

REPUBLIC OF KENYA



MINISTRY OF HEALTH

GUIDELINES FOR SECURING A BREASTFEEDING FRIENDLY ENVIRONMENT AT THE WORK PLACE

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PREFACE

In line with the Health Act, 2017 which requires all employers to establish lactation rooms in the workplace that are adequately provided with necessary equipment and facilities including handwashing equipment, appropriate cooling facilities, electrical outlets for breast pumps, a small table and comfortable seats, this guidelines is intended to provide guidance to the public and private institutions on how to secure breastfeeding friendly workplaces for supporting women to combine work and breastfeeding. This is based on the understanding that two of every three women are engaged in economic activities outside home in either formal or informal sector which is essential for the overall well-being of the family.

This guidelines provide direction to employers on how to implement workplace support for female employees to exclusively breastfeed their babies for six months and continue breastfeeding with adequate complementary feeds until two years and beyond. It was developed by relevant stakeholders in Kenya, through consultative forums led by the Ministry of Health (MoH) and complements other related materials. It also provides a mechanism for comprehensive interventions and guidance thus enabling female employees to combine breastfeeding and work in line with the requirements of the Health Act, 2017 (*section 71 & 72*).

Full implementation of this guidelines will contribute to reduction of child morbidity and mortality hence improve child survival which is in line with the Kenya Health Sector Strategic and Investment Plan (KHSSIP) (2013- 2017) and the global strategy on infant and young child feeding (2012-2017). It also makes a strong contribution towards attainment of the Sustainable Development Goals (SDG), World Health Assembly (WHA) targets and Vision 2030 in Kenya.

The government shall work with all stakeholders and partners in developing social support systems to encourage breastfeeding friendly work environment, to provide appropriate family and community support protecting mothers from factors that hinder breastfeeding. The Ministry renews its commitment to provide leadership for creating an enabling environment that supports Kenyan women, families and communities to realize optimal breastfeeding practices.

Mr. Peter Tum, CBS

Principal Secretary, Ministry of Health

FOREWARD

The Government of Kenya is committed to achieving global, regional and national targets for nutrition which includes attainment of the WHA targets of increasing breastfeeding rates by 50% by the year 2025 which will also contribute to the realization of SDGs. Breastfeeding lays the best foundation for good health for all children both in the short and long term, while benefitting the mother in numerous ways socially and health-wise. World Health Organization (WHO) recommends that all children be exclusively breastfed for the first 6 months of life and thereafter to receive adequate, appropriate and safe complementary foods while continuing to breastfeed up to 2 years and beyond. The multiple advantages of breastfeeding have made it imperative to ensure that every child is breastfed for the first 6 months of life.

According to the Kenya Demographic Health Survey (KDHS), exclusive breastfeeding (EBF) rates have improved from 32% in 2008 to 61% in 2014. This is as a result of accelerated efforts in promotion, protection and support for breastfeeding by the MoH and other stakeholders in the last decade. Consequently, these efforts have contributed directly and indirectly to reduction of infant and child mortality rate from 74/1000 live births in 2008 to 52/1000 live births in 2014. While there has been significant improvement in EBF rates, children are still being sub-optimally breastfed because of varying factors such as suboptimal support for breastfeeding at the workplace. Several studies have clearly illustrated the challenges faced by breastfeeding female employees in sustaining optimal breastfeeding practices after maternity leave. This could be attributed to lack of or inadequate breastfeeding breaks, facilities for expressing and storing breastmilk, resources that promote breastfeeding and support from employers and colleagues. In Kenya, majority (52%) of working women resume work within three months after birth (Philips Africa Innovation Hub, 2015) contributing to a rapid decrease in breastfeeding rates hence the need to create conducive work environment for women to successfully combine work with breastfeeding.

The Government of Kenya enacted the Health Act, 2017 which requires all employers to support working women to breastfeed at work. We are therefore committed to ensure this law is implemented in order to promote, protect and support breastfeeding. The workplace guidelines has been developed to give direction to employers on how they can support female employees to combine work and breastfeeding.

Dr. Jackson Kioko., OGW

Director Medical Services, Ministry of Health

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To all of you we say thank you!

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LIST OF ABBREVIATIONS

ACF	Action Against Hunger
APHRC	African Population for Health Research Centre
BFCI	Baby Friendly Community Initiative
BMS	Breastmilk Substitutes
COTU	Central Organization of Trade Unions
EBF	Exclusive breastfeeding
EBM	Expressed Breastmilk
FKE	Federation of Kenya Employers
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
KDHS	Kenya Demographic Health Survey
KEPSA	Kenya Private Sector Alliance
KNBS	Kenya National Bureau of Statistics
KNH	Kenyatta National Hospital
KRCS	Kenya Red Cross Society
MIYCN	Maternal Infant and Young Child Nutrition
MOH	Ministry of Health
NAK	Nutrition Association of Kenya
NASCOP	National AIDS and STI Coordination Program
SDG	Sustainable Development Goal
SSA	Sub Saharan Africa
TB	Tuberculosis
UNICEF	United Nation Children’s Fund
WASH	Water Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organisation

EXECUTIVE SUMMARY

Interventions that promote breastfeeding are critical for a child's optimal growth, development and survival, wellbeing and productivity of their mothers and consequently sustainable development of the nation. Workplace support for breastfeeding is key to sustainable development as it has an impact on the employees' productivity. This guidelines is meant to give direction to the public and private institutions on how to secure conducive environment for supporting female employees to combine work and breastfeeding. It complements other related materials in the health and nutrition practice, developed through concerted efforts of likeminded stakeholders in Kenya and spearheaded by the Ministry of Health, Nutrition and Dietetics Unit.

To provide steps for employers to create breastfeeding friendly workplaces, this guidelines is divided into four chapters as follows: **Chapter one** gives an introduction including background information, workplace support for breastfeeding situation and the rationale; **chapter two** gives guidance on the components of creating a breastfeeding friendly workplace by looking into four core components which are workplace policies, space/lactation station/room, flexi time and how policy makers, employers, community and health workers can contribute to supporting workplace support for breastfeeding. **Chapter three** discusses capacity development giving guidance on how to support a female employee to express and store breastmilk at the workplace. **Chapter four** outlines the monitoring and evaluation process in measuring the effectiveness of workplace support for breastfeeding initiative.

In the annexes, a checklist has been provided to help organizations/institutions evaluate progress towards achievement of breastfeeding friendly workplaces. A tool has also been provided which will help in assessment of breastfeeding friendly workplaces. Further, a sample policy statement for work place support, Infection prevention and control measures, information on hygiene promotion and illustrations on how to express breastmilk have been provided.

It is our hope that this guidelines will be helpful to all the users and will give direction to employers on how to put structures in place to support breastfeeding female employees to successfully combine work and breastfeeding.

OPERATIONAL DEFINATION OF TERMS

Better Business Practises for Children	An initiative targeting the Private Sector aimed at supporting working female employees in both formal and informal sectors through creating breastfeeding friendly workplaces to enable mother combine work and breastfeeding.
Breastfeeding	Consumption of breastmilk by an infant either directly from the breast or expressed
Breastfeeding workplace environment.	friendly support Creating an environment that is conducive for mothers to breastfeed while at work in terms of ensuring there is a workplace policy with provision of time, space and support for the working mother.
Breastfeeding room	This is a room designated for female employees with children under the age of two years to feed their babies directly on breastmilk or to express breastmilk for later use.
Breastmilk Substitutes	Any food being marketed or otherwise presented as a partial or total replacement for breastmilk, whether or not suitable for that purpose as per World Health Assembly Resolution 54.2.
Complementary feeding	Process of giving other foods in addition to breastmilk from 6 months of life when breastmilk alone is no longer sufficient to meet the nutritional requirements of infants.
Crèche	A place where babies and young children are cared for during a working day.

Employee	A person employed for wages or a salary and includes an apprentice and indentured learner.
Employer	Any person, public body, firm, corporation or company who or which has entered into a contract of service to employ any individual and includes the agent, foreman, manager or factor of such person, public body, firm, corporation or company
Exclusive breastfeeding	Giving a baby only breastmilk either directly from the breast or expressed and no other liquids or solids, not even water for the first 6 months of life. Drops or syrups consisting of vitamins, mineral supplements or medicines are permitted as prescribed by health care worker.
Expressing breastmilk	Process by which a woman expels milk from her breast. The breastmilk can then be stored and fed to her baby at a later point in time. Milk may be expelled manually using the hands or with a pump especially designed for expressing breastmilk.
Flexible working arrangement	Change of an employer's terms and conditions of employment that provides ease in assisting the employee's responsibilities of breastfeeding the baby.
Lactation Stations	Private, clean, sanitary and well ventilated rooms or areas in the workplace where nursing mothers can wash up, breastfeed or express their milk and hygienically preserve it.
Mixed feeding	Giving breastmilk plus other foods or drinks, including ready to use therapeutic foods before the age of 6 months.
Mother to mother support group	Groups of females who come together to learn and discuss issues on maternal, infant and young child nutrition, including addressing any problems with breastfeeding and how to resolve these problems.

Thawing

Making the frozen breastmilk warm enough to become liquid

Workplace

Work premises, whether private enterprises or government agencies, including their subdivisions.

CHAPTER ONE: INTRODUCTION

1.1 Background Information

Breastfeeding is an unequalled way of providing ideal food and care for health, growth and development of the infant. Breastmilk remains the best source of nutrition for the new-born, infant and young children by greatly improving their quality of life through its nutritional, immunological, and psychological benefits (Hansen, 2016).

It is estimated that 823,000 lives of children could be saved annually by scaling up breastfeeding. The early years of life are critical for the child's growth and development including brain growth, physical, emotional, and intellectual wellbeing (Rollins et al., 2016). Children who are breastfed for longer periods have lower infections, morbidity and mortality rates, fewer dental malocclusions and higher intelligence as compared to those who are breastfed for shorter periods or not breastfed at all (Belfield & Kelly, 2010). Growing evidence also suggests that breastfeeding might protect against overweight and diabetes later in life (Horta et al., 2015).

Benefits of breastfeeding to the mother includes; prevention of breast cancer, improved birth spacing and reduce a woman's risk of diabetes and ovarian cancer (Hansen, 2016). The scaling up of breastfeeding can prevent an estimated 20,000 breast cancer deaths every year (Rollins et al., 2016).

The global strategy on infant and young child feeding launched in 2002 recognizes that breastfeeding is a unique process that provides ideal nutrition for infants and contributes to their healthy growth and development. The strategy aims at improving nutrition status, growth and development, health and thus the survival of infants and young children through optimal feeding practices. It supports exclusive breastfeeding for 6 months and thereafter timely, adequate, safe and appropriate complementary feeding while continuing breastfeeding for two years and beyond. It also supports maternal nutrition, social and community support (WHO & UNICEF, 2003).

Kenya adopted these global recommendations and has put in place necessary policy and legislative frameworks for promoting, protecting and supporting breastfeeding. These include; Constitution of Kenya 2010 that guarantees every child the right to basic nutrition and health of the highest attainable standard; Breastmilk Substitutes (Regulation and Control) Act, 2012 that provides for appropriate

marketing and distribution of breastmilk substitutes; MIYCN policy and strategy and the Health Act, 2017 that requires all employers to establish lactation stations at the workplace among others.

As a result of accelerated efforts by Ministry of Health and stakeholders in the last decade, Kenya has made sustained improvement on breastfeeding status by increasing the proportion of children exclusively breastfed for six months from 13% in 2003, 32% in 2008 to 61% in 2014 (KNBS 2008/2014).

Kenya compares well at 61% with global EBF prevalence of 38%, but falls short of the WHO recommendation for universal coverage of 80% to realize optimal child survival, growth and development (WHO, 2014). Despite evidence that breastfeeding provides unique health advantages to the infant and the mother, many children are sub-optimally breastfed because of varying reasons. One such reason is the fact that female employees lack adequate support at the workplace to successfully sustain breastfeeding as recommended by WHO. For this reason, breastfeeding-friendly workplaces for female employees is recommended to contribute to improved breastfeeding practices (Mills, 2009; Ortiz et al., 2004; Wyatt, 2002). Evidently, engagements at the workplace coupled with minimal or lack of support to sustain breastfeeding after maternity for female employees contribute majorly to suboptimal breastfeeding practices (Chuang et al., 2010; Hawkins et al., 2007; Tsai, 2013).

1.2 Rationale

The International Labour Organization (ILO) Maternity Protection Convention No. 183 and 191 of 2000 recommends at least 14 weeks (98 days) of paid maternity leave, one or two breaks daily or a reduction in work hours in order for female employees to breastfeed their children and where practicable, provision of facilities for nursing under adequate hygienic conditions at or near the workplace (ILO, 2000). However, in Kenya, the Employment Act, 2007 allows for 3 months maternity leave after which female employees return to work. Female employees contribute significantly to the labour force with many of them being in the informal sector. It is only a small proportion found within the formal sector that benefits from the three months maternity leave which is not sufficient to support the recommended six months of exclusive breastfeeding. This implies that the transition period of returning to work after giving birth is a critical time to support the continuation of breastfeeding amongst female employees.

The Government of Kenya has enacted the Health Act, 2017 which requires all employers to establish lactation stations at workplace with necessary equipment and facilities. It is also a requirement that the

standard be defined by the Ministry responsible for matters relating to health. Employers are further required to grant all breastfeeding female employees break intervals in addition to the regular times off for meals to breastfeed or express breastmilk.

Benefits of work place support

Benefits to the employer

- Improved retention of skills and experience
- Reduced recruitment costs
- Loyalty of employees
- Increased productivity, satisfaction and resilience of the employee
- Added recruitment incentives for employer
- Improve employer image
- Lowers employers' health and insurance costs
- Reduced absenteeism due to improved child and maternal health.

Benefits to the employee

- Improved job security of female employees.
- Retention of skills and experience leading to improved performance.
- Improve productivity hence satisfaction and self-esteem.
- Improve health of the child and employee.
- Added recruitment incentives for female employees.
- Increased spacing between pregnancies.
- Better stress management.
- Decreased risk of diabetes, breast and ovarian cancer.

CHAPTER TWO: COMPONENTS FOR CREATING A BREASTFEEDING FRIENDLY WORKPLACE

Working female employees have a right to an environment that enables them to successfully breastfeed their infants. Employers have the responsibility to promote breastfeeding friendly workplaces by providing the following components;

- Workplace Breastfeeding Policy
- Space
- Time
- Social support structures for breastfeeding

2.1 Workplace Breastfeeding Policy

It is good practice for an employer to have a policy on breastfeeding at the workplace. This will help employers make fair decisions when handling requests from breastfeeding female employees.

The policy should:

- Provide at least 3 months paid maternity leave (Employment Act, 2007, *section 29*).
- Help to reassure breastfeeding female employees that their participation in the workforce is compatible with their reproductive function
- Outline workplace provisions to enable female employees to maintain breastfeeding (e.g. breastfeeding breaks and facilities for support of breastfeeding)
- Highlight the employer's commitment to helping workers to achieve work life balance through flexible working arrangements such as, job-sharing, flexi time and working from home

This policy could be part of the company's competitive recruiting package offered to potential employees along with general information about parental leave entitlements and other family-friendly measures, which all men and female employees should receive when they start work.

It is worth noting that once developed, the workplace policy ought to be implemented and mechanisms put in place for monitoring and evaluation on a regular basis. All employees, managers and supervisors

will need to discuss the needs of breastfeeding female employees and should all be aware of the in-house policy including the benefits breastfeeding can bring to the different people concerned.

2.2 Lactation station/room/Space

Rooms for breastfeeding female employees are a valuable resource for providing privacy and convenience that mothers need for expressing breastmilk when they are separated from their babies. Of utmost importance to a breastfeeding female employee when she returns to work is a location where she can comfortably and safely express milk during the working hours. Many employees work in open areas or cubicles that are not private. Simple breastfeeding rooms or private spaces can be created within existing building space. The initial cost is usually a one-time expenditure other than costs involved with standard maintenance and the return on investment is continuous since many breastfeeding female employees can make use of the facility over a long period of time.

2.2.1 Allocating Space

The points below will help employers when allocating suitable space for the lactation station.

- The amount of space needed for the lactation station is minimal
- Lactation stations do not require a full-sized office
- The size of the space should be sufficient to accommodate the requirements as listed under section **2.2.2** of this guidelines
- It is important to involve at least one breastfeeding employee and other employees with experience in milk expression when identifying a suitable space for the lactation room
- It would help if employers organize time for creating awareness on the lactation station once established for optimal utilization

2.2.2 Equipment and supplies requirements

It is important to ensure that all equipment and supplies used in the lactation station are fit for intended purpose and meet the required standards where appropriate.

Below are the equipment and supplies that ought to be in the lactation station.

- | | |
|--|---|
| <ul style="list-style-type: none"> • An electrical outlet • A comfortable chair(s) that will fit next to the table • A table or counter for placing breast pump • Lockable lockers • Refrigerator (or nearby access) • A sink (or nearby access) with running water • Hand washing facility • Disinfecting solution available for clean-up of spills | <ul style="list-style-type: none"> • Liquid soap • Breast pumps (Electric and/or manual)- optional • Personal protective gear as appropriate • Labels of various stations • Stationery and other office supplies • Information, education and communication materials (IEC) through linkage with the Ministry of Health • A waste basket • A door signage |
|--|---|

2.2.3 Pre-assessment for establishment of lactation station at workplace

Before setting up the lactation station, pre-assessment of the space allocated should be done to ensure that the space is conducive for the purpose of supporting breastfeeding. The following are key conditions that need to be met for establishment of the lactation station.

- Consistent supply of clean safe water
- Appropriate private room with sufficient space, be well lit, adequate ventilation and not located in the rest rooms
- Policy in support of breastfeeding staff and orientation package regarding use of the lactation station
- Infection control guidelines

2.2.4 Lactation Space Options

When allocating space for establishment of the lactation station, the following space options may be considered;

- An infrequently-used existing space at the office
- An infrequently-used space near an employee lounge or any other area where a sink is available
- A clean infrequently-used storage area
- A small corner of a room section with either permanent walls or portable partitions
- An “unused space” that is currently not well-utilized
- A conference room, a vacant office, a storeroom or a dressing room
- Construction of a room

2.2.5 Examples of lactation station layout

The number of lactation stations to be established depends on several factors such as the size of the company, number of female employees of childbearing age and the amount of space available. For instance, if it will take female employees a long time to walk to the breastfeeding room, consideration to set up multiple lactation stations that are more conveniently located could be made. Organizations with large numbers of female employees can create breastfeeding “suites” by installing partitions or curtains in the lactation room to accommodate multiple users at one time.

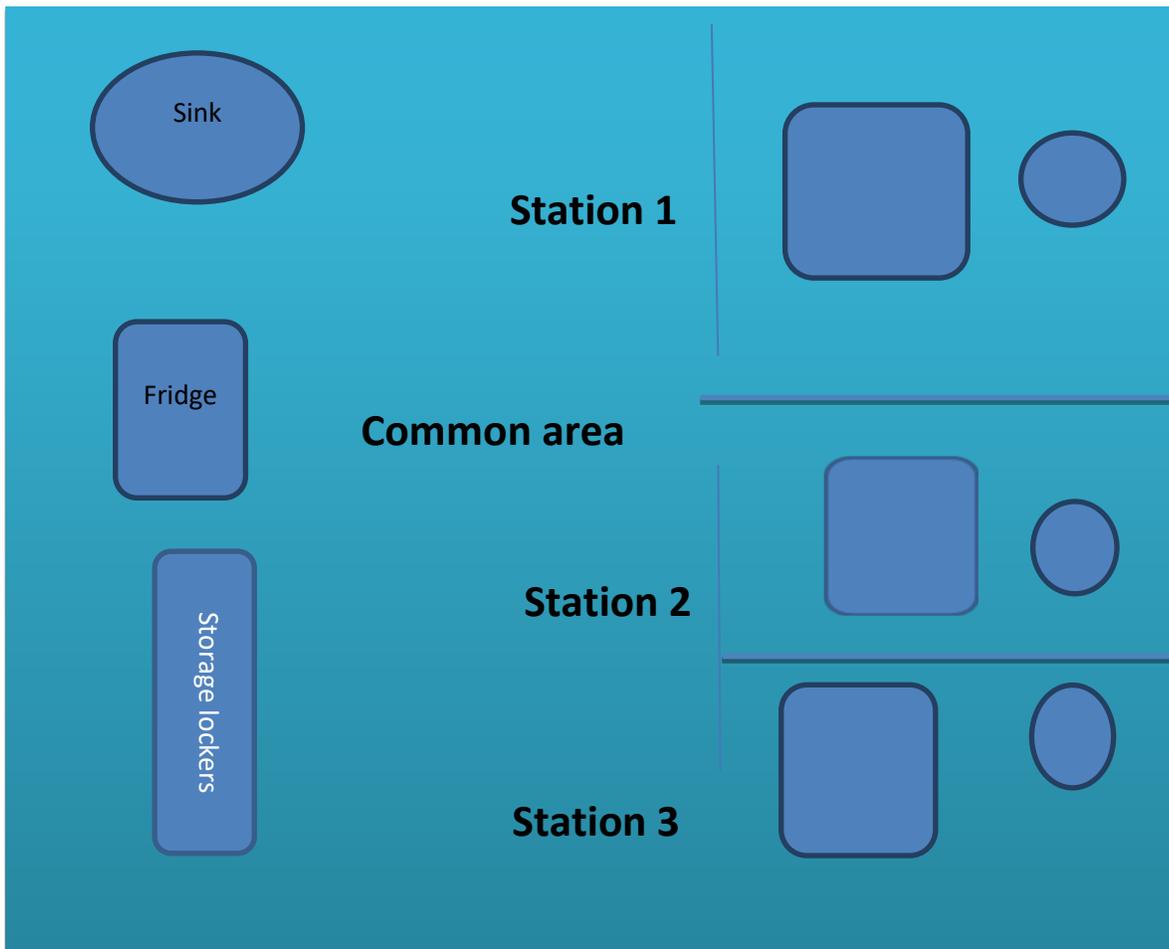
The following illustrations give an understanding of examples of options for lactation station layouts;

1) Single User Layout

This is the most common set up used when there are few female employees of reproductive age. It involves installation of all the equipments (sink, table, chair, refrigerator, and storage cabinets) in an open room. In the event of more than one employee enrolled into the workplace support, a schedule on how to use the space will be necessary to enable sharing and privacy.



2) Multi-Use Room



This option is similar to the single user option and appropriate for institutions with a potentially high number of female breastfeeding employees. The set up could be in such a way that the common area has a refrigerator, sink and lockers while each of the lactation suites has a table and chair. The breastfeeding suites in the lactation station should be made private by use of curtains, screens or by partitioning.

3) Moveable station

A moveable station can be an option when establishment of a permanent lactation station is not



feasible because of its ease in installation as it involves less structural alteration to the building structure. In addition, it consumes less space as it can accommodate a fridge, sink, work surface, access to water inlet and outlet, electricity connection and storage cabinets. This can be lockable for enhanced safety of employees' equipment and expressed breastmilk.

The moveable station can be easily moved in event of

relocation. However, there is need to have a table and chair in the room for use by the breastfeeding female employee.

2.2.6 Scheduling Lactation Space Usage

If a large number of breastfeeding employees will use the lactation station, the employer may want to consider scheduling room usage so as to maintain order. In maintaining privacy, each user can be given a code to use rather than her name. The lactation station should be kept locked when not in use to safeguard equipment, supplies and expressed breastmilk that may be stored in the refrigerator. Keys may also be retained by a designated individual and checked out by users as needed.

Below are some of the options that can be explored when scheduling lactation station usage;

- Electronic sign-in (a computerized room schedule) that allows employees to log in at preferred times
- Schedule sign-in sheets or dry-erase board at an accessible place by the users
- E-mail notices sent to employees who are using the room
- First-come, first-served basis with an “occupied” sign outside the door (this is effective if there are only a few female employees in need of the room).

2.2 8 Maintenance of the Room

Workplace support policy should stipulate that employers can provide general maintenance oversight of the room within their administrative services department, while individual users take responsibility of keeping the room clean.

2.2.9 Other Workplace Space Options

a. Crèche

A crèche is a place where babies and young children are cared for during the working hours. An employer could consider having a crèche in addition to a breastfeeding room. A crèche requires a caregiver to take care of the needs of the babies and young children. Depending on the age of the baby, the mother may leave breastmilk and/or food for the baby while she is working. The mother could also use their breaks to go and breastfeed.

The following are the features of a crèche:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Secure, safe, clean environment; no sharp points or harmful chemicals • A sink (or nearby access) with running water, soap/hand sanitizers and disinfecting solution • Baby chair(s) and tables • Lockable lockers • Trained and experienced staff/caregivers to take care of the children • A protected electrical outlet • Refrigerator (or nearby access) • Information, education and communication materials (IEC) through linkage with the Ministry of Health. | <ul style="list-style-type: none"> • Wide variety of toys for entertainment and learning opportunities including simple homemade toys • Mattresses, mats, baby cots • Special bathrooms and low toilets suitable for potty training children • Open outdoor space and equipment for play • Well stocked first aid kit • Fire extinguishers • Screens/television set • A waste basket • A door signage |
|---|--|

Optional features:

- Pantry/kitchenette
- Utensils
- Beddings (baby blankets, sheets)

Caregivers should engage the children in organized activities that stimulate learning such as group games. It is also important to ensure that children are exposed to the sun for a few minutes daily for good development of their bones. In addition, a well-stocked first aid kit and a named first aider who has been trained in emergency first aid should be within reach.

b. Day care

A day care is an establishment offering care to pre-school children thus enabling their parents to work full time or have extended relief if child care is a problem (refer to the crèche for minimum requirements).

2.3 Time

The Health Act, 2017 provides for flexi time at the workplace in addition to the 3 months paid maternity leave stipulated in the Employment Act, 2007.

The following are some of the considerations for employers when allocating flexi time to allow for breastfeeding female employees to express or breastfeed their babies;

- Flexi time allows a gradual transition back to work after a mother completes her 3 months maternity leave thereby giving time for her to adjust to her body's changing needs while providing support for breastfeeding.
- A minimum period of 60 minutes in addition to the regular breaks to be allowed for every eight working hours. This should include the time taken by an employee to get to and from the lactation station and shall be counted as compensable hours worked provided that such intervals shall not be more than a total of one hour for every eight hour working period.
- Alternatively, if it is practically possible, the baby can be brought to the mother to breastfeed at work by the care giver during the work period
- If extra time is needed for milk expression or direct infant feeding, flexibility to make up for the time before or after the usual work schedule helps to make expenditure of time manageable.

2.3.1 Other alternatives to flexi time

The following back to work transition options can also be offered by employers:

- Employers can allow breastfeeding female employees to arrive to work late and/or leave work early as agreed
- Where applicable, home based work for a few weeks before resuming full-time work can be allowed
- Job-sharing can be highly effective for both employees and the employer.

2.4 Social support structures for breastfeeding

Holistic support is a key determinant to success of optimal breastfeeding by female employees upon returning to work. Breastfeeding female employees working from home or in informal settings such as markets or farms also require support from their family and the community around them. Key sources of support include but not limited to family, friends, community leaders, health care workers, co-workers, managers/supervisors and senior management.

2.4.1 Spouses, family members and friends

- Allow time and space for mothers to breastfeed while at home by providing a comfortable sitting area and assisting in taking care and controlling older children

- Provide emotional and physical support for mothers to breastfeed by helping with household chores, assisting the mother in feeding the baby with expressed breastmilk and offering to take babies to their workplace for breastfeeding if necessary
- Ensure mothers eat healthy foods to get nutrients they and their babies need
- Support in child play and communication activities to stimulate the child's learning and strengthen caregiving skills.

2.4.2 Community leaders

- Advocate for creation of breastfeeding sites for female employees working in informal employment in the community (e.g. farms, markets, churches, jua kali places)
- Sensitize the community to support breastfeeding
- Support establishment of mother to mother support groups in the community.

2.4.3 Health care workers

- Provide information to female employees and the community on the importance of exclusive breastfeeding for 6 months and continued breastfeeding for 2 years and beyond while emphasizing that it is possible to combine work and breastfeeding
- Impart female employees with information and skills necessary for maintenance of breastfeeding while at work including expressing breastmilk, safe storage of expressed breastmilk and managing breast conditions
- Provide Information Education and Communication (IEC) materials on breastfeeding to female employees and the community as a whole.

2.4.4 Co-workers

- Participate in identifying and addressing breastfeeding challenges of breastfeeding female colleagues
- Have information on the benefits of breastfeeding friendly workplaces
- Support breastfeeding employees at the workplace by portraying a positive attitude and ensuring a friendly environment.

2.4.5 Managers/supervisors and senior management

- Incorporate information about the basic needs of breastfeeding employees in established company training programs
- Establish policies that recognize and address the needs of breastfeeding employees in the workplace
- Encourage supervisors to offer breastfeeding employees the flexibility to adjust work schedules around their breastfeeding breaks
- Disseminate information about the designated room and other components of the breastfeeding friendly workplace program
- Sensitize employees on importance of breastfeeding to both mother and baby
- Help facilitate mother-to-mother support opportunities e.g. peer meetings
- Coordinate management of the lactation station
- Aspire to be champions for workplace support.

2.4.6 Breastfeeding female employees: Peer support

- Consciously become a support system for one another. This can be achieved through leveraging on available platforms for information sharing
- Seek information on breastfeeding friendly workplace practices
- Engage in negotiations that improve support for breastfeeding friendly workplace
- Endeavour to deliver on their responsibilities both at work and in attaining optimal breastfeeding.
- Aspire to be champions for workplace support.

CHAPTER THREE: CAPACITY DEVELOPMENT

Capacity is defined as the ability or power to do, experience, or understand something. To ensure effective implementation of the breastfeeding friendly workplace guidelines, the capacity of “people, systems and structures” including proper governance are necessary. This can be achieved through;

- Capacity enhancement of employers and employees on benefits of breastfeeding
- Having in place the necessary infrastructure to facilitate a breastfeeding friendly workplace environment
- Formulating policy on breastfeeding friendly workplace
- Willingness to learn best practices from other employers on how to support breastfeeding female employees
- Conducting continuous internal assessment and monitoring

3.1 Benefits of Breastfeeding

It is important for employers to understand the benefits accrued from optimal breastfeeding practices. Child-bearing and breastfeeding are vital social functions that only women can carry out, yet they benefit everyone. Working women in particular need protection against discrimination and harassment because they often face obstacles to breastfeeding at their jobs. Breastmilk is the best source of nutrition for the new-born, infant and young children by greatly improving their quality of life through its nutritional, immunological, and psychological benefits. Breast feeding is beneficial to the babies, mothers, families and the society.

3.1.1 Benefits of breastfeeding to babies

- It contains the perfect nutrients that a baby needs in the first six months of life
- It is easily digested and efficiently used by the baby’s body as the baby’s organs are not yet mature to digest other foods
- It protects the baby against some infections and allergies
- It provides a long term protection against chronic, non communicable diseases such as obesity, hypertension and diabetes
- Promotes bonding between the baby and the child
- Helps in baby’s growth and development (cognitive, physical, motor)

3.1.2 Benefits of breastfeeding to mothers

- Lower chances of getting new pregnancy

- The hormones of lactation improve women’s wellbeing; lowers the rates of anaemia by reducing blood loss after childbirth and during lactation and lessen the risk of osteoporosis and certain cancers later in life
- Every year of breastfeeding reduces risk of developing invasive breast cancer by 6%.

3.1.3 Benefits of breastfeeding to families

- Breastmilk costs less than artificial feeds. In some countries, breastmilk substitutes cost an average 25% or more of the daily wage. The money saved when mothers provide milk for their babies can be spent on other family members, especially on food for older children
- Exclusive breastfeeding for the first six months delays a new pregnancy, allowing longer spacing between children thus contributing to better health for the mother and her children
- Breastfed babies have a lower risk of sickness, again saving money which might otherwise be spent on health care

3.1.4 Benefits of breastfeeding to employers

- Employers who cover health care for workers’ families have lower costs for doctor visits, hospitalization, and medications when babies are optimally breastfed.
- When children are healthier, productivity goes up because parents miss fewer work days, worry less and concentrate more on their work.
- If a woman knows her employer supports breastfeeding, she may come back sooner after maternity leave, thus reducing the employer’s retraining and replacement costs.
- Workplace support for a woman’s “mother-work” gives her a compelling reason for loyalty to her employer.

3.1.5 Benefit of breastfeeding to society as a whole

- Human milk is a unique natural resource for building brain power as well as health. The only way to obtain it is through breastfeeding.
- If a community does not give women the support they need in order to breastfeed, this valuable resource can be lost.
- On top of the obvious costs to the health care system due to associated illness, society pays hidden costs of environmental degradation and the loss of learning potential in children. Breastfeeding is a key component of child-care.

- Each generation of breastfed children lays the foundation for a future generation of healthy and productive workers
- Breastfeeding provides a healthy, viable, non-polluting, non-resource intensive, sustainable and natural source of nutrition and sustenance.

3.2 Expressing Breastmilk

Milk production is an art that is influenced by several factors key among them being stimulation where naturally, breastfeeding or expression of breastmilk triggers more production. It is therefore paramount that breastfeeding female employees get supported to acquire skills necessary to successfully sustain milk production through breastfeeding and milk expression.

There are two ways of expressing breastmilk:

3.2.1 Hand expression

In doing hand expression of breastmilk, the mother uses her bare hands. Hygiene during milk expression is critical at each stage as expressed breastmilk can be easily contaminated. Mothers need to be informed on the right techniques of doing hand expression. The following are guidelines for mothers regarding hand expression of breastmilk

- Proper hands washing (with soap and running water). Refer to the illustration on the annexes.
- Prepare a sterile/clean container
- Sit on a comfortable chair
- Gently massage breasts in a circular motion with your fingers
- Hold the container near her breast
- Measure two finger breadths from the nipple and position thumb on the upper edge of the areola and directly below, place the index finger so that you express from the denser tissue of the breast.
- Push the breast against chest wall, then press and release. Repeat pushing, pressing and releasing rhythmically: **push, press, release; push, press, release; push, press, release**. This should not hurt, if it hurts the technique is wrong
- Avoid rolling fingers on the breast tissue as this will hurt, motion should only be from the fingers that are compressing the breast

- At first milk may not come but after pressing a few times milk starts to drip out
- Avoid pressing too far from the nipple as this may block the milk ducts.
- Breastmilk may flow in streams when the oxytocin reflex (milk let-down hormone) is active
- Rotate the thumb and finger positions to remove milk from all parts of the breast
- Avoid squeezing the breast, pulling out the nipple and breast or sliding the finger along the skin.

3.2.2 Expression using a pump

- Pumps can either be electric or manual
- There are a number of designs all of which have a funnel attachment which fits on the nipple and areola that works on a simple vacuum principle. Electric pumps are efficient and can be adopted to allow single or double pumping
- User guide book from the manufacturer should be referred to when using an electric pump
- It is recommended that the mother is able to express close to her baby as this helps with milk production. If this is not possible then having a photo or a piece of baby clothing within site may help
- It is important that the mother be shown how to position and place breast pumps to avoid damaging of the nipple or areola
- There should be no sharing of breast tubing, funnel or milk containers among mothers

Important instructions on use of electric breast pumps

- Always remember to switch the pump off before removing the funnel from the breast
- Double pumping reduces time of expression by 10-15 minutes and also allows for higher prolactin reflex which results in a higher amount in less time. The mother should pause for 30-60 seconds when the milk slows down.
- Stop pumping after 20-40 minutes or when the milk stops flowing.
- Milk expression should never be painful. Incorrect use of breast pump can damage breast tissue.
- Only electric pumps with an isolated motor which does not connect with the tubing are suitable for multiple use. Each mother should have her own set of tubing
- Express a minimum of 3 times per day or use 60 min per 8 working hours

- Mothers should express breastmilk from both breasts completely each time to maintain the milk output
- Each mother should label her expressed breastmilk to include date and amount
- Milk should be kept for single use depending on the intake of the baby. Refer to annex ... on amount per age/weight.

Refer to Annex 1: Expressing breastmilk

3.2.3 Handling of expressed breastmilk

Breastmilk fed directly from the breast contains optimal nutritional, protective and bioactive components. On the other hand, expressed breastmilk can potentially be exposed to germs during expression and handling. It can be contaminated at different stages of handling which include pumping, storage and preparation during which harmful microorganisms can be introduced. It is therefore important for a mother to maintain good hygiene practices prior to, during and after expression.

All processes involved in expression of breastmilk need to;

- Minimize possibility of contamination
- Promote safe cleaning processes
- Safe transport home
- Minimize the chances of mix up

In order to minimize chances of infection, mothers at workplace and at home will require appropriate hygienic containers and consistent instructions for management of breast pumps as well as for transport of any expressed breastmilk from office to home.

Hygiene during pumping of breastmilk

These are some of the steps that may be followed in maintaining hygiene before, during and after expressing breastmilk.

1. Mothers should maintain normal maternal breast hygiene, no additional cleaning of the breast prior to expression is required
2. It is recommended that mothers expressing breastmilk wash hands with soap and running water and dry their hands thoroughly prior to pumping

3. Turning taps off in a way that does not contaminate hands together with use of single use towels for hand drying is regarded as a best practice. Clean disposable paper towels are the most hygienic drying methods
4. Finger nails should be kept short and jewelries removed.

Refer to annex 2: Hand washing

Hygiene during handling and storage

- External surfaces of breastmilk pumps and kits particularly those touched by mothers or staff in the process of pumping should be disinfected with solutions or wipes between users.
- The surfaces upon which cleaned pump set parts are placed should also be disinfected with solutions or wipes both at workplace or at home
- Pump sets which come in contact with breastmilk should be completely separated and thoroughly cleaned after each use. After the pump sets are disassembled they should be rinsed with cool water. Parts should be washed with washing up liquids and water in a clean bowl or basin designated solely for this purpose. Specific bottle brushes can be used to clean parts especially tight crevices.
- After washing, parts should be rinsed thoroughly and then placed on a disinfected surface for drying. Clean cloth or air drying are acceptable options. Once clean and dry, pump set parts should be removed from the sink area to prevent contamination from splash back from the sink.
- Once the mother expresses her breastmilk, she should label the breastmilk indicating name, date, time and amount. Ensure proper labelling so that the first to be put in will be used first.
- Breastmilk can be safely stored at room temperature, in a personal cooler, in a refrigerator or in a freezer. It should be refrigerated or frozen as soon as possible if it is not to be used within a short period of time after expression (<8 hours). ***Refer to annex 3: Breastmilk storage options***
- Each lactation station should have standard operating procedures (SOPs) for mothers about storage containers, conditions and times
- Mothers transporting milk from office to home should be instructed on how to keep milk cold during transport with freezer packs and carry bag insulation around the milk container.
- Breastmilk should be stored in an air tight container.

Guidelines for thawing

- Thawing and warming are the final stages in preparation of breastmilk for feeding. Controlling the temperatures of milk is important for maintaining its nutritive value.
- Water based method is used for thawing and warming human milk.
- Frozen breastmilk should be placed in the fridge compartment or room temperature to thaw.
- Warming breastmilk involves placing containers of milk in a water bath (water filled containers that should not exceed 37 degrees Celsius)
- Thawing should never be done in the microwave as microwaves destroy the immunoglobulin A and other anti-bacterial properties
- The outside of the container after thawing should be dried with a clean paper towel. The content is gently shaken in order to uniformly distribute the content of proteins, water and fat of expressed breastmilk
- Milk freezes and thaws at different rates. Thawed milk should never be refrozen.

CHAPTER FOUR: MONITORING AND EVALUATION OF WORKPLACE SUPPORT FOR BREASTFEEDING

This chapter provides an overview of key concepts and details on the monitoring and evaluation of workplace support for breastfeeding. Collecting simple data to document the progress and value of the workplace support for breastfeeding, will help quantify potential returns on investment which in turn can be used for securing funding and support for the initiative. It is helpful to conduct a process evaluation to obtain feedback from female employees who benefit from the workplace support to aid in initiative improvement. It will also provide options for collecting feedback from the co-employees, supervisors/ managers and employers.

4.1 Options for collecting feedback

i. Usage Logs

A record kept in the lactation station for users to record the hours the space is in use and to communicate any needs that may arise. To maintain privacy, each participant may be given a code rather than using her name. Usage logs are valuable in demonstrating participation and determining the need for additional space.

ii. Employee Satisfaction Surveys

This is a survey which collects feedback from the female employees who benefited from the workplace support about what they valued most as well as their recommendations for improving the support. Typical questions measure satisfaction with the lactation space, availability of the space when needed, willingness of supervisors to provide needed flexibility for milk expression breaks, and usefulness of resources or materials. It is also important to note the length of time the employee breastfed.

iii. Co-Worker Satisfaction Surveys

A survey of co-workers can provide insight into how well the workplace support is being accepted and what concerns might need to be addressed. It can also provide information on the benefits of breastfeeding friendly workplaces.

iv. Records Kept by the Manager/ Supervisor

The records kept by the supervisors and managers will provide the following information associated with workplace support;

- Rates of absenteeism and turnover
- Health care costs
- Management of the lactation station
- Information on flexi hours for breastfeeding employees
- Breastfeeding rates among employees benefiting from the workplace support
- Basic needs of breastfeeding employees in established company training programs
- Established policies that recognize the needs of breastfeeding employees in the workplace
- Information on resource materials including brochures and other relevant materials
- Information on mother-to-mother support opportunities offered
- Champions for workplace support among the company employees

4.2 Assessment tools for employers

The following tools will help employers assess the need for a workplace support, plan, communicate and obtain feedback about the value of the workplace support. Needs assessment and evaluation tools can assist in the creation of a comprehensive breastfeeding policy and provide a typical timeline for implementing a workplace support. Communication tools are helpful in promoting workplace support and its benefits. These promotional materials can be used in newsletters, on bulletin boards and in breastfeeding rooms.

4.2.1 Needs Assessment and Evaluation Tools

- a) Assessment checklist for breastfeeding friendly workplace status

Model workplace breastfeeding policy statement

Checklist to evaluate workplace support for breast

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ANNEXES

Annex 1: Example of a model breastfeeding policy statement for workplace

- This organization recognizes the importance of breastfeeding for both mother and infant and promotes, protects and supports breastfeeding.
- A female employee is entitled to a 3 months paid maternity leave and shall not forfeit her annual leave entitlement.
- Male employees are entitled to 2 weeks paternity leave.
- This organization provides facilities (specify location) and the support necessary to enable mothers in our employment to balance breastfeeding/breastmilk expression with their work.
- This organization provides facilities and support including;
 - Breastfeeding/breastmilk expression breaks: There is flexibility for mothers to take breaks for breastfeeding/expressing breastmilk during their workday. Mothers are entitled to 60 minutes break during the normal working hours in addition to their normal breaks. The timing to take the break can be negotiated between the breastfeeding female employee or her employee representative and her supervisor to be communicated to the human resource office for scheduling of the break.
 - Employees who take breastfeeding breaks shall not be subjected to payment deductions.
 - A clean private room with electricity, lockable door, a comfortable chair, a table, hand washing facilities, (where possible a refrigerator), and breast pump storage area.
- This organization provides access to breastfeeding information resources
- Employees who are pregnant or considering pregnancy will be provided with information about this policy along with policies on maternity leave/parental leave and about balancing breastfeeding and work.
- This organization provides flexible work options: A mother (or her employee representative) can negotiate flexible work options (such as flexi time, home-based work) with her supervisor taking into account both the employee's and the organization's needs.

Annex 2: Expressing Breastmilk

Expressing breast milk



Card
16



Using electrical breast pump

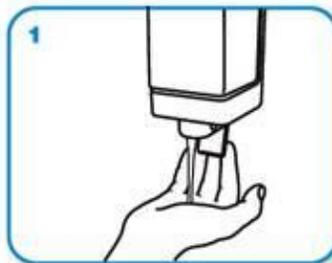
Using manual breast pump

unicef

Annex 3: Handwashing



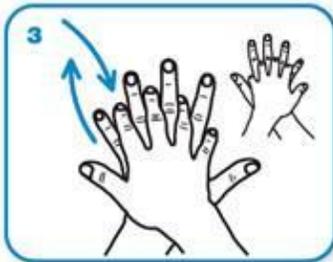
Wet hands with water



apply enough soap to cover all hand surfaces.



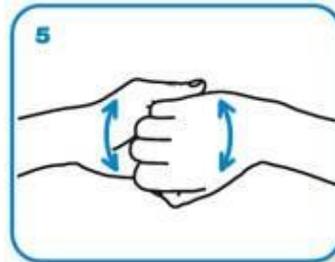
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



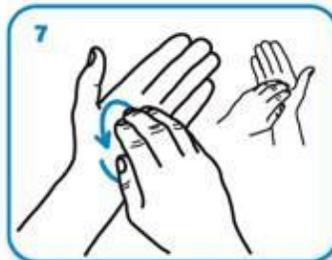
palm to palm with fingers interlaced



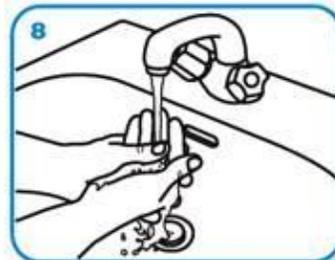
backs of fingers to opposing palms with fingers interlocked



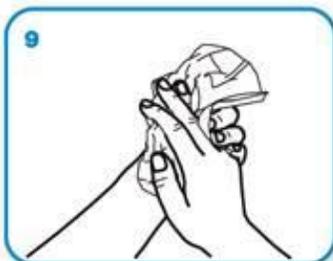
rotational rubbing of left thumb clasped in right palm and vice versa



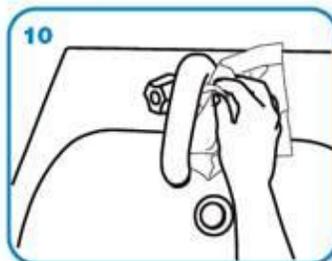
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



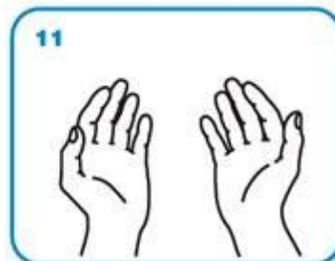
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Annex 3: Breastmilk storage options

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	6–8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Freezer			Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3–6 months	
Chest or upright deep freezer	-4°F or -20°C	6–12 months	

Annex 5: Assessment checklist for breastfeeding friendly workplace status

Organization/Institution data sheet

Name of the institution: County..... Sub County.....

Name of Head of the organization/institution:

Contacts of the Head: Tel: Email:

Employee Profile Data

Number of employees _____

Number of employed female employees of child bearing age (14-49 years) _____

% of female employees employed full time _____

Number of male employees _____

Number of pregnancies among employees annually _____

Breastfeeding rates of employees:

Exclusive breastfeeding: ____%

Continued breastfeeding up to 2 years and beyond: ____%

Current turnover rate among female employees who take maternity leave _____%

Current rate of absenteeism among new female employees and fathers _____%

Breastfeeding friendly work place policy that is routinely communicated to all staff

	YES	NO
Does the organization/institution have a workplace breastfeeding policy to support breastfeeding female employees?	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees made aware and educated about the workplace breastfeeding policy?	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees oriented on the workplace breastfeeding policy when they start work?	<input type="checkbox"/>	<input type="checkbox"/>
Does the policy protect breastfeeding by prohibiting all promotion of breastmilk substitutes?	<input type="checkbox"/>	<input type="checkbox"/>
Is the summary of the policy posted in language(s) and written with wording most commonly understood by breastfeeding female employees and other employees?	<input type="checkbox"/>	<input type="checkbox"/>
Are all policies or protocols related to the workplace breastfeeding policy in line with current evidence-based standards?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a committee responsible in this organization/institution for overseeing implementation of the workplace breastfeeding policy?	<input type="checkbox"/>	<input type="checkbox"/>

Designated space(s) for mothers to express their milk

<i>(observe)</i>	YES	NO
------------------	-----	----

Is there a room (s) clearly identified to be used by breastfeeding female employees at the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does the designated lactation station have the following:</i>		
-Good sanitation conditions (ventilation, light, cleanliness.....	<input type="checkbox"/>	<input type="checkbox"/>
-Privacy (lockable room)	<input type="checkbox"/>	<input type="checkbox"/>
-Comfortable chair(s) with nearby small table	<input type="checkbox"/>	<input type="checkbox"/>
-Waste bin (s)	<input type="checkbox"/>	<input type="checkbox"/>
-Nearby access to running water	<input type="checkbox"/>	<input type="checkbox"/>
-Nearby refrigerator (optional)	<input type="checkbox"/>	<input type="checkbox"/>
-Display of brochures or posters about breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
-An electrical outlet	<input type="checkbox"/>	<input type="checkbox"/>
-Disinfecting solution available for clean-up of spills	<input type="checkbox"/>	<input type="checkbox"/>
-Liquid soap		

Breastfeeding breaks for employees

	YES	NO
Are there flexible breaks (at least 30 minutes in the morning and afternoon as well as lunch break) during which breastfeeding female employees can express milk?	<input type="checkbox"/>	<input type="checkbox"/>
Are there provisions for mothers to go to the baby or have the baby brought to her if child care is reasonably close?	<input type="checkbox"/>	<input type="checkbox"/>
Is there written agreement between mother and her direct supervisor regarding her break time to breastfeed or express milk?	<input type="checkbox"/>	<input type="checkbox"/>

Checklist for breastfeeding female employees to evaluate workplace support

	Yes	No
<input type="checkbox"/> Can breastfeeding female employees continue to breastfed after they have returned to work?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does the employer provide a hygienic space for the breastfeeding female employees to express milk?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Are breastfeeding female employees confident that they will not be treated less favorably as a result of being pregnant or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is the response to the question above similar for female employees of different backgrounds (e.g. culturally diverse female employees, disabled female employees)?		

○ Do pregnant and breastfeeding female employees experience promotion or access to other benefits at a similar rate as other employees?	<input type="checkbox"/>	<input type="checkbox"/>
○ Is there a mechanism for employees to make formal complaints in relation to discrimination on the grounds of pregnancy or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
○ Do female employees on maternity leave return to their current positions or at least equivalent positions?	<input type="checkbox"/>	<input type="checkbox"/>
○ Are female employees given an opportunity to return back to work in the organization after maternity leave? Six months later? A year later?	<input type="checkbox"/>	<input type="checkbox"/>
○ Would your policies, procedures and decisions about female employees who are pregnant or breastfeeding withstand the rigor of review by an independent third party?	<input type="checkbox"/>	<input type="checkbox"/>

Breastfeeding support group from the employees

	YES	NO
Are employees who are pregnant or considering pregnancy provided with information about the workplace breastfeeding policy and about balancing breastfeeding and work?	<input type="checkbox"/>	<input type="checkbox"/>
Is information, resources and other relevant contacts for breastfeeding support easily accessed by all employees?	<input type="checkbox"/>	<input type="checkbox"/>
Does the employer foster the establishment of and/or coordinate with mother support groups and other community services that provide support to mothers on feeding their babies?	<input type="checkbox"/>	<input type="checkbox"/>
Are mothers referred for help with feeding to mother support groups, peer counsellors, and other community health services such as primary health care facility?	<input type="checkbox"/>	<input type="checkbox"/>