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Toolkit

WORKPLACE LACTATION SUPPORT PROGRAMME IN MYANMAR

Creating breastfeeding-friendly workplaces together

September, 2020



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Acronyms

BCGE	Business Coalition for Gender Equality
IEC	Information educational and communication
MOHS	The Ministry of Health and Sports
MOLIP	The Ministry of Labor, Immigration and Population
UMFCCI	The Union of Myanmar Federation of Chambers of Commerce and Industry
UNICEF	United Nation Children Fund

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Introduction

Adequate nutrition during infancy and early childhood is fundamental for ensuring the growth and development of each child to their full potential. Globally, as of 2017, malnutrition was responsible, directly or indirectly, for 45 per cent of the 5.4 million deaths occurring each year among children under five. In 2016 an estimated 155 million children under five were suffering from stunting. By increasing breastfeeding rates and improving complementary feeding to meet global recommendations, both child mortality and undernutrition can be reduced.

The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommend that mothers breastfeed their babies within the first hour of life and exclusively for the first six months and continue to breastfeed, along with appropriate complementary feeding, to two years of age or beyond. However, to successfully breastfeed women need accurate breastfeeding information, the support of their family, the health care system, society at large, and their employers.

When returning to work, mothers can continue breastfeeding if paid maternity leave or childcare is available and breastfeeding or the expressing of breastmilk is supported. Several studies have shown that providing working mothers with “time, space, and support” to breastfeed when they return to work can increase breastfeeding duration and adherence to recommended practices”. Workforce nutrition interventions have the potential to significantly reduce the global burden of malnutrition.

In line with this, breastfeeding-friendly maternity protection and practices in the workplace must be prioritized to increase breastfeeding rates and improve the health, nutrition, and well-being of mothers, children, and society. Policies that promote more flexible and family-friendly workplaces will also attract more females to the workforce and positively impact the economy.

Workplace Lactation Support Programmes are not only beneficial to families but are also a cost-effective investment in the workforce. Improved breastfeeding practices results in reduced health care costs for both mother and child, reduced absenteeism, and improved female worker productivity. Lactation room availability at the workplace has also been found to improve female worker morale and commitment to the agency or company.

In addition to complying with local labour laws, by implementing these practices employers increase their public perception as a family-friendly working environment. Employers will also benefit from improved retention of female employees, and as a result of reduced turnover, lower recruitment and training costs. Finally, governments benefit from the reduced cost burden on the health care system, improved compliance with international and national recommendations, and expanded investments in the future labour force.

Table 1. Summary of benefits of Workplace Lactation Support Programmes

For female employees	<ul style="list-style-type: none"> • Positively impacts female worker morale and their commitment to the agency or company. • Reduces health care costs for both mother and child. • Limits absenteeism to take care of sick children. • Improves female worker productivity.
For employers	<ul style="list-style-type: none"> • Creates public perception of the employer as a family-friendly working environment. • Reduces absenteeism, retains female employees and lowers recruitment and training costs with reduced turnover. • Cost-effective investment in the workforce.
Government	<ul style="list-style-type: none"> • Reduces cost to and burden on the health care system. • Improves compliance with international and national recommendations. • Expands investment in the future labour force.

Myanmar

In Myanmar, the infant mortality and under-five mortality rates remain among the highest in the ASEAN region at 40 per 1,000 live births and 50 per 1,000 live births, respectively¹³. Undernutrition is an important cause of and contributing factor to child death and disease. Nearly 30 per cent of children under five in Myanmar are stunted and 7 per cent are acutely malnourished¹². While above 50 per cent of children under six-months-old are exclusively breastfed, even at the earliest stages, the majority of children are receiving liquids and foods other than breastmilk¹².

Rapid social and economic development occurring in Myanmar¹⁴ seems to affect proper feeding and child-caring practices in a large number of families, especially in urban communities¹⁵. A growing urban population has led families to be increasingly dependent on informal or intermittent employment; often with uncertain incomes and few or no maternity benefits. A greater proportion of mothers have become engaged in paid employment, leading to less time for childcare. At the same time, traditional family and community support structures tend to be weaker in urban communities, where parents may have less access to secondary caregiving support.

That said, the prevalence of exclusive breastfeeding in Myanmar has doubled in recent years: from around 24 per cent in 2009¹⁶ to 51 per cent in 2015¹⁷. During the same period, the Ministry of Health and Sports (MOHS), UNICEF, and other partners implemented National Strategy for Infant and Young Child Feeding and Five Year Plan of Action (2011/12-2-15/16),

which may have contributed to this achievement. A variety of interventions under this strategy were implemented during this period, including behaviour change communication, revitalization of the Baby-friendly Hospital Initiative, restructuring Baby-Friendly Home Delivery to Community Infant and Young Child Feeding, improving pre-service training for health workers, and policy advocacy for breastfeeding. The following major policy changes were also implemented:

- National legislation on the Code of Marketing of Breast Milk Substitutes was passed in 2014 (i.e. Order of Marketing of Formulated Food for Infant and Young Child).
- Duration of paid maternity leave increased from 12 to 14 weeks (18 weeks for twins) in the private sector under the Social Security Law (2012) and the Leave and Holidays Act (1951, amended 2014).
- Paid maternity leave for civil servants increased from 12 weeks to 6 months in 2014, according to the revised Handbook of Civil Servant Rights.

This toolkit was developed to facilitate and support an improved enabling environment for breastfeeding in Myanmar through the scale-up of workplace accommodations for breastfeeding. In addition to this toolkit, a variety of training and communications materials have also been developed based on interviews and focus group discussions with key informants from government, the private sector, civil society, and from female employees.





Objectives of the Workplace Lactation Support Programme



Establish lactation support programmes in ministries, agencies, companies, factories and shops to support female employees to continue breastfeeding upon returning to work.



Inform female employees about how to use the lactation room to express and store their breastmilk.



Provide female employees with essential information about breastfeeding and complementary feeding practices, and their legal rights regarding maternity protection.



Guide responsible officials and trained staff on the different steps to effectively set up and running Workplace Lactation Support Programme.



Advocate high-level policy, decision-makers and employers on creating an enabling environment for women to adopt optimal breastfeeding practices and female labour policies.



3 Partnership model

Beginning of 2019, Ministry of Labour, Immigration and Population (MOLIP), Union Attorney General Office (UAGO) and employers of AYA bank and Shwe Taung Development Company began implementing Workplace Lactation Support Programme with the coordination and support from UNICEF and Alive & Thrive.

Roles and responsibilities of each stakeholder were defined as follows:

Table 2. Partnership model

MOHS and MOLIP	Employers	UNICEF and Alive & Thrive	BCGE
<ul style="list-style-type: none"> • Coordinate among different Ministerial offices and chambers of commerce to ensure the effective implementation of the programme. • Advocate for the programme's replication with local authorities and employers. • Conduct training on breastfeeding and complementary feeding. 	<ul style="list-style-type: none"> • Set agency, company and factory policy. • Provide space with necessary equipment for setting up lactation room. • Organize orientation and training on breastfeeding and complementary feeding. • Allow 2–3 short breaks for breastmilk expression. 	<ul style="list-style-type: none"> • Support set up of lactation rooms. • Develop educational materials and training package. • Support training and sensitization on breastfeeding with employees and employers. • Support programme effectiveness. 	<ul style="list-style-type: none"> • Conduct advocacy to member organizations and business enterprises. • Coordinate among above-mentioned organizations and business enterprises.



The programme is implemented in three phases:

Phase 1: Setup of pilot sites in the following public and private sector workplaces:

- Ministry of Health and Sports– lactation support programme with one lactation room
- Union Attorney General Office – lactation support programme with one lactation room
- MOLIP- lactation support programme with two lactation rooms
- AYA Bank – lactation support programme with two lactation rooms
- KBZ Bank – lactation support programme with two lactation rooms and child care centres
- Shwe Taung Group of Companies: lactation support programme with five lactation and childcare rooms.

Phase 2: A total of 50 additional lactation rooms will be installed from 2020-2021 after reviewing the results from Phase 1 and adapting the toolkit and training materials as needed.

Phase 3: Selected sites will serve as examples and support MOHS, MOLIP and the Union of Myanmar Federation of Chambers of Commerce and Industry (UMFCCI) in its advocacy efforts to convince additional government agencies and businesses to set up Workplace Lactation Support Programmes and adopt a broader package of family-friendly policies and tools to positively impact workers, their families, and the economy.



4 Guidance for implementing a workplace lactation programme

Step 1. Discuss with ministry, agency, or company decision makers to develop a policy on workplace lactation support

Step 2. Install a lactation room

It is important for a breastfeeding employee returning to work to have a comfortable and safe area where she can breastfeed or express and store milk during the workday.

The following are the criteria for the room and related equipment:

2.1 Room

- New space or part of the existing office space
- More than one room in separate places if there are many female employees

Comprehensive room	Standard room	Basic room
<ul style="list-style-type: none"> • Size: At least 200 sq.ft. • Good lighting • Air conditioning • Toilet (optional) 	<ul style="list-style-type: none"> • Size: 25-50 sq.ft. • Good lighting • Well ventilated 	<ul style="list-style-type: none"> • Size: 25 sq.ft. • Good lighting • Well ventilated

2.2 Equipment

Comprehensive room	Standard room	Basic room
<ul style="list-style-type: none"> • Refrigerator • Boiler or sterilizer • Breastpump (electric) • Basin • Cleaning facilities (soap, tissue, towel) • Table • Chair • Dustbin • Utensils for complementary feeding (bowl, cup, spoon) • Cradle 	<ul style="list-style-type: none"> • Refrigerator • Boiler • Breastpump (electric) • Basin • Cleaning facilities (soap, tissue, towel) • Table • Chair • Dustbin 	<ul style="list-style-type: none"> • Basin • Cleaning facilities (soap, tissue) • Chair • Dustbin <p><i>Note: At least a chair and dustbin for a shopping centre/ public spaces</i></p>

Step 3: Develop information education and communication (IEC) materials and training package

- Vinyl posters with information on:
 - Benefits of Workplace Lactation Support Programmes.
 - Benefits of complementary feeding.
 - Benefits of cup feeding.
 - How to cup feed.
- Optional materials:
 - Vinyl posters on latching, positioning, benefits of breastfeeding.
 - Videos.
 - Stickers or magnets with expressed breastmilk storage information.

Step 4: Orientate and train (employees and employers)

- **One focal staff member can be assigned if needed.**
- **Duration of orientation and training:**
 - One-hour sensitization session with line managers, human resources, and other company leaders.
 - Three-hour orientation for all pregnant and lactating female employees and interested employees.

Topics covered:

 - The importance and benefits of breastfeeding and complementary feeding.
 - Positioning and latching.
 - Effective techniques for milk expression, storage and handling.
 - Maintaining and building milk supply.
 - How to prepare the complementary food.

- Three-hour training for high-level decision-makers.

Topics covered:

- Reasons for establishing Workplace Lactation Support Programmes.
- The importance and benefits of breastfeeding and complementary feeding and facts on breastfeeding and complementary feeding.
- The importance and benefits of Workplace Lactation Support Programmes.
- International Labour Organization (ILO) Recommendations on maternity protection, female labour policy.
- Dissemination of information on the labour law and optimal breastfeeding practices in the workplace.
- Legislation in Myanmar related to ILO maternity protection recommendations.

Step 5: Operate the lactation room

- **Scheduling room usage**
 - If a large number of breastfeeding employees will use the room, employers may consider scheduling usage of the room. Use a “first-come, first-served” policy (this is most effective if only a few women are using the room).
- **Expressing breastmilk**
 - Breastmilk should be stored in the refrigerator in the lactation room to preserve it and keep it free from contamination.
 - Breastmilk should always be labelled with the employee’s name and the date it was collected; employees must take responsibility for storing their milk as instructed during orientation sessions and as posted on guidelines in the lactation room.
 - Working mothers can also breastfeed their children in the lactation room if the child is at the worksite.
- **Cleaning the room**
 - Lactation program policies should stipulate that individual users take responsibility for keeping the room clean.
 - Disinfectant wipes or spray should be provided so that each user can clean the outside of the pump and the area around the pump when they are finished
 - Wastebaskets should be emptied daily.
 - If a cleaning team is not available, consider a schedule that assigns users to conduct routine inspection and cleaning of the room.
- **Break time**
 - 2-3 times per day (30 minutes each).

Step 6. Monitor and support

- Maintain a record book managed by an assigned person or filled in by the user.
- Monitoring and supportive supervision visits should be conducted by a team represented by all stakeholders (including employers and senior staff).

Visits should focus on:

- Interacting with female workers.
- Checking the lactation record book and room usage.
- Observation of the room (cleanliness, smell, and clean water).
- Allowed time to breastfeed or express milk whenever the need arises, including time to go to and from the lactation room.
- How they prepare and feed complementary food.





References

1. <https://www.who.int/news-room/fact-sheets/detail/malnutrition>
2. World Health Organization, Health topics: lactation <h p://www.who.int/topics/lactation/en/>.
3. Kelly YJ, Watt RG. Breast-feeding initiation and exclusive duration at 6 months by social class—results from the Millennium Cohort Study. *Public Health Nutr* 2005; 8: 417–21.
4. Dinour, Lauren M., and Jacalyn M. Szaro, 'Employer-Based Programs to Support Breastfeeding Among Working Mothers: A systematic review', *Breastfeeding Medicine*, vol. 12, no. 3, 1027, pp. 1–11.
5. Tsai, S.-Y. (2013). Impact of a Breastfeeding-Friendly Workplace on an Employed Mother's Intention to Continue Breastfeeding After Returning to Work. *Breastfeeding Medicine*, 8(2), 210–216. <http://doi.org/10.1089/bfm.2012.0119>

6. Dabritz HA, Hinton BG, Babb J. Evaluation of lactation support in the workplace or school environment on 6-month breastfeeding outcomes in Yolo County, California. *J Hum Lact* 2009; 25: 182–93..
7. GAIN. (2019). The evidence for workforce nutrition programmes. Geneva, Switzerland: GAIN. Accessed at: <https://www.gainhealth.org/sites/default/files/publications/documents/evidence-for-workforce-nutrition-programmes-overview-2019.pdf>
8. Asian Development Bank. (2015). *Women in the workforce: An unmet potential in Asia and the Pacific*. Mandaluyong City, Philippines: Asian Development Bank.
9. International Labor Organization. *Maternity and paternity at work: Law and practice across the world*. (2014). Geneva: International Labor Organization, 2014.
10. U.S. Department of Health and Human Services. *The Business Case for Breastfeeding. Steps for Creating a Breastfeeding Friendly Worksite*. <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>
11. Mills SP. Workplace Lactation programs: A Critical Element for Breastfeeding Mother’s Success. *AAOHN J*. 2009; 57(6): 227-231.
12. United States Breastfeeding Committee. *Workplace Accommodations to Support and Protect Breastfeeding*. Washington, DC: United States Breastfeeding Committee, 2010.
13. Ministry of Health and Sports (MOHS) and ICF International. 2016. *Myanmar Demographic and Health Survey 2015-16: Key Indicators Report*. Nay Pyi Taw, Myanmar, and Rockville, Maryland, USA: Ministry of Health and Sports and ICF International.
14. World Bank. (2019). *Myanmar’s Urbanization (Vol. 3) : Creating Opportunities for All - Full Report (English)*. Washington, D.C. : World Bank Group.
15. Caitlin Willisroft. (2020). *Not Enough Time: Insight into Myanmar Women’s Urban Experiences*. Yangon, Myanmar: Asia Foundation
16. Ministry of National Planning and Economic Development & Ministry of Health. (2011). *Myanmar Multiple Indicator Cluster Survey 2009-2010 Final Report*. Nay Pyi Taw, Myanmar: Ministry of National Planning and Economic Development and Ministry of Health.
17. Ministry of Health and Sports (MOHS) & ICF International. 2016. *Myanmar Demographic and Health Survey 2015-16: Key Indicators Report*. Nay Pyi Taw, Myanmar, and Rockville, Maryland, USA: Ministry of Health and Sports and ICF International.



