

# Who takes care of the baby?

When a baby is born, parents must consider the possibilities for child care, in order to reconcile their work with childrearing functions and responsibilities. Mothers who want to continue breastfeeding after returning to work have to organise how they will maintain milk production. Plans will vary according to their need to work, type of job, work schedule and flexibility, family situation, distance from work, cost of child-care, and their culture's attitude about mothers' roles.

For breastfeeding, the best solution is for the *mother and child to be together*. A period of leave, perhaps combining maternity leave with other types of leave, provides the opportunity to establish breastfeeding and a close relationship with the child. Longer leave usually means better outcomes with breastfeeding.

Maternity leave allows the mother to recuperate from birth. In many national laws, as well as in C183, a number of weeks after confinement are compulsory so that mothers can rest after giving birth. Advocates should be aware of the length of this period of compulsory leave.

Parental leave offers both mothers and fathers the opportunity to stay home to look after their young children. It fosters a close bond between parent and child and gives fathers more opportunity to develop their parenting skills. Parents usually take this leave separately. An at-home father can give strong support for sustained breastfeeding to a working mother. Although parental leave is generally not paid leave, it does guarantee one's job when returning to work. In some cases it can be quite long, allowing parental care for the child through its early years. Some countries in Eastern and Central Europe offer non-paid parental

leave of one, two or even three years with job guarantee upon return.

Some mothers *bring their baby to work* with them. This is not a long-term solution; it is not practicable for all mothers and certainly not for all jobs. However, it is an excellent way to combine work with breastfeeding while the infant is still young and tends to sleep a lot. In some jobs, the mother can *do her work at home*, where she has access to the baby for feedings.

In many countries, both mothers and fathers have to return to work relatively soon after the birth of a child and have no other solution than to find some sort of *child care* arrangement. This may be a maid, grandmother, or sibling who *cares for the child at home*, or a *small home-based day-care centre*, or a *larger facility*, either near home or in or near the workplace.

Choosing child care is one of the most difficult tasks facing new parents. Separation of mother and child is stressful in itself, and many mothers continue breastfeeding to avoid still another form of separation from their child. They explain that breastfeeding when they get home from work is the best moment of the day, a time for mother and child to find and love each other all over again.

Cooperation and collaboration with the caregiver are essential. Although it is obvious that all infant caregivers should possess the attitude and skills needed for breastfeeding support, parents may encounter opposition. A caregiver may resist accepting tasks that appear to be non-routine, or to require greater responsibility or more time. Advocates can help parents by providing pamphlets or training for caregivers about

the value of breastfeeding, how to store and handle expressed milk, different methods for feeding a breastfed baby, and how to make mothers welcome to breastfeed when they visit.

Small *home-based day-care facilities* are often managed by a self-employed woman who looks after a few children of various ages in her own home. The facility may or may not be registered or licensed. If the caregiver is negative or uncomfortable about breastfeeding, it can be difficult for the breastfeeding mother to gain her cooperation. The caregiver is providing a needed service, and she is on her own territory. If she prefers not to see breastfeeding happen in her home, or if she is careless about wasting the mother's precious expressed milk, the mother may feel she has to accept this less-than-ideal situation because she has no other choice. Mothers should know that they can consult with a mother support group like La Leche League or with a lactation consultant if they feel an outside person can help in such negotiations.

In some larger *day-care centres*, resistance to assisting breastfeeding mothers may occur at an "institutional" level. There have been cases of crèches in France, for example, where human milk is not allowed in the facility because the staff cannot guarantee the cold chain, or because the crèche was not allowed to use foods coming from the outside, or because of lack of strict hygienic conditions in milk expression. However, relatively recent municipal directives in Lille and in Paris have been promulgated that allow mothers to breastfeed in the facility and describe the procedures for safe collection and storage of milk.

It is interesting to note that a number of national maternity laws, notably in Latin America, stipulate that firms employing more than a minimum number of women (20 in Chile, 30 in Brazil, Costa Rica, and Guatemala, 50 in Bolivia) must provide in-house child-

care facilities, precisely for mothers to be able to breastfeed their infants.

*Here is an example of a French crèche director who slowly built acceptance of breastfeeding babies in her crèche*<sup>1</sup>

"...Every year, some mothers continue some level of breastfeeding when they go back to work: breastfeeding only mornings and evenings, or bottles with breastmilk during the day, or breastfeeding on demand whenever mommy is near...I meet the parents and child before the baby starts to attend, and if the baby is breastfed, I tell them that our team of care-givers supports breastfeeding and have been trained to assist families..."

"Working towards this goal with the staff was a step by step process... It was essential for me to work "with" the team rather than "against" it, and to be careful not to impose my position of power...It is important to listen to everyone's feelings... At the same time, it's important that I convince others of the many advantages of breastfeeding for the child, for the parents, and even for the staff."

"Some mothers breastfeed here during the day or before leaving for home. This works as long as no one feels left out or put aside. Several mothers bring their milk in bottles that they have sterilised themselves. We keep it in the refrigerator and give it to their babies on demand. So far we have not had much experience with cup feeding."

"In summary, I guess that I would say that I am highly motivated, that I have to make specific suggestions, and that I have learned to listen to each parent and to each member of my team."

*The following example describes the aims and creation of a company day-care centre in the Philippines.*<sup>2</sup>

1. La Leche League France, *Allaiter aujourd'hui*, « Allaitement et travail », Oct.-Dec. 2002, pp. 11-12.

2. Van Esterik P & L Menon (1996) *Being Mother-Friendly: A practical guide for working women and breastfeeding*, WABA, pp. 55-56.

In recent years, Arugaan, an advocacy and action group based in Metro Manila, has set up several crèches. The first centre was located in a garment factory employing mostly women. It still cares for babies between one and a half months and three and a half years. In the Arugaan centre, parents join discussions on health, life-style, and parent-child relationships. The centre's objectives are "to provide support systems for working women regarding child care, breastfeeding counselling, healing, health and nutrition information; to create mother support groups; and to establish mother-friendly initiatives."

Before setting up the first crèche, Arugaan sought the help of the factory administrators. They used a questionnaire to learn about the food and nutrition needs of employees who were pregnant, on maternity leave or had recently returned to work after maternity leave. Arugaan organised a series of seminars for the workers, where the workers spoke more about their needs for child care. After negotiating with the employer, Arugaan set up a day-care facility. In three months, they had 27 children to care for. The parents were involved in decisions about fees, food, hours of operation, and ways to fund the crèche.

As explained by Ines Fernandes of Arugaan, "we found that breastfeeding after maternity leave was easy as long as women had intensive counselling during pregnancy, after birth and in home visits, so Arugaan started home counselling services. Additional counselling was required for mothers whose toddlers or infants were 'hooked' on the bottle. The toddlers were given nutritious food every two hours in order to wean them from the bottle. Re-lactation was encouraged for the bottle-fed infants, and they were fed donor breastmilk by cup. The children who were fed at the centre gained weight and were ill less often with colds, coughs, asthma, allergies, and diarrhoea. The mothers too found that they benefited from better health and economic savings. In addition the working mothers were satisfied and more productive at work."

Since then, Arugaan has helped set up a number of other child-care facilities in the Philippines, both in the community and in the workplace. For more information concerning the steps to follow in creating such a centre, contact Ines Fernandez at [arugaan@mozcom.com](mailto:arugaan@mozcom.com).

## NOTES

The MPC Kit was produced in 2003 by the Maternity Protection Coalition (MPC), comprising the International Baby Food Action Network (IBFAN), the International Lactation Consultant Association (ILCA), the LINKAGES Project and the World Alliance for Breastfeeding Action (WABA), with technical assistance from International Maternal & Child Health, Uppsala University, Sweden (IMCH) and the United Nations Children's Fund (UNICEF). The second edition, produced in 2008, includes two new MPC members: La Leche League International (LLLI) and Academy for Educational Development (AED). LINKAGES, a former project of AED, is no longer an MPC member. The MPC supports women's rights to breastfeed and work, by advocating for implementation and monitoring of improved maternity protection entitlement.

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