Public Policy and Breast-feeding: A Straightforward and Significant Solution

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ABSTRACT

Ensuring working mothers' ability to breast-feed is crucial given that breast-feeding substantially reduces infant morbidity and mortality while promoting maternal health. Working conditions, rules on the job, supervisors and co-workers can all raise or lower barriers to breast-feeding. Around the world, 127 countries guarantee working women the right to breast-feed. Canada does not provide this assurance, despite the fact that the majority of infants are born to women in the labour force. This has profound implications for the health of infants and mothers alike. Solutions exist: extending current policies to ensure adequate maternity leave is available for all Canadians, legislating a right to breast-feed while working, and adapting workplaces to make this practical.

Key words: Breast-feeding; infant welfare; maternal welfare

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There are few opportunities like it: when the introduction of a readily feasible law would increase the public's choices and dramatically benefit health. But the opportunity to do the right thing about breast-feeding is one of them. The majority of North American mothers currently work both prior to and after giving birth, at a time when their babies' health and development would benefit substantially from breast-feeding.

Transformations in work and family lives

Men's work was transformed in North America between the 1800s and 1900s as it moved out of the home and the farm and into the industrial and post-industrial labour force. In Canada, nearly half the population worked in agriculture in 1881; by 1971, this had dwindled to less than 6%.¹ The transformation of women's work in North America followed that of men. Fifty years ago, the majority of Canadian infants were born into homes where their mothers were not working outside of the household for pay. In Canada in 1959, less than 27% of women were in the labour force, including just under 18% of married women;² by 2006, over 62% of females aged 15 and older were working outside the home.³

Women's participation in the labour force does not need to affect breast-feeding. Women who would like to return to work after a maternity leave are no less likely to breast-feed than women who do not intend to return to the paid labour force.⁴ Moreover, the quantity and nutritional quality of breast milk can remain robust during maternal work or activity, including vigorous exercise.⁵ Nonetheless, return to work is one of the most frequently cited reasons for weaning and for the supplementation of breast-feeding,⁶⁻⁹ and early weaning has been associated with the duration of paid maternity leave.¹⁰ Although continued breast-feeding and expression of breast milk is often recommended for women who return to work prior to weaning, the lack of breast-feeding breaks and facilities at work and the negative attitudes of employers and co-workers create obstacles to pumping and to continued breast-feeding after return to work.¹¹

The health benefits of breast-feeding

Many *in vitro*, animal, and human studies have demonstrated important health benefits of breast-feeding for the recipient infant.^{12,13} Breast milk contains a number of active immune components that protect against infection and inflammation, including immunoglobulin A, lactoferrin, oligosaccharides, immunocompetent cells, and cytokines. Epidemiologic studies have demonstrated a substantially reduced risk and severity of gastrointestinal infection, and a lesser, but nonetheless important, protection against respiratory infection. Other well-documented protective effects include reduced risks of sudden infant death syndrome (SIDS) and of atopic dermatitis in infancy.¹⁴ Studies have also suggested protection against other chronic diseases linked to the immune system, including type 1 diabetes, inflammatory bowel disease, leukemia, and lymphoma. One of the most consistent benefits reported in epidemiologic studies has been the accelerated neurocognitive development of breast-fed infants, including evidence of a dose-response effect with increasing duration of breast-feeding.^{15,16} Rigorous control for socio-economic differences and maternal cognitive ability reduces – but does not eliminate – the magnitude of the cognitive effects.

In addition, health benefits have also been reported for mothers, including accelerated postpartum weight loss; a reduction in risk of pre-menopausal breast cancer; and possible reductions in risks of ovarian cancer, osteoporosis, and coronary heart disease.^{13,17}

Canada in the global context

At the Institute for Health and Social Policy, we examined labour laws relevant to breast-feeding in Canada and around the world.¹⁸

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Acknowledging the crucial importance of breast-feeding to the health of children and mothers, many countries around the world have found a way to successfully address working mothers' ability to breast-feed.

When newborn infants are feeding as frequently as every two hours, they are more likely to be breast-fed if their mothers have adequate paid maternity leave. Canada has made important strides in ensuring that most women receive some paid maternity leave, but it still lags behind much of the world in the pay rate. In Quebec, women can receive 30 weeks at 70% pay plus an additional 25 weeks at 55% pay, or they can opt to receive 43 weeks at 75% pay. In the rest of Canada, less pay is available; paid parental leave is provided at 55% of pay. Around the world, 144 countries provide higher wage replacement rates than Canada. Generous maternity leave benefits have enabled European mothers to continue exclusively breast-feeding their infants at home for the full 6 months currently recommended by the World Health Organization and to continue breast-feeding with appropriate complementary solid foods in the second half of the first year of life.¹⁹ While the duration in Canada of 15 weeks of maternity leave and 35 weeks of parental leave is adequate, the pay rate of 55% may make it unaffordable to many Canadians. Moreover, only those covered by Canada's federal employment insurance receive paid leave; many workers are excluded because they work part-time, are self-employed or part of the contingent labour force, or have not worked a sufficient number of weeks. All the provinces and territories in Canada provide for job protection during maternity leave. In Quebec, British Columbia, and New Brunswick, no previous job tenure is required, however, in Alberta, Nova Scotia, the Northwest Territories, Nunavut and the Yukon Territory, job protection only applies to those who have worked for at least one year, leaving some new mothers at risk of job loss.

Once women return to work, at least 127 countries ensure that they receive breast-feeding breaks. In 89 of these countries, breast-feeding breaks are guaranteed for at least one year or more, and in 107 countries they are guaranteed for at least 6 months. The countries that guarantee breast-feeding breaks for a year or more span the world geographically, politically, socially and economically, ranging from Argentina to Azerbaijan, from Greece to Guatemala, from Macedonia to Madagascar, and from Togo to Turkey.

In Canada, all provinces and territories prohibit discrimination in employment on the basis of sex and gender, however, only half – Alberta, Nova Scotia, Ontario, Prince Edward Island, New Brunswick, British Columbia and Manitoba – prohibit discrimination in relation to breast-feeding. Of these, only four – Alberta, Nova Scotia, Ontario and Prince Edward Island – require employers to accommodate employees by providing them with breast-feeding breaks or other means of making breast-feeding feasible. Canadian mothers in nine provinces and territories have nowhere to turn to seek simple breast-feeding accommodations in the workplace. No province or territory has any legislative guarantees of the right to breast-feed. While some jurisdictions in Canada have human rights commissions that have interpreted equal rights guarantees to cover breast-feeding, these commissions' policies do not bind future tribunals and therefore, unlike legislation, they do not guarantee any long-term rights.

Improving conditions in Canada

Canadian public policy needs to ensure that all new mothers have a realistic opportunity to breast-feed. This can be done in two ways:

first, by ensuring that all new mothers have adequate maternity leave, and second, by ensuring that they have an opportunity to continue breast-feeding once they return to work.

Critical next steps for ensuring the practical availability of maternity leave as a way to enable breast-feeding include: extending the coverage of employment insurance to include those who have not previously been covered, such as part-time, contingent, self-employed, and new workers; and increasing the percentage of wage replacement, at least during the first months of an infant's life, when breast-feeding plays the most crucial role.

Making it feasible for women to breast-feed after returning to work requires guaranteeing the right to breast-feed while working, as well as making the necessary accommodations in the workplace. It is long past time that Canada adopts simple legislation to guarantee the right of all working women to take breast-feeding breaks. Just as the overwhelming majority of workplaces have made it possible for workers to eat lunch, they can similarly make it feasible for the small percentage of lactating employees to feed their infants. Legislative guarantees also need to be accompanied by practical changes in the workplace to ensure the feasibility of their application. Workplaces either need to have infant child care facilities available nearby, or they need to provide a space for the pumping and storage of breast milk.

Such advancements will require an increased understanding of the importance of breast-feeding and of the ongoing need for the improvement of equity in the workforce. The payoff in improved population health and human development will be substantial.

REFERENCES

1. Statistics Canada Period Series D1-7. Table titled: Population of working age and either gainfully occupied or labour force, in non-agricultural and agricultural pursuits, census years, 1881 to 1971. Available online at: <http://www.statcan.ca/english/freepub/11-516-XIE/sectiond/sectiond.htm> (Accessed September 20, 2007).
2. Statistics Canada Series D431-448. Table titled: Female civilian labour force participation rates, by age and marital status, annual averages, 1959 to 1975. Available online at: <http://www.statcan.ca/english/freepub/11-516-XIE/sectiond/sectiond.htm> (Accessed September 20, 2007).
3. Statistics Canada CANSIM Data Series 7260. Table 282-0002: Labour force survey estimates by sex and detailed age group, annual. Available online at: <http://cansim2.statcan.ca> (Accessed September 20, 2007).
4. Scott JA, Binns CW. Factors associated with the initiation and duration of breastfeeding: A review of the literature. *Breastfeeding Rev* 1999;7(1):5-16.
5. Lovelady CA, Lonnardal B, Dewey KG. Lactation performance of exercising women. *Am J Clin Nutr* 1990;52(1):103-9.
6. Gielen AC, Faden RR, O'Campo P, Brown CH, Paige DM. Maternal employment during the early postpartum period: Effects on initiation and continuation of breast-feeding. *Pediatrics* 1991;87(3):298-305.
7. Ong G, Yap M, Li FL, Choo TB. Impact of working status on breastfeeding in Singapore. *Eur J Public Health* 2005;15(4):424-30.
8. Chen YC, Wu Y-C, Chie W-C. Effects of work-related factors on the breast-feeding behavior of working mothers in a Taiwanese semiconductor manufacturer: A cross-sectional survey. *BMC Public Health* 2006;6:160 (doi:10.1186/1471-2458-6-160).
9. Hawkins SS, Griffiths LJ, Dezateux C, Law C. Millennium Cohort Study Child Health Group. The impact of maternal employment on breast-feeding duration in the UK Millennium Cohort Study. *Public Health Nutrition* 2006;1-6.
10. Guendelman S, Kosa JL, Pearl M, Graham S, Goodman J, Kharrazi M. Juggling work and breastfeeding: Effects of maternity leave and occupational characteristics. *Pediatrics* 2009;123:e38-e46.
11. Gatrell CJ. Secrets and lies: Breastfeeding and professional paid work. *Soc Sci Med* 2007;65(2):393-404.
12. Leon-Cava N, Lutter C, Ross J, Luann M. Quantifying the Benefits of Breast-feeding: A Summary of the Evidence. Washington, DC: Pan American Health Organization, 2002.
13. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Rockville, MD: Agency for Healthcare Research and Quality, AHRQ Publication 07-E007, April 2007.

14. Gdalevich M, Mimouni D, David M, Mimouni M. Breast-feeding and the onset of atopic dermatitis in childhood: A systematic review and meta-analysis of prospective studies. *J Am Acad Dermatol* 2001;45(4):487-647.
15. Anderson JW, Johnstone BM, Remley DT. Breast-feeding and cognitive development: A meta-analysis. *Am J Clin Nutr* 1999;70(4):525-35.
16. Mortensen EL, Michaelsen KF, Sanders SA, Reinisch JM. The association between duration of breastfeeding and adult intelligence. *JAMA* 2002;287(18):2365-71.
17. Schwarz EB, Ray RM, Stuebe AM, Allison MA, Ness RB, Freiberg MS, Cauley JA. Duration of lactation and risk factors for maternal cardiovascular disease. *Obstet Gynecol* 2009;113:974-82.
18. Chaussard M, Gerecke M, Heymann SJ. The WECANADA Work Equity Index: Where the Provinces Stand. Montreal, QC: Institute for Health and Social Policy, McGill University, 2008.
19. Cattaneo A, Yngve A, Koletzko B, Guzman LR. Protection, promotion and support of breast-feeding in Europe: Current situation. *Public Health Nutr* 2005;8(1):39-46.

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RÉSUMÉ

Assurer aux mères qui travaillent la capacité d'allaiter est d'une importance cruciale, notamment du fait que l'allaitement maternel réduit la morbidité et la mortalité infantile tout en promouvant la santé maternelle. Les conditions de travail, les règles de travail, les superviseurs, ainsi que les collègues peuvent soit augmenter, soit diminuer les obstacles à l'allaitement maternel. Dans le monde, 127 pays garantissent le droit d'allaiter aux femmes qui travaillent. Le Canada ne fournit pas une telle assurance, malgré le fait que la majorité des enfants naissent de femmes se trouvant sur le marché du travail. Cette situation a de graves conséquences pour la santé des nourrissons et celle de leurs mères. Des solutions existent : étendre les politiques actuelles pour offrir un congé de maternité à toutes les Canadiennes, légiférer le droit maternel d'allaiter au travail, et adapter les lieux de travail à l'allaitement maternel.

Mots clés : Allaitement; bien-être infantile; bien-être maternel

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