



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The International Labour Organization (ILO) in partnership with the United Nations Children's Fund (UNICEF) and the European Union (EU) implemented the *Nutrition Security and Maternity Protection* (NSMP) project aiming to advance women's rights to maternity protection and to improve nutrition security for the Filipino children through the promotion of exclusive breastfeeding in the workplace. In the project sites, it was found that majority of business establishments have fewer than a dozen workers. Furthermore, informal organizations are mostly composed of transport groups, market vendors and volunteer workers.²¹

Solutions for these challenging workplace settings may require innovation and partnerships across different sectors in society. The implementation of RA 10028 can be facilitated by the local government unit through a Local Ordinance while the promotion of breastfeeding in the workplace can be aligned with the Infant and Young Child Feeding programme initiatives of the local health unit.

MODULE 5 draws recommendations, innovations and tools from actual implementation efforts with standards set by the Department of Health (DOH), UNICEF and the World Health Organization (WHO).

20 Senate Economic Planning Office: *The micro, small and medium enterprises (MSMEs) sector at a glance* (March 2012).

21 ILO Country Office for the Philippines: *A toolkit: Nutrition security and maternal protection: through exclusive and continued breastfeeding promotion in the workplace* (Makati City, 2014).

Advantages for small workplaces

The implementation of RA 10028 can be customized to create breastfeeding-friendly environments in small workplaces. While small workplaces face challenges that may be related to financial and administrative resources, they have certain advantages:²²

- Small workplaces are usually more family-oriented because it is likely that employers know their workers and their families.
- Members of small workplaces are more dependent on each other. For example, absenteeism means a significant loss of productivity and burden on co-workers.
- At the same time, peer pressure can significantly motivate compliance with recommendations.

Solutions for some atypical workplace settings



Health Care

Hospital and health care institutions employ a large number of women and they work over duty shifts that are typically longer than eight hours. Mothers may work as nurses, clerical staff, housekeeping staff, physicians, technicians and others. There may also be mothers who are medical and paramedical staff in training (e.g. medical students, residents and fellows).

Patients and visitors may also need a space for breastfeeding/expressing milk. In large hospitals, multiple milk expression spaces may be needed in key locations, such as near the emergency room or the operating room. Scheduling should facilitate staff coverage to ensure patient safety and well-being while breastfeeding or expressing milk.

"I am able to bring my baby to work because the Philippine General Hospital has a daycare facility. I would take little breaks to breastfeed directly and this worked really well for us. My healthy baby is now almost 3 years old, her development is excellent, she is still breastfeeding, and never had even a drop of formula milk."

DR. LENIZA DE CASTRO-HAMOY
Former Chief Resident, Department of Pediatrics
Philippine General Hospital

²² International Labour Office: "Workplace Health and Safety Information" in *ILO Encyclopaedia of Occupational Health and Safety* 4th ed. Accessed at <http://www.ilo.org/documents/chpt15e.htm>



Education

Having a policy that supports breastfeeding is crucial. Lactation stations in schools will help mothers who are teaching and non-teaching staff, as well as students who are breastfeeding mothers.

In universities and larger campuses, more than one lactation station may be needed to minimize the walking time it takes to reach it. Teachers and staff may cover for one another during lactation periods.



Wholesale/Retail trade

Very small stores may use a private screened-off area, or may allow for direct access to the baby for feedings, or sharing space with other establishments. Large stores may convert existing space such as storage areas and dressing rooms.

Shopping malls can set up space for workers and the general public throughout the mall. Accommodating these needs benefits both the business and families.



Manufacturing

These workplace settings should address environmental hazards, inflexible breaks and limited space. It is important to have provision for water source where the working mother can wash up. An on-site clinic can be a safe location for private milk expression. Larger plants may need multiple spaces in the building to reduce the amount of time walking during their breaks. Coworkers/team members can cover for one another during lactation periods.



Hotels/Restaurants

Workers in this industry have many options for a flexible and shared space for breastfeeding or expressing milk such as empty guest rooms, small conference rooms and office areas. In restaurants, the manager's office or storage areas may be used. Simple divider screens may be used to provide privacy. Hotels may even provide space for small nearby businesses that have none.



Personal services (including small business such as hair salons, spas and cleaning services)

This includes breastfeeding workers in small businesses such as hair and nail salons, spas and cleaning services. Private space in a back room or break area can be created using partitions, screens, curtains/shower curtains or other barriers. Workers who go to client buildings or homes may need to arrange milk expression time and space with the client.

Creating a breastfeeding-friendly workplace is easier than you may imagine!²³

1 Begin with a pilot project.

Start by identifying a space that can serve as the lactation station – it does not have to be big and fancy! Add other components of the programme as the needs become apparent.

2 Help workers and management “own” the programme.

Engage workers by soliciting their needs. Communicate to owners/managers/supervisors the benefits that this programme will bring to the workplace.

3 Assess the needs and the resources.

Having the right kind of information can help justify and support the programme and assist in the planning process. *How many women are most likely to benefit? What department should be responsible for programme oversight? Which space can be used? What policies need to be developed? What record keeping should be required? How can the programme be promoted?*

4 Determine the administrative home for the programme.

Should it be under the human resources division? Will it be part of the employee wellness or family programs? Or part of the corporate social responsibility efforts?

5 Convene a working group/ task force.

This group helps identify issues and develop policies to improve the implementation of the programme. The following stakeholders can bring in important perspectives: human resource specialist, company physician/nurse, facilities manager, financial advisor, public relations, supervisors and representatives from different departments, leaders of the workers groups, current and previous breastfeeding workers and pregnant employees. You can also consult with health professionals within the community with knowledge on lactation management.

6 Identify community resources.

These may be the local health office, health professionals and mother support groups who can assist your working group and provide direct services to your breastfeeding workers.

7 Implement the programme.

Implementation can be carried out by the working group, breastfeeding employees in your workplace, or other interested individuals who do not have a conflict of interest in compliance with EO 51.

²³ This section is adapted from *Easy steps to supporting breastfeeding employees - the business case for breastfeeding*, U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008.

Case study: Our workplace support group helps create a breastfeeding-friendly community

By Ching Pangilinan
City Tourism and Investment Promotions Officer
Local Government Unit of the City of San Fernando, Pampanga

Our City Hall launched its breastfeeding station in March 2012 as part of the City's Women's Month Celebration thru the joint efforts of the City Health Office and the Council of Women, various women's organizations and private individuals.

I was the first female employee to make use of the facility. Soon after, I was joined by other colleagues. The City Health Office assigned a nurse to manage the station – she also happened to be a breastfeeding mother. Through this effort, we gained new friends and our common experiences helped us understand the challenges of breastfeeding in the workplace. We wanted to help other women.



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One of our first initiatives, together with our City Health Office and Human Resources Department was an awareness talk for the pregnant and new mothers working at the City Hall. This paved way for more mothers to choose to breastfeed and/or express breastmilk when they returned to work. By the end of the year, there were 13 mothers using the facility.

On our own, we improved the breastfeeding station. We put up a bulletin board and posted inspiring words about breastfeeding along with the pictures of our babies. We compiled resources, even developed a breastfeeding FAQs brochure for expectant parents. Personally, this support group inspired me to continue breastfeeding for my baby and do as much as I can for the advocacy. I have exclusively breastfed, and I am still breastfeeding my 40-month old daughter Sunis.

Behind this success is the commitment and support of our City Officials and City Health Office. Also, our group included department heads and several division and unit heads who are in a direct position to influence policy directions or tap potential support from both the public and the private sectors.

On the other hand, the presence of managers and supervisors was a potential disadvantage – it contributed to an emerging notion that the breastfeeding station was for “exclusive use”, especially among the rank and file employees. We try to address this by encouraging all new mothers to continue breastfeeding and use the facility. In fact, the breastfeeding station is open for public use.

Since our inception, we have been tapped for various City government efforts in the community. We help the City Health Office plan out activities for Women's and Breastfeeding Month celebrations. We helped organize a City Inter-agency Breastfeeding Summit, engaging multiple stakeholders from the health, labour, education and private sector among others. We engage the City government and the private sector when we organize awareness activities like lectures, photo exhibits and “*Tamang Hakab Na!*” (Latch On!).

Our informal organization now sits in the City Human Resource Development Office technical working group, helping them come up with updated policies for breastfeeding in our workplace as well as relevant training interventions to promote breastfeeding. Outside of our workplace, we have done milk drives to donate breastmilk to babies of our officemates or even strangers at the local hospitals within the vicinity.



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Key Points



The need to support working women and their children is clear. Governments, businesses, employers, labour groups and advocates can work together for a better society through healthy beginnings in breastfeeding-friendly workplaces.



There is a need to implement the workplace provisions of RA 10028. The law mandates all establishments whether public or private, whether operating for profit or not, to provide both the space and time for working mothers to breastfeed/express breastmilk.



A workplace lactation policy should be part of an establishment's manual of operation/general policy and all workers, women and men, married or unmarried, should know its provisions.



In compliance with EO 51, establishments shall take strict measures to prevent any direct or indirect promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes, as well as artificial teats and bottles, within lactation stations and in activities involving women and children whether related to breastfeeding promotion or not.



A large proportion of Filipino women work in atypical workplaces. Solutions for challenging workplace settings may require innovation and partnerships across different sectors in society.





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