

Conceptualizing a Mother-Baby-Breastfeeding Friendly Community: A Global Perspective Study Summary

Paige Hall Smith, MSPH, PhD
Director, Center for Women's Health and Wellness,
Professor, Public Health Education
University of North Carolina at Greensboro
phsmith@uncg.edu

Overview

Envisioning an ideal mother-baby-breastfeeding friendly community allows us to explore possibilities and consider what it will really take to help us achieve a community where all women are able to breastfeed and all babies have access to human milk. With this in mind I embarked on a study, with the support of the World Alliance for Breastfeeding Action (WABA) to ask breastfeeding experts around the world about what they believe constitutes a mother-baby-breastfeeding friendly (MBBF) community. The goal of the study is to develop a robust conceptualization of such a community that has global relevance.

The idea for this study emerged from the 2012 WABA Global Partners Meeting in New Delhi; one issue that we discussed was the importance of identifying the key components of a breastfeeding-mother-baby friendly community. We have identified key “steps” to a baby friendly hospital and also key components of breastfeeding support at the workplace. A MBBF Community would include and go beyond workplace and health care support. However, identifying the key components of such a community can be challenging since communities around the world differ significantly by level of development, geography, culture, religion, resources, gender roles, women's status, labor markets and work forces.

Methodology

The study used Delphi Methodology. This approach obtains the opinion of experts who are not meeting face-to-face using multiple “rounds” of data collection. The second and subsequent rounds are based on the results of the previous rounds. The sample for this study were individuals affiliated with the WABA as a member of the steering committee or a member of an advisory group, working group, or task force. The sample for round two was this same group of experts plus others recommended by two of the original group.

Study One. The questions for Study One were qualitative. Experts were given the following scenario: *“Imagine that you are part of a global breastfeeding delegation that is visiting communities around the world to identify the most breastfeeding-mother-baby friendly community on the globe! You visit many different places and finally you go to one place and you know THIS IS THE ONE! THIS IS THE MOST BREASTFEEDING-MOTHER-BABY FRIENDLY COMMUNITY IN THE WORLD!”* Respondents were then given a series of questions to identify the factors across the social ecology that were at work in this community. The responses indicated that development of a MBBF Community defies a simple solution. A wide variety of answers arose and were summarized into eight key community-level conditions that are important to the development of a community where all women are able to breastfeed and all babies have access to human milk. Each condition was also associated with various objectives and strategies that might be necessary to the achievement of the condition. Altogether 23 people from 18 different countries participated in Study One.

Study Two. The questionnaire for Study Two was a quantitative instrument that asked the experts to reflect on the results derived from Study One. Specifically, respondents were asked to identify a specific community they know well and to identify how important the conditions, objectives and strategies would be for advancing this community as one where all women are able to breastfeed and all babies have access to human milk. Thirty-five people from 20 countries participated.

Results

Study One resulted in the conceptualization of 8 community-level conditions and their associated goals. Results from Study Two indicated that most respondents, across all countries, agreed that these conditions and their goals are important to achieving a mother-baby-breastfeeding friendly community (frequencies not provided). As such, each condition provides only a partial solution.. The table below summarizes the eight goals and objectives; we made some revisions to the original conceptualization based on the commentaries provided by the respondents in Study Two.

Discussion

The eight community-level goals identified in this study reflect the complex interactions between infant feeding practices and women's education, income, and employment patterns. Although each goal is individually important, each one provides only a partial solution. In some cases, the objectives needed to achieve one goal may be also help to achieve a different goal. However, there times when the objectives that might help achieve one goal are in conflict with those used to achieve a different one; indeed it is also the case that the goals themselves may be in conflict at times. Hence, there are both synergies as well as tensions imbedded in the goals, objectives and strategies. These embedded tensions make the achievement of a breastfeeding friendly community challenging.

For example, there is widespread agreement that a breastfeeding friendly community is one that makes it possible for mothers and babies to be together (Goal 1); however there is also widespread agreement that we also need to make it possible for mothers to successfully integrate their maternal and occupational roles (Goal 4) and that we need to advance women's status and gender equity (Goal 5). There are, however, real tensions that exist between these three goals. It is extremely challenging in most societies to keep mothers and babies together while still ensuring that women are able to integrate their maternal and occupational roles and advance gender equity. The biological necessity for mothers and babies to be together is one that is difficult for most, and impossible for many, given the structures and policies affecting how we work, caregive, and live today.

Communities around the world, including those represented by the participants in this study, vary tremendously in terms of breastfeeding rates, social/governmental support for breastfeeding, WHO Code enforcement, economic development, health sector infrastructure and care models, and women's status. Consequently, the goals, objectives and strategies that communities use to might vary tremendously. Countries and communities have focused much attention on three of the eight goals outlined in this framework: advancing the capacity of health/medical sector to promote and support breastfeeding, ensuring the babies have access to human milk, and increasing community support for breastfeeding as the social norm; secondarily, attention has been given to advancing strategies that enable mothers and babies to stay together, and helping women successfully integrate their maternal and occupational role. In many countries maternity leave is a key strategy that enables women to integrate their multiple roles (Goal 4); this strategy also helps to keep mothers and babies together (Goal 1). In other countries, such as the United States, the creation of workplace lactation rooms is the key strategy we have used to help women integrate their roles; this strategy, however does not advance the goal of keeping mothers and babies together. Going forward more attention may need to be given to implementing strategies that focus on the goals of helping all women integrate breastfeeding, not just pumping, with paid labor (Goal 4), of ensuring good maternal breastfeeding quality of life (Goal 3), advancing women's status and gender equity (Goal 5), and reducing health and social inequities by race, ethnicity and income (Goal 8). Full implementation of the maternity protection practices recommended by the International Labor Organization (2012) would be a good strategy for helping to achieve these goals.

**Community-Level Conditions for Achieving a
Mother-Baby-Breastfeeding Friendly Community**

Community-level Condition	Objectives to help realize the Condition	Strategies to achieve these objectives include:
1. Enable mothers and babies to remain together	<ul style="list-style-type: none"> ✓ Workspaces are child and breastfeeding friendly. ✓ Health care providers and institutions engage in mother-baby- breastfeeding friendly health care practices though the continuum of care (prenatal, pregnancy, birth, postpartum). ✓ Public breastfeeding is acceptable in all places 	<ul style="list-style-type: none"> • Work spaces are safe for children • Workplace allows women to breastfeed on demand • Workplaces provide childcare • Health care facilities and provides follow the 10 Steps to Successful Breastfeeding¹ • Health care practices follow the 10 steps of the Mother-friendly Childbirth Initiative • Public places have comfortable breastfeeding space • Laws protect women’s right to breastfeeding anywhere she has a right be
2. Ensure that babies have access to human milk	<ul style="list-style-type: none"> ✓ Mothers are able to provide their own milk to their babies ✓ Donor human milk is available in the community ✓ Adopt local polices to implement the principles set forth in the International Code of Marketing of Breast Milk Substitutes. 	<ul style="list-style-type: none"> • Maternal milk-sharing is acceptable • Milk banks • Breast pumping • Make safe bottles or other containers available • Availability of good quality and affordable pumps • Lactation rooms • Support breastfeeding by HIV+ mothers • Promote health and nutrition for mothers • Community aware of the individual and social benefits of breastfeeding, the risks of not breastfeeding, and the risks of infant formula • Limited access to formula • Support breastfeeding by HIV+ mothers
3. Ensure good maternal breastfeeding quality of life.	<ul style="list-style-type: none"> ✓ Mothers are able to breastfeed freely and on demand. ✓ Breastfeeding mothers are happy breastfeeding. ✓ Breastfeeding mothers are 	<ul style="list-style-type: none"> • Promote health and nutrition for mothers • Systems in place that help women (and families) acquire good knowledge and skills in childcare, child raising and

Community-level Condition	Objectives to help realize the Condition	Strategies to achieve these objectives include:
	<p>proud to breastfeed.</p> <ul style="list-style-type: none"> ✓ Breastfeeding mothers are safe from physical, psychological and emotional harm ✓ Mothers are recognized in the community as the experts of infant feeding. ✓ Mothers have authority over their infant feeding decisions and practices. ✓ Mothers have support and knowledge they need to make decisions that are best for them. ✓ Mothers have support and knowledge they need to actualize those decisions. 	<p>breastfeeding</p> <ul style="list-style-type: none"> • Systems in place for good mother-to-mother support • Lactation consultants available • Peer counselors available •
<p>4. Women are able to successfully integrate their mothering and occupational roles</p>	<ul style="list-style-type: none"> ✓ Breastfeeding practices are flexible ✓ Work is flexible in that mothers have the ability to manage work location, time and space ✓ Mothers have access to babies while at work ✓ Social value is placed on mothering ✓ Society values breastfeeding ✓ Society values women's productive labor (paid and unpaid, formal and informal) ✓ Social norms support "working mothers" ✓ Society values children ✓ Society values caregiving work ✓ Women's choices about motherhood and breastfeeding do not lead to employment discrimination or loss of economic status ✓ Mothers are healthy ✓ Family and partners support 	<ul style="list-style-type: none"> • Legal and social supports for paid maternity leave • Laws that provide working and breastfeeding mothers with rights at work and that protect them from sexual harassment • Babies welcome at work places • Workplace crèches • Lactation rooms at work and ability to store pumped milk • Women educated on milk expression and storage • Family members and partners (fathers) help mothers with domestic and caregiving work • Workplaces are safe for pregnant and breastfeeding women and for babies • Breastfeeding friendly child care facilities (crèches) • Labor saving technologies and arrangements • Supervisors committed to finding solutions that work for the mother as well as the workplace

Community-level Condition	Objectives to help realize the Condition	Strategies to achieve these objectives include:
	working mothers and breastfeeding	
5. Advance women's status and gender equity	<ul style="list-style-type: none"> ✓ Gender role norms support and value women's productive role and maternal role ✓ Gender roles norms support and value paternal caregiving ✓ Gender role norms support and value paternal domestic (household) labor ✓ Women's bodies and breasts are not sexualized or objectified ✓ Breastfeeding is recognized as a marker of women's status alongside other indicators (such as employment, education and political participation) 	<ul style="list-style-type: none"> • Legal and social supports for paid paternity and maternity leave • Laws provide protection for working fathers and mothers who take parental leave • Fathers assist with household/domestic work • Mothers and fathers share control over use of family financial and non-financial resources • Laws uphold gender equity provisions in work places (salary, authority, discrimination, sexual harassment) • Equal educational opportunities for boys and girls • Equal employment opportunities for men and women • Girls and boys have access to high quality reproductive and sexual health education
6. Advance the capacity of health/medical sector to promote and support breastfeeding	<ul style="list-style-type: none"> ✓ Health care institutions practice the "10 steps". ✓ Health care providers and institutions engage in mother-baby- breastfeeding friendly health care practices though the continuum of care (prenatal, pregnancy, birth, postpartum) ✓ Health care providers knowledgeable about breastfeeding supportive practices and management of breastfeeding problems ✓ Women and babies have financial, geographic and cultural access to quality medical/health care 	<ul style="list-style-type: none"> • Health care worker education and training in breastfeeding supportive behavior and practices • Health care workers trained in medical management • Traditional healers and practitioners educated in good breastfeeding practices • Lactation consultants fully paid for their time • Women have affordable access to good medical support when needed • Insurance companies lower payments for breastfeeding • Physicians are gatekeepers for infant formula and proscribe after counseling or for medical necessity • Health care institutions and providers prohibited from accepting any free materials or support from formula

Community-level Condition	Objectives to help realize the Condition	Strategies to achieve these objectives include:
		companies
7. Increase community support for breastfeeding as the social norm	<ul style="list-style-type: none"> ✓ Traditional religious and secular leadership are supportive of breastfeeding ✓ Infant feeding surveillance data is collected and used ✓ Linkages between health care and various community settings are established ✓ All members of the community are educated on breastfeeding ✓ Women are safe and welcome to breastfeed in public spaces 	<ul style="list-style-type: none"> • Community develops a coordinated, multi-sectorial response to breastfeeding protection, promotion and support • Social marketing campaign • Public events in support of breastfeeding • Local government supports community breastfeeding support program • Government and community members work to enforce the International Code of Marketing • Strong mother-to-mothers support network • Girls and boys have access to high quality reproductive and sexual health education that includes breastfeeding
8. Reduce health and social inequities	<ul style="list-style-type: none"> ✓ Woman are well nourished and healthy ✓ Credible and culturally relevant breastfeeding education and support is available to minority and marginalized populations ✓ Breastfeeding promotion and practice is sensitive to cultural beliefs 	<ul style="list-style-type: none"> • Community develops a coordinated, multi-sectorial response to breastfeeding protection, promotion and support • Social marketing campaign • Public events in support of breastfeeding • Local government supports community breastfeeding support program • Government and community members work to enforce the International Code of Marketing • Strong mother-to-mothers support network • Girls and boys have access to high quality reproductive and sexual health education that includes breastfeeding