

Breastfeeding Friendly Workplace Accreditation

Creating supportive workplaces for breastfeeding women



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Abstract

The strategies of health promotion, as outlined in the World Health Organisation's Ottawa Charter of Health Promotion provide a good framework for a multifaceted approach to improving breastfeeding rates. The Australian Breastfeeding Association (ABA) utilises the full range of these health promotion strategies. Through the energy and commitment of the nationwide network of the association's volunteers, many beneficial breastfeeding initiatives have been implemented over the past few years. The aim of this paper is to describe one of these initiatives, the ABA's Breastfeeding Friendly Workplace Accreditation program (BFWA), within the context of health promotion. First, a summary of breastfeeding information will be presented, then the program will be described, the support it provides for breastfeeding mothers in the workplace will be outlined and the impact of BFWA since its implementation in 2002 will be examined.

Keywords: breastfeeding, supportive workplace, accreditation

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THE IMPORTANCE OF BREASTFEEDING

Breastfeeding, an important preventative health behaviour, has implications for both infant and maternal health, national health costs and the environment. The health benefits of breastfeeding in particular are well documented and continue to accumulate.

The past decade has also seen increasing evidence of the important role of breastfeeding in assisting mother-child bonding [Lawrence 1999; Wiesenfeld et al 1985] and prevention of chronic disease (WHO/FAO 2003; Davis 2001), including breast cancer [Collaborative Group on Hormonal Factors in Breast Milk 2002] and cardiovascular disease [Singhal et al 2004]. In its latest Policy Statement on Breastfeeding, the American Academy of Paediatrics [Gartner et al 2005] has highlighted the risks of not breastfeeding for babies that include: reduced visual, intelligence/cognitive, speech development; and increased risk of gastrointestinal, respiratory tract and middle ear infection. Not breastfeeding may also increase the risk of SIDS and asthma [Oddy et al 1999], increase the development of allergies and, in later life, increase the risk of obesity [Obesity Task Force 2003; Dewey 2003], diabetes mellitus, inflammatory bowel disease and lymphomas. Premature weaning also increases the risk to women of pre-menopausal breast cancer, ovarian cancer and osteoporosis [Gartner et al 2005].

Awareness about the benefits of breastfeeding is relatively high in Australia. Certainly Federal, State and Territory Governments are aware of the risks and costs of low breastfeeding rates and have developed policies that promote, encourage and support breastfeeding. For example the National Breastfeeding Strategy was announced in 1996/97 as part of the Commonwealth 'Health Throughout Life' policy statement [Dept of Aged Care, 2001]. Similarly, there is an increasing recognition that breastfeeding decisions are shaped by the social, cultural and economic environment, as well as by individual or family decisions. However, there tends to be a general view in the community that infant formula feeding is 'almost as good' and that breastfeeding is a lifestyle choice, rather than a modifiable health behaviour. This perception is a myth that needs to be addressed.

RATES OF BREASTFEEDING IN AUSTRALIA

In 2003, the Australian National Health and Medical Research Council (NHMRC) revised the Dietary Guidelines for Infant Feeding to reflect the evidence-based World Health Organisation (WHO) recommendation that infants be exclusively breastfed for the first six months of life [World Health Assembly (fifty-fourth) 2001], with ongoing breastfeeding until two years and beyond with appropriate complementary foods. Despite this policy support, Australia has a poor record when it comes to exclusive breastfeeding to six months.

Figures from the latest National Health Survey (NHS) in 2001 [ABS 2003], showed that exclusive and sustained breastfeeding rates remain very low, with fewer than one in three babies aged less than six months being exclusively breastfed. In particular, there has been little if any improvement in the number of mothers and babies

breastfeeding exclusively for the minimum recommended six months. That is, less than half of Australian babies reach a normal standard of nutrition. The cost attributed to the hospitalisation of prematurely weaned babies alone is around \$60–120 million annually in Australia for just five common childhood illnesses. Conversely, any decline in breastfeeding from current levels has substantial and adverse cost implications for the public health system [Smith, Thompson & Ellwood 2002]. These figures strongly suggest that increasing support for breastfeeding remains an important preventative measure.

WORKING AND BREASTFEEDING

The NHS showed that the trend to workforce participation by new mothers may impact adversely on breastfeeding, with one in ten mothers reporting return to work as a reason for premature weaning, and with an increased proportion of children receiving solids or breastmilk substitutes during the first six months of life. In a recent study in NSW, Hector, Webb and Lymer [2004] also showed that exclusive breastfeeding may be declining since the early 1990s. In 1996, 25 percent of Australian mothers with a child less than 12 months of age were in the paid labour force [OECD 2002]. Thus, potentially, some 50 000 mothers may reduce or cease breastfeeding because of the pressures of employment. Figures from the recent Longitudinal Survey of Australia's Children [Australian Institute of Family Studies 2005] suggest that some 44 percent of mothers are now employed in the paid workforce by the time their child is twelve months old, and that 25 per cent of these women return to work before their child is six months old, some only a few weeks after childbirth.

It could be argued that efforts to promote breastfeeding by health authorities and others have achieved little more than to stem the decline arising from commercial and labour pressures in the last decade. Thus, for Australia to improve breastfeeding rates in line with NHMRC recommendations, the above evidence suggests a need for more active and innovative promotion and support of breastfeeding. With increasing numbers of women returning to work soon after the birth of their baby, adequate maternity leave policies and support for women to combine breastfeeding and work is a central component in any breastfeeding promotion strategy. It is one of the four key elements of the ABA's 2004 *Australian Breastfeeding Leadership Plan*. Employer support for breastfeeding is a critical factor in this strategy.

THE AUSTRALIAN BREASTFEEDING ASSOCIATION RESPONSE

The ABA aims to support and encourage women who desire to breastfeed their babies, and to raise community awareness of the importance of breastfeeding and human milk. Since its founding by six mothers in 1964, the association has spread to all Australian States and Territories to become one of the country's largest women's non-profit organisations and Australia's leading authority on breastfeeding. The association has around 308 local groups nationwide, with more than 1 200 trained volunteer breastfeeding counsellors and 280 community educators. In the past 40 years, over 145 000 Australians have become members of the association. ABA's strong practical support and advocacy for mothers wanting

to breastfeed their babies is credited with increasing breastfeeding rates in Australia from the 1970s when fewer than one in ten mothers breastfed for three months or more. The association's Lactation Resource Centre has one of the most comprehensive collections of breastfeeding information in the world and provides a scientific basis for ABA's breastfeeding policies. This complements the practical experience of breastfeeding mothers.

In the 1980s, the ABA identified the need to support the growing number of women returning to paid employment. Research, together with the experience from its broad community base, led the association to introduce the Mother Friendly Workplace Award (MFWA) program as well as develop a range of information resources for breastfeeding women in the paid workforce. These one-off awards were presented to workplaces that provided lactation breaks and facilities enabling women to express breastmilk in private. Through a small project funded by the Commonwealth Department of Employment and Industrial Relations in the mid 1990s, the association developed and published formal evidence guidelines for a 'breastfeeding friendly workplace'. Following evaluation of this program, a system of accreditation was developed to allow an ongoing partnership between the ABA and employers, rather than a one-off award. Hence the Breastfeeding Friendly Workplace Accreditation (BFWA) program was instigated.

Through its substantial experience in this area, the ABA has developed an understanding of the benefit employers perceive from supporting their staff to combine work and breastfeeding. Employers cite benefits of improved retention of female employees after maternity leave, thus preventing loss of skilled staff and the costs associated with recruitment and retraining or replacement. Other benefits include reduced absenteeism and staff turnover because of improved health of mother and baby and increased staff loyalty from this family-friendly intervention. Businesses also value highly the benefits to their corporate image from the public promotion and media recognition of BFWA employers.

REQUIREMENTS OF BFWA ACCREDITATION

Accreditation of BFWA status is based on successful compliance with the following criteria, as judged by a visiting ABA breastfeeding counsellor or community educator:

LACTATION BREAKS

Lactation breaks enable the mother to either express breastmilk, have her baby brought to her by a carer, or go to her baby to breastfeed. The International Labour Organisation (ILO) recommends one or more daily breaks or a daily reduction of hours of work should be counted as working time and remunerated accordingly. Although many employers are willing to allow breastfeeding mothers to take lactation breaks, payment is a matter for negotiation. Thus ABA's accreditation process considers the scope for breaks and flexibility. The Australian Capital Territory (ACT) is the only Australian State or Territory Government to have approved lactation breaks in line with the ILO recommendation (Industrial Relations and Public Sector Management Group 2003).

FACILITIES

Employers are required to provide a clean, hygienic and private area to express breastmilk or feed babies, a fridge/freezer to store breastmilk, and storage space for related equipment.

SUPPORT FROM EMPLOYERS AND COLLEAGUES FOR THESE POLICIES

Accreditation requires high level policy support for breastfeeding in the workplace. Information about workplace policies and facilities relating to breastfeeding is to be displayed, or readily available, and to be provided to women, particularly at the time when maternity leave is requested.

OPTIONAL CRITERIA

There are several optional criteria that are discussed with employers:

- Flexible work options including permanent part-time and flexible work hours, job sharing and home-based work
- Assistance with childcare, such as on-site childcare, help with locating childcare places, or employer-sponsored childcare
- Provision of car parking for carer to bring baby to the workplace
- Library of appropriate breastfeeding information, such as ABA books and booklets
- Availability of referral to appropriate assistance (e.g. a breastfeeding counsellor) as needed
- Provision of a breastpump.

Further information regarding BFWA can be found at <http://www.breastfeeding.asn.au/bfinfo/mfwp.html>

BENEFITS OF ACCREDITATION

Accredited employers receive:

- Recognition of supportive workplace policies and practices, not only within the workplace, but also externally, by having the organisation listed on the ABA website list of accredited employers, being mentioned in publicity material
- A certificate of accreditation
- A pack of resources from the ABA to provide employees with breastfeeding information
- An employer subscription to the association's magazine, *Essence*
- Information to assist the workplace to develop their own personalised information pack to give to employees going on maternity leave, or access to the ABA 'Come Back Pack'
- Annual updates of information
- Bi-annual workplace visits to check facilities
- An ongoing partnership with ABA that allows for discussion of issues relating to the program on an 'as needs' basis
- Access to information and services from Australia's leading source of breastfeeding resources and support.

BFWA SUCCESSES

Since July 2002, ABA has accredited 30 workplaces across Australia, with five more applications at hand

(<http://www.breastfeeding.asn.au/products/bfwp-employers.html>). In September 2003, the first Commonwealth department, the Department of Treasury was accredited. At the time, Secretary of the Treasury, Dr Ken Henry, acknowledged that supporting women to breastfeed was not just altruism on his Department's part (Henry 2003). Like the association, Dr Henry had identified that this low cost, family-friendly intervention makes economic sense with savings for the bottom line of an organisation.

Since then, accreditation has been achieved by five more major Commonwealth agencies in Canberra, with the Departments of Health and Ageing and also Family and Community Services undertaking the process of national accreditation for their offices around the country. A number of hospitals and health service providers have also been accredited. State and Territory Governments are beginning to seek accreditation, with the ACT Planning and Land Authority being accredited at the end of 2004 and other applications at hand. Furthermore, all of the University of Queensland's Australian-based campuses have been successful in achieving accreditation.

These 30 accreditations across Australia indicate a sound beginning, particularly in light of the range of organisations that have been accredited. Certainly the accreditation of Commonwealth agencies is evidence of the importance with which BFWA is viewed in terms of public health policy and helping to address the work-family balance. By meeting the requirements for accreditation, these agencies are also demonstrating leadership that is gradually filtering through to other organisations. Furthermore, BFWA strategy shows potential for effecting real change in workplace culture and improvements in the level of support for breastfeeding and women combining breastfeeding and paid employment (O'Rourke, Lang & Neufeld 2004).

The ABA has worked hard to attract media attention to the accreditations and has been quite successful in this regard, with the coverage to date being very positive. The interest generated has led to enquiries from numerous other organisations, including those from the corporate sector, many of which are looking for accreditation and recognition of facilities that they already have in place.

A recent addition to the list of benefits to be gained from BFWA accreditation is access to the ABA Come Back Pack. Until the introduction of these packs, the BFWA provided employers with samples of the sorts of information that is useful to provide to their staff at the time they apply for maternity leave, together with suggestions on how to use these. While this option is still open to employers, the association now offers to its BFWA accredited workplaces, the alternative of purchasing Come Back Packs to give to staff. The Come Back Pack is aimed at women going on maternity leave and includes information about the ABA and breastfeeding, with a focus on return to work.

Several BFWA accredited organisations have taken up this option, while the Commonwealth Department of Health and Ageing have

written the provision of Come Back Packs to all women applying for maternity leave into their staff service agreement. In this department, packs are now automatically distributed through the Payroll Section, along with information on maternity leave provisions.

BFWA AND THE OTTAWA CHARTER

Part of the strength of the BFWA program lies with its consistency with the successful models of health promotion set out in the Ottawa Charter (WHO 1986) and the Jakarta Declaration (WHO 1997).

CREATING SUPPORTIVE ENVIRONMENTS

The BFWA's main focus has been in creating supportive workplaces for breastfeeding women. This focus is set within the context of the association's *Australian Breastfeeding Leadership Plan* that was launched by the Minister for Health and Ageing, Tony Abbott, in August 2004, during World Breastfeeding Week. The Plan proposes action in four strategic areas across government, business and family life to encourage debate and action aimed at increasing the number of babies in Australia that are exclusively breastfed. These four strategic areas are:

- To establish policies, legislation and institutions protective and supportive of breastfeeding
- To develop a Breastfeeding Friendly Healthcare System – hospitals, health professionals and pharmacies
- To strengthen breastfeeding friendly families and communities
- To promote Breastfeeding Friendly Workplaces and Childcare Services.

The *Australian Breastfeeding Leadership Plan* identifies adequate paid maternity leave for all mothers as an important policy measure to support the establishment of breastfeeding. Having identified returning to work, for financial or career reasons, as an obstacle for some women in continuing their breastfeeding relationship, BFWA is seeking to minimise this obstacle by creating supportive work environments for breastfeeding women, so work and breastfeeding are not viewed as mutually exclusive. The association's experience is that many mothers are not aware of the possibility for combining breastfeeding and work and it is important to raise awareness of this option among mothers as well as increase support among employers. Building healthy public policy

BFWA has targeted major government agencies, placing breastfeeding firmly on the 'work-family balance agenda.' Information provided to key staff increases awareness of the important role breastfeeding has to play in the health of the nation and economic sense for employers to support breastfeeding and the return to work. Government agencies are providing a leadership role in encouraging workplace support for breastfeeding.

STRENGTHENING COMMUNITY ACTION

Without support from the community for breastfeeding as the norm and from employers for breastfeeding in the workplace, Australian women will be unable to meet NHMRC recommendations for infant feeding. As a community organisation committed to

ensuring NHMRC recommendations are met by as many women as possible in Australia, the ABA recognises that health promotion is a community responsibility and has taken action to address the significant decline in breastfeeding rates. BFWA is a completely community-run initiative and is run by trained volunteer members of ABA. It is an excellent example of health promotion being carried out 'by and with people, not on or to people', as espoused in the Jakarta Declaration.

DEVELOPING PERSONAL SKILLS

BFWA assists women develop the skills required for a successful breastfeeding relationship. Women are directed to the ABA as a support network to seek information and assistance before the delivery of their baby and to develop knowledge of their choices in the event they want or need to return to paid employment when their baby is still young. In this way BFWA puts into practice the idea that health, through provision of human milk, is a positive resource for life, rather than an absence of illness.

REORIENTING HEALTH SERVICES

BFWA is taking a leadership role in the promotion of breastfeeding in the workplace by creating new and equal partnerships with employers in business and government, as espoused by the Jakarta Declaration. In this way, BFWA is reorienting health services to regard breastfeeding in the workplace as an appropriate and invaluable part of 'health as wellness' (ABA 2005). The WHO also includes childcare services as part of the health system encompassed by its *International Code on the Marketing of Breastmilk Substitutes* (1981). Since appropriate childcare is critical to many women returning to work, the association is currently developing and promoting 'Breastfeeding Friendly Childcare' at the local and national policy level. This would encourage childcare services to focus their practices on providing a supportive setting for healthy behaviour (breastfeeding) rather than simply disease prevention.

ISSUES FOR THE CONTINUED DEVELOPMENT OF BFWA

While there are many benefits to be gained from increased numbers of accreditations, the program is confronted by some significant obstacles, mainly related to volunteer resources. First the need for continual upgrading of information kits and new publicity material requires many volunteer hours and funding, which is very time consuming to obtain. Second, the processes prior to accreditation can be time-consuming, usually involving a number of contacts with a range of individual employers. Third, ensuring a pool of trained volunteers able to undertake accreditation visits in a timely manner provides challenges as ABA volunteers are often balancing work and family themselves.

Thus the strength of the program, being based within a voluntary community organisation, is also a challenge and expansion of the BFWA is presently limited to the capacity of this volunteer workforce. However challenges are not new to ABA and the association will continue to be innovative in meeting challenges for breastfeeding and strategies for breastfeeding.

Further information about the ABA BFWA program and the *Australian Breastfeeding Leadership Plan* can be found at the association's website at www.breastfeeding.asn.au/advocacy

IN SUMMARY

The ABA BFWA program has been a successful response to the issue of breastfeeding and paid employment, complementing the many breastfeeding information resources developed by the association during the last two to three decades. BFWA is a key element of the association's forward-looking *Australian Breastfeeding Leadership Plan*. The association's initiatives on breastfeeding and work have contributed substantially to establishing breastfeeding as best practice in Australia and to a change in workplace culture. Further gains for mothers and babies can be achieved through encouraging more breastfeeding-friendly workplaces and by better-resourced and nationally coordinated promotion of the BFWA scheme. While there are challenges associated with this, there continue to be many opportunities to broaden the support for breastfeeding women in the workplace.

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