

# BCNF Perspective : How Breastfeeding Contributes to Childhood Obesity Prevention

Dr. Alison Bernard, BCNF President  
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# Who we are

- ❖ 13 members from diverse professional backgrounds: doctors, lawyers, nurses, nutritionists and an accountant.



**BCNF Patron**  
Dame Billie Miller

# Why are we doing it?

To decrease the prevalence of NCDs in our society, with a particular focus on childhood obesity, through improved nutrition at all stages.

# How are we doing it?

- ❖ AWARENESS, EDUCATION, SUPPORT
- ❖ ADVOCACY , RESEARCH
- ❖ SMART STRATEGIC PARTNERSHIPS
- ❖ FUNDRAISING
- ❖ CAPACITY BUILDING ACTIVITIES



# Our future plans

- ❖ Find a base of operations
- ❖ Increase our sustainability through generating business ideas
- ❖ Work with vulnerable groups, including those with disabilities
- ❖ Empower and educate men to support breastfeeding
- ❖ Implement projects that focus on family health, in particular, child nutrition



Use our platform to help  
meet the Sustainable  
Development Goals  
(SDGs)

# Advocacy for National Policy : Breastfeeding in the workplace

**FUNDING :** CDB Funded

**GOAL:** Halt the increase of childhood obesity in Barbados.

**OVERALL OUTCOME:**  
Strengthen national policy around exclusive breastfeeding practices in the workplace.

**SPECIFIC OUTCOME:** Create advocacy strategies for a national workplace breastfeeding policy.

**ACTIVITIES:**

- ❖ “Feeding Our Future” Social Media Campaign
- ❖ Creation of a breastfeeding workplace policy and dissemination of a breastfeeding policy brief
- ❖ Development of our stakeholder network

# Breastfeeding Workplace Policy



A policy guide for businesses prepared by the  
Breastfeeding & Child Nutrition Foundation

July 2018



## Policy

In acknowledgement of the health benefits breastfeeding provides to both mother and child, employers shall support breastfeeding employees on their return to work by creating work environments that facilitate breast milk expression during work hours.

Employers endorsing this policy shall create a supportive work environment for breastfeeding employees, where all management and employees are encouraged to be accepting and positive towards their breastfeeding colleagues.

Any form of discrimination or harassment against breastfeeding mothers in the workplace is impermissible and will not be tolerated. This policy shall be clearly communicated to all current employees and new employees, as part of the employee induction programme. Employees will also be reminded of this policy when applying for maternity leave.

# The issue

## Childhood obesity is a problem

- ❖ **Globally** : **41 million** children aged 0-5 are overweight <sup>1</sup>.
- ❖ **Regionally**: **1** in every **3** children is overweight or obese <sup>2</sup>.
- ❖ **Locally**: **31.5%** of school aged children overweight and **14.4%** obese <sup>1</sup>.

## Exclusive breastfeeding is linked to lower rates of childhood obesity

- ❖ Longer periods of breastfeeding are associated with a **26% reduction** in the odds of overweight or obesity in children <sup>3</sup>

**EXCLUSIVE  
BREASTFEEDING RATES  
ARE LOW**



# Off Target

## WHO BREASTFEEDING RECOMMENDATIONS <sup>4</sup>

- Optimally, infants should be **EXCLUSIVELY** breastfed for the first 6 months of life.
- Beyond 6 months infants should continue to be breastfed and receive complementary foods up to 2 years old and beyond.

The World Health Assembly target of achieving a **50%** exclusive breastfeeding rate by 2025 is currently unmet by most countries <sup>5</sup>.

### Exclusive breastfeeding rates:

- **Globally:** **40%** of infants < 6 months old <sup>6</sup>
- **Regionally:** **33%** infants < 6 months old in Latin America & Caribbean <sup>7</sup>
- **Locally:** **19.7** % of infants < 6 months old<sup>8</sup>



# Barriers to breastfeeding



- A general lack of environments that support and enable women who want to breastfeed <sup>9</sup>.
- Aggressive promotion and marketing of breast milk substitutes undermines efforts to promote breastfeeding <sup>9</sup>.
- No recognition of the economic losses incurred due to suboptimal breastfeeding rates.
  - Not breastfeeding is estimated to cause economic losses of about **\$302 billion** US annually or 0.49% of world gross national income

# Why focus on the Barbadian workplace?

In 2016, BCNF/UWI conducted a survey investigating the exclusive breastfeeding rate in Barbados.

- ❖ Approximately **40%** of mothers reported they stopped exclusively breastfeeding at 3 months because they had to return to work.

A work environment that supports, encourages & enables women to breastfeed can improve breastfeeding practices, reduce childhood obesity and decrease risk of

# How can workplaces support Mums?

## IMPLEMENT A BREASTFEEDING WORKPLACE POLICY

### WHY ?

**To create a culture that supports, encourages and enables women to express milk at work**

### **Workplace breastfeeding policies include:**

Guidance for employers and employees on how breastfeeding is supported in that workplace, including but not limited to <sup>11</sup>:

- Paid pump breaks
- Access to a lactation room/ space
- Education/sensitisation for all staff to facilitate creation of a breastfeeding friendly environment
- Guidance on maintenance of pumping equipment and spaces used to express milk
- Flexible hours

# Everyone benefits from the promotion & protection of breastfeeding



# THANK YOU



THE BREASTFEEDING  
& CHILD NUTRITION  
F O U N D A T I O N



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