

## Utilization of Lactation Station and Lactation Breaks and Its Association With the Duration of Breastfeeding Among Filipino Mothers With Children Aged 0-23 Months

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**The Philippine Expanded Breastfeeding Promotion Act of 2009 (RA 10028) mandates all health and non-health facilities, establishments, and institutions to put up a lactation station and to provide lactation breaks to all nursing employees in addition to their regular breaks. This is to encourage, protect, and support the practice of breastfeeding. The study aimed to determine the association between the utilization of lactation station and lactation breaks with the duration of breastfeeding among mothers with children aged 0-23 months. This is a cross-sectional study using data from the DOST-FNRI survey entitled “2015 Updating of the Nutritional Status of Filipino Children and other Population Groups”. Mothers’ profile and knowledge and practices on infant feeding were gathered through face-to-face interview. Association between breastfeeding duration with the use of lactation station and lactation break was tested using Chi-square test at 5% level of significance. Out of the 5,131 mothers, only 7.8% cited using lactation stations while out of the 399 working mothers who were breastfeeding, 35.1% availed lactation breaks. The use of lactation station was positively associated with longer breastfeeding duration ( $p < 0.01$ ), but no association was noted between taking lactation breaks and breastfeeding duration. This study provided evidence that mothers who utilized lactation station breastfeeds longer. Continuous effort is needed to strengthen the awareness to and implementation of the provisions of RA 10028 to ensure that public and private organizations will establish lactation stations in the workplace and grant lactation breaks to working mothers.**

Key words: breastfeeding, duration of breastfeeding, lactation breaks, lactation station

### INTRODUCTION

The World Health Organization recommends breastfeeding of infants exclusively for six months and continuous breastfeeding up to two years and beyond. Continuous breastfeeding after six months with appropriate and adequate complementary foods help the child grow strong and healthy (WHO & DOH 2015). Aside from the

nutritional content of breast milk, breastfeeding provides immune protection against many illnesses and provides closeness and contact between the mother and the infant that helps in the psychological development of the child (ILO 2015). Conversely, diarrhea and pneumonia are more common and severe among artificially-fed children (WHO 2009). Aside from the health benefits of breastfeeding, it also generates savings for women, families, communities, health systems, and countries (McFadden et al. 2015).

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The Philippine government supports breastfeeding and maternal health programs in the country. The enactment of Republic Act 10028, also known as the “Expanded Breastfeeding Promotion Act of 2009,” expanded breastfeeding promotions not only by adopting the Rooming-in and Breastfeeding Act of 1992 (RA 7600) in hospitals but also by including the provision for both health and non-health establishments and workplaces to put up a lactation station and to give lactation breaks to working mothers.

Since RA 10028 was implemented in 2010, there had been no studies or published articles determining the effectiveness of the provisions of the law. Moreover, factors affecting utilization of lactation stations and lactation breaks were also not yet established. This study will be helpful in determining the utilization level of lactation station and lactation breaks among mothers with children aged 0-23 months. This will also determine the usefulness of lactation stations and lactation breaks in support of mothers, especially working mothers, to continue breastfeeding.

The study aimed to identify the association between the utilization of lactation station and lactation breaks with the duration of breastfeeding among mothers with children aged 0-23 months. The study also tested the association between selected maternal profile that affects the utilization of lactation station and lactation breaks.

## METHODOLOGY

### Sampling Design

This cross-sectional study used secondary data from the Department of Science and Technology - Food and Nutrition Research Institute’s (DOST-FNRI) survey entitled “2015 Updating of the Nutritional Status of Filipino Children and other Population Groups.”

The 2015 Updating Survey adopted the 2003 Master Sample (MS) developed by the Philippine Statistics Authority (PSA) that utilized four (4) replicates of the MS. It employed a stratified multi-stage sampling design, covering all regions and provinces of the country.

The first stage was the selection of Primary Sampling Units (PSUs) defined as a barangay or contiguous barangays with at least 500 households. This was followed by the selection of Enumeration Areas (EA), defined as a contiguous area in a barangay or a barangay with 150-200 households. The ultimate sampling unit was the household. All eligible mothers from the sampled households were considered as respondents.

### Respondents

A total of 5,131 mother-infant dyads were included in this study. Eligible mothers for the survey were mothers who had children aged 0-23 months at the time of data collection.

### Data Collection

Maternal demographic profile and her utilization of lactation station and lactation breaks were gathered through face-to-face interview using the electronic-Data Collection System (e-DCS), which was developed and pretested by the DOST-FNRI.

The e-DCS is a browser-based data collection system specifically designed for the nationwide surveys to facilitate data collection, editing, validation, and transmission at the DOST-FNRI. Each trained researcher was given a netbook to access and use the e-DCS during interview, as well as for editing and transmitting data.

All mothers with children 0-23 months who had breastfed or currently breastfeeding their children were asked of their awareness and their utilization of breastfeeding station at public places and at work. Working mothers were also asked if they were allowed and had availed of lactation breaks in their workplaces.

Information on the feeding practices of children were also asked from the mother using the pre-tested Infant and Young Child Feeding (IYCF) questionnaire based on the WHO and UNICEF guidelines (WHO 2007). The questionnaire is composed of questions in which the mother or the caregiver is required to recall past and current feeding practices (WHO 2010), while a 24-hour food recall questionnaire that covered the food intake of children for the past 24 hours was used to validate the child’s current feeding practice. For the purpose of the study, breastfed children included all children fed with breast milk the past 24 hours regardless of feeding frequency and amount of milk consumed.

### Statistical Analyses

Data were analyzed using Stata Version 12.0 (StataCorp 2011). Chi-square test was used to determine the presence of association between the utilization of lactation station and lactation breaks with the duration of breastfeeding. The association was tested using 5% level of significance.

### Variables

**Dependent Variables.** Utilization of lactation station, availment of lactation breaks, and duration of breastfeeding were the dependent variables used in this study.

Mothers were asked if they ever used or were currently using lactation station during the period that they were breastfeeding their index child aged 0-23 months. A “yes”

response regardless of how many times the mother utilized the facility was considered under “utilized lactation station”. Similarly, mothers who were employed were also asked if they took lactation breaks to breastfeed the baby or express breast milk in the workplace. A “yes” response was classified under “availed lactation breaks” regardless of the duration and number of times the lactation station was availed.

Breastfeeding duration of children 0-23 months was also collected by asking the mother or caregiver the age in months when the child stopped breastfeeding in cases when the child was no longer being breastfed. For children who were still breastfeeding at the time of the survey, children’s current age in months were the considered duration of breastfeeding.

**Independent Variables.** Maternal characteristics considered as independent variables in this study were age (<20, 20-29, ≥30 years), civil status (single/widow/separated, married/common law), parity or number of children (1, 2-3, ≥4), educational attainment of mothers (primary level or less, secondary level, tertiary level) as well as working status of mothers (not employed, gainfully employed), place of work (at home, away from home), and class of worker (government worker, private sector worker, others). Wealth quintile that mothers belonged to (poorest, poor, middle, rich, richest) and mother’s area of residence (rural, urban) were also included.

Household wealth quintile is a proxy indicator for income. It is calculated as a score of household assets such as ownership of appliances and vehicles, housing characteristics (type and tenure of dwelling unit), and access to utilities (presence and type of utilities in the household like electricity, water access, and toilet facility), which was weighted using the principal components analysis method. This index was divided into five categories (poorest, poor, middle, rich, and richest wealth quintiles), and each household was assigned to one of these categories (FNRI-DOST 2015b).

### **Ethical and Questionnaire Clearance**

The 2015 Updating Survey of the Nutritional Status of Filipino Children and Other Population Groups was approved by the FNRI Institutional Ethics Review Committee (FIERC) of the DOST-FNRI with clearance code FIERC-2015-006. Information on the objectives and principles of the survey – as well as the objectives for collecting the maternal information – were discussed with the respondents, who then gave their oral and written informed consent to participate in the survey. Written consent was prepared in different dialects such as *Ilocano*, *Cebuano*, *Ilonggo*, and *Bisaya* for ease in understanding by the respondents.

The PSA granted clearance for the 2015 Updating Survey Questionnaire Booklet 3 – Mothers with Youngest Child 0-36 Months and Pregnant Women with NSCB Approval No. FNRI-1534-03, and Booklet 4 – Children 0-23 Months with NSCB Approval No. FNRI-1534-04.

## **RESULTS**

### **Maternal Profile**

Characteristics of the mothers disaggregated by working status are presented in [Table 1](#). Majority of the mothers were 20 years and older (94.0%), were married or with common law partner (88.3%), and have given birth 2-3 times (42.6%). Most of the mothers reached secondary or high school level in terms of education (51.1%) and were not gainfully employed or not working (78.7%).

Overall, 78.7% were not gainfully employed or not working. Among those who were working, 17.5% worked away from home while 47.0% worked in the government sector. Most non-working mothers in the study belonged to the poor and poorest (48.5%) wealth quintiles, while working mothers belonged to the rich and richest quintile (50.8%). On the other hand, there were almost equal representations of all mothers from rural (51.6%) and urban areas (48.4%).

### **Mother’s Utilization of Lactation Stations**

Table 2a shows the percentage distribution of mother’s utilization of lactation station by maternal characteristics disaggregated by mother’s working status. Of the 5,131 mothers, only 7.8% claimed that they ever used a lactation station. All maternal characteristics except for the civil status were significantly associated with the use of lactation station. By age, higher proportion of mothers who were more than 30 years old (8.4%) reported using lactation station than their younger counterparts. Similarly, more mothers who gave birth 2-3 times (10.5%) used lactation stations than mothers with only one child (6.9%). Significantly more mothers who reached tertiary level of education (14.3%, 95% Confidence Interval [CI]: 12.4-16.4,  $p<0.01$ ) used lactation station than mothers who had not reached any grade level or at least reached primary education (1.4%). More mothers from the richest households (17.5%) used lactation stations compared to mothers from the poorest households (2.0%). By location of residence, significantly more mothers in urban areas (11.3%, 95% CI: 9.7-13.1,  $p<0.01$ ) used lactation station than mothers in rural areas (4.5%).

By work status, significantly more working mothers (10.7%, 95% CI: 8.8-13.0,  $p<0.01$ ) used lactation

**Table 1.** Percentage distribution of mothers with children 0-23 months by maternal characteristics: Philippines, 2015 (N=5,131).

Maternal Profile	ALL		Not Working		Working	
	n	Proportion (%)	n	Proportion (%)	n	Proportion (%)
<b>Age</b>						
<20	371	6.0	336	6.8	35	3.0
20-29	2461	50.4	2052	53.1	409	40.6
≥30	2299	43.6	1691	40.1	608	56.4
<b>Civil Status</b>						
Single/Widow/Separated	593	11.7	445	11.0	148	14.3
Married/Common Law	4538	88.3	3634	89.0	904	85.7
<b>Parity</b>						
1	1449	28.2	1157	28.1	292	28.4
2-3	2089	42.6	1660	42.4	429	43.5
≥4	1593	29.2	1262	29.4	331	28.1
<b>Educational Attainment</b>						
NGC/Primary	1068	18.6	896	20.1	172	13.3
Secondary	2575	51.1	2191	54.8	384	37.3
Tertiary	1488	30.3	992	25.1	496	49.4
<b>Place of work</b>						
At home	183	3.7	0	0.0	183	17.5
Local, away/abroad	869	17.5	0	0.0	869	82.5
Not working	4079	78.7	4079	100.0	0	0.0
<b>Class of Worker</b>						
Not working	4079	78.7	4079	100.0	0	0.0
Government worker	454	10.0	0	0.0	454	47.0
Private sector worker/others	598	11.3	0	0.0	598	53.0
<b>Wealth Quintile</b>						
Poorest	1413	23.6	1214	25.8	199	15.3
Poor	1198	21.4	1003	22.7	195	16.7
Middle	986	20.0	802	20.8	184	17.2
Rich	846	19.0	612	17.5	234	24.7
Richest	688	16.0	448	13.3	240	26.1
<b>Area of Residence</b>						
Rural	3048	51.6	2514	54.0	534	42.6
Urban	2083	48.4	1565	46.0	518	57.4

station than non-working mothers (7.0%). Almost equal proportion of mothers working for government (10.9%) and private sectors (10.6%) utilized lactation station.

#### Mother's Availment of Lactation Breaks

Table 2b shows that out of the 399 working mothers, 35.1% availed lactation breaks. However, there were no significant association found between maternal characteristics and their availment of lactation breaks.

Figure 1 shows that mother's utilization of lactation station has direct positive effect on the practice of exclusive breastfeeding among children 0-23 months. On the other hand, the practice of continued breastfeeding at 1 year (which includes children 12-15 months) and at 2 years (which includes children 20-23 months) was not affected by the utilization of lactation station.

Availment of lactation breaks also yielded direct positive result in the practice of exclusive breastfeeding and

**Table 2a.** Utilization of lactation stations (LS) among mothers with children aged 0-23 months by maternal profile: Philippines, 2015.

Maternal Profile	All			Working			Non-working		
	n	%	p-value	n	%	p-value	n	%	p-value
<b>Philippines</b>	5131	7.8		4079	7.0		1052	10.7	
<b>Age</b>									
<20	371	2.6	0.0037	336	3.0	0.0365	35	0.0	0.1555
20-29	2461	7.8		2052	7.4		409	10.2	
≥30	2299	8.4		1691	7.2		608	11.7	
<b>Civil Status</b>									
Single/Widow/Separated	593	8.5	0.7812	445	7.1	0.9581	148	12.4	0.5362
Married/Common Law	4538	7.7		3634	7.0		904	10.4	
<b>Parity</b>									
1	1449	6.9	0.0000	1157	5.9	0.0000	292	10.4	0.0141
2-3	2089	10.5		1660	9.5		429	13.7	
≥4	1593	4.8		1262	4.4		331	6.4	
<b>Educational Attainment</b>									
NGC/Primary	1068	1.4	0.0000	896	1.3	0.0000	172	2.4	0.0000
Secondary	2575	6.3		2191	6.1		384	6.9	
Tertiary	1488	14.3		992	13.4		496	15.8	
<b>Place of work</b>									
At home	183	8.7	0.0000	0.0	-	-	183	8.7	0.3794
Local, away/abroad	869	11.2		0.0	-	-	869	11.2	
Not working	4,079	7.0		4079	7.0		-	-	
<b>Class of Worker</b>									
Not working	4079	7.0	0.0000	4079	7.0	-	-	-	0.8973
Government worker	454	10.9		0.0	-	-	454	10.9	
Private sector worker/others	598	10.6		0.0	-	-	598	10.6	
<b>Wealth Quintile</b>									
Poorest	1413	2.0	0.0000	1214	1.6	0.0000	199	4.3	0.0001
Poor	1198	3.7		1003	3.4		195	5.2	
Middle	986	7.2		802	7.2		184	7.3	
Rich	846	12.0		612	12.0		234	11.8	
Richest	688	17.5		448	16.6		240	19.3	
<b>Area of Residence</b>									
Rural	3048	4.5	0.0000	2514	3.8	0.0000	534	8.0	0.0199
Urban	2083	11.3		1565	10.8		518	12.8	

continued breastfeeding at 1 year and at 2 years. More mothers practice exclusive breastfeeding (36.6%) when they availed lactation breaks in the workplace. Moreover, more children of mothers who availed lactation breaks were still being breastfed at 1 year (42.4% vs 28.1%) and at 2 years (51.1% vs 31.7%).

Figure 2 shows that utilization of lactation station was significantly associated with the duration of breastfeeding ( $p < 0.01$ ) until six months. However, there was no association found between availment of lactation breaks and breastfeeding duration among working mothers.

**Table 2b.** Availment of lactation breaks among working mothers with children aged 0-23 months by maternal profile: Philippines, 2015.

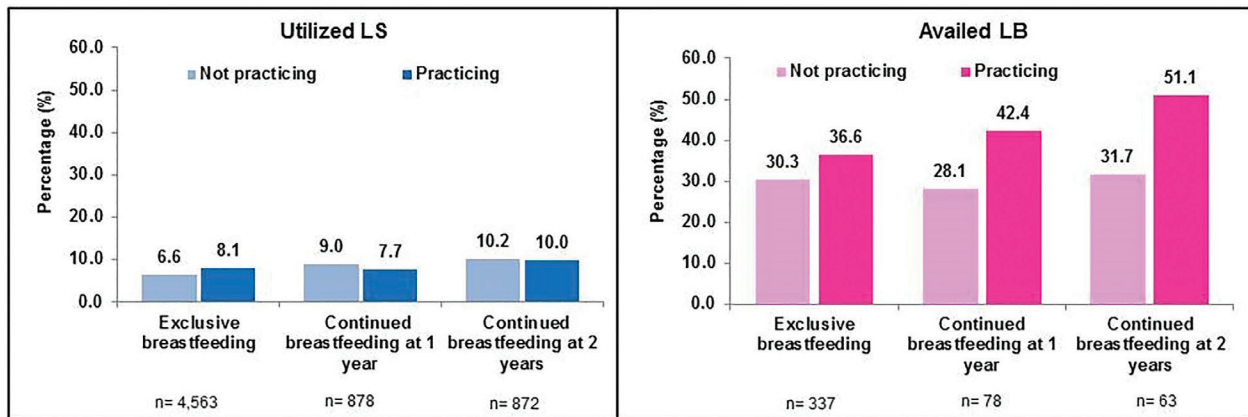
Maternal Profile	Availed Lactation Breaks					
	n	%	SE	95% CI	p-value	
<b>Philippines</b>	399	35.1	2.5	30.4	40.1	
<b>Age</b>						
<20	13	35.0	14.4	13.4	65.2	0.5646
20-29	160	32.1	3.8	25.1	40.0	
≥30	226	37.4	3.4	31.1	44.3	
<b>Civil Status</b>						
Single/Widow/Separated	58	25.1	5.5	15.8	37.4	0.0841
Married/Common Law	341	36.9	2.8	31.6	42.6	
<b>Parity</b>						
1	136	35.6	4.5	27.2	44.9	0.9914
2-3	176	35.0	3.7	28.0	42.7	
≥4	87	34.7	5.1	25.4	45.3	
<b>Educational Attainment</b>						
NGC/Primary	29	35.7	9.5	19.8	55.6	0.8356
Secondary	107	32.9	4.4	24.8	42.1	
Tertiary	263	36.0	3.1	30.2	42.2	
<b>Place of Work</b>						
At home	0	-	-	-	-	
Local, away/abroad	399	35.1	2.5	30.4	40.1	
Not working						
<b>Class of Worker</b>						
Government worker	215	32.2	3.4	25.9	39.2	0.1554
Private sector worker/others	184	39.5	3.7	32.5	46.9	
<b>Wealth Quintile</b>						
Poorest	50	29.7	6.9	18.0	44.9	0.5572
Poor	49	28.1	6.8	16.8	43.1	
Middle	66	42.2	6.2	30.6	54.7	
Rich	107	33.2	4.8	24.5	43.3	
Richest	127	37.0	4.7	28.3	46.6	
<b>Area of Residence</b>						
Rural	181	39.2	4.4	30.9	48.2	0.2301
Urban	218	32.6	3.1	26.9	38.9	

## DISCUSSION

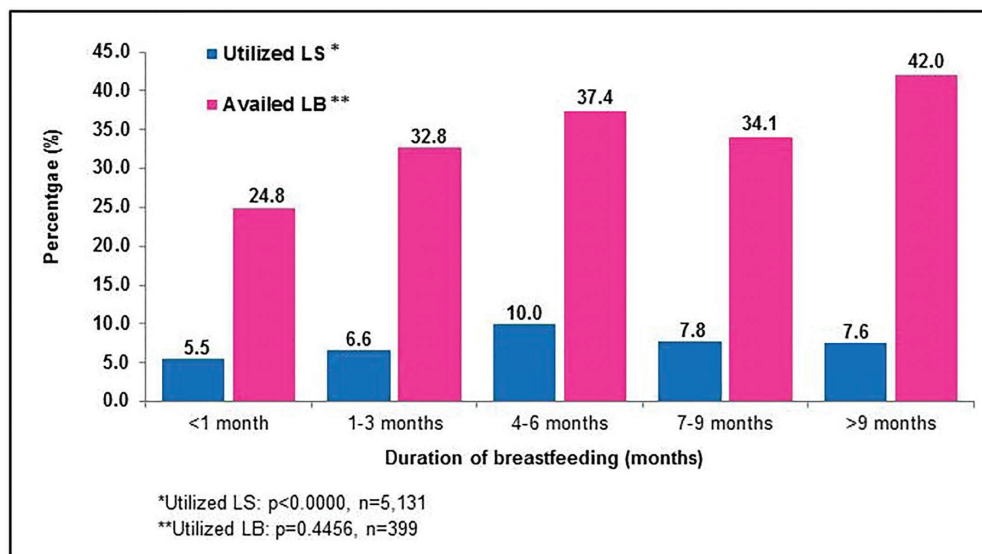
This study showed that utilization of lactation station was associated with longer duration of breastfeeding until six months, which proves the usefulness and relevance of lactation station in increasing breastfeeding duration. Although not statistically significant, results also showed that children with mothers who utilized lactation station and lactation break had higher proportion of exclusive breastfeeding and continued breastfeeding both at 1 year and at 2 years.

However, of the 5,131 mothers, only 7.8% claimed that they ever used a lactation station and out of 399 working mothers, only 35.1% availed lactation breaks despite the existence of RA 10028 since 2009. This implies that there is really a challenge for female workers when it comes to breastfeeding in the workplace. With over 15 million of the labor force in the country being female (PSA 2016), conception, childbearing, and breastfeeding have become more difficult for mothers because of challenging conditions in the workplace (ILO 2015; Murtagh &





**Figure 1.** Percentage distribution of mothers who utilized lactation station (LS) and lactation breaks (LB) by practice of exclusive breastfeeding, continued breastfeeding at 1 year and at 2 years: Philippines, 2015.



**Figure 2.** Association of utilization of lactation station (LS) and availment of lactation breaks (LB) with duration of breastfeeding: Philippines, 2015.

Moulton 2011). A study in Taiwan enumerated women’s challenges at work as lack of break time to breastfeed or express breast milk, inadequate facilities for pumping and storing milk, and short duration of maternity leave (Tsai 2013).

During the survey, the labor law of the Philippines allows only two months (60 days) maternity leave for women, one of the shortest maternity leave duration in the Asia-Pacific Region (ILO 2015). The International Labour Organization (ILO) stated that a woman at work who cannot take breaks to breastfeed or express breast milk are likely to have diminished supply of breast milk and may no longer produce enough milk for her baby, since breast milk production depends on adequate and regular stimulation of the breast (ILO 2012). Conversely, Slavt

(2009) stated in her article in the toolkit for employers, “Investing in Workplace Breastfeeding Programs and Policies” – a comprehensive program designed to educate employers about the value of supporting breastfeeding employees in the workplace, that “returning to work is one of the major barriers to exclusive and continued breastfeeding.” Continued breastfeeding according to the WHO is associated with greater linear growth and also further protects child health and provides closeness and contact with the mother that helps the child’s psychological development (ILO 2015). Continued breastfeeding significantly reduces the incidence, severity, and duration of common illnesses among newborns (ILO 2012).

Amir (2014), in her commentary about breastfeeding in public, stated that discomfort with the idea of

breastfeeding in public has been cited as one of the reasons for not breastfeeding or planning a shorter duration of breastfeeding. In the Philippines, the main reason of mothers for not ever breastfeeding was the perceived lack or inadequate milk flow (FNRI-DOST 2015a), which was also the main reason for discontinuation of breastfeeding globally (Wood & Sanders 2017). Brown (2015), in her article about milk supply and breastfeeding decisions, mentioned that how a mother feels psychologically can impact milk supply, thus the thought of going back to work and being half-hearted in breastfeeding could cause insufficient milk supply. In addition, the second main reason of mothers for not ever breastfeeding is working outside home (FNRI-DOST 2015a). Republic Act 10028 answered these gaps on breastfeeding in public places and at work by institutionalizing the setting-up of lactation stations in both health and non-health establishments and implementing lactation breaks in the workplace. Aside from RA 10028, some international frameworks that govern and support breastfeeding in the workplace include United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the ILO Maternity Protection Convention 2000 No. 183, and the ILO Workers with Family Responsibilities Convention 1981 No. 156. In the Philippines, some national and local policy issuances that promote breastfeeding in the workplace by supporting RA 10028 are the Magna Carta of Women, the Department of Labor and Employment's promotion of Family Welfare Program (FWP), and the Department of Interior and Local Government's memorandum circular that guide the local government units in the localization of the Millennium Development Goals (MDGs) (ILO 2014).

On the other hand, even if lactation breaks were not found to have an effect on the duration of breastfeeding, it is still an important factor in supporting and promoting breastfeeding in the workplace. Tsai (2013), in his study on the impact of a breastfeeding-friendly workplace on mother's intention to continue breastfeeding, used a structured questionnaire administered to 715 working mothers in an electronic company in Southern Taiwan. He found out that lactation room with dedicated space (OR=2.38) and use of lactation breaks (OR=61.6) were significant predictors of continued breastfeeding beyond 6 months after returning to work.

The result of this study is supported by the Maternity Protection Resource Package of the ILO (2012). The resource package provides information, inspiration, and tools to help organization and individuals everywhere to strengthen and extend maternity protection to women in all types of economic activity. Module 10 of the package focuses on Breastfeeding Arrangements at Work, which highlighted some factors in the working environment that

impact the duration of breastfeeding once women return to work include employment conditions and workplace arrangements like implementing lactation breaks, support at the workplace such as putting-up lactation stations, and support at home and in the community (ILO 2012).

Because this study is the first known attempt to look at the extent of implementation of lactation station and lactation break in the Philippines, one of the limitations of the study was the small sample size of working mothers who availed lactation breaks, thus no significant results were found between availing lactation breaks and longer duration of breastfeeding. Another limitation was the lack of prior local research studies that could be helpful in the discussion of the paper.

## CONCLUSIONS AND RECOMMENDATIONS

The study found that utilization of lactation station was associated with longer duration of breastfeeding among mothers with children 0-23 months old, while there was no association between availment of lactation breaks and longer duration of breastfeeding. Maternal factors resulting to lower utilization of lactation station were younger maternal age, parity of at least one and more than four, lower educational attainment, non-working status, working at home, belonging to the poorest and poor wealth quintiles, and living in rural areas.

With proper support, it is possible for mothers to combine their responsibility of giving their children the best nourishment through breastfeeding and their responsibility to earn for the family.

Therefore, it is recommended that government agencies led by the Department of Health intensify the implementation of lactation station and lactation breaks in the workplace. There is a need to strengthen the nutrition education program on IYCF to empower mothers and the community in general that breastfeeding should be the default feeding among infants and young children. This will support breastfeeding mothers and remove stigmatism on breastfeeding especially in public places. An active promotion of lactation stations like putting up large signage of lactation station visible even at long distance to capture mother's attention and increase their awareness of the presence of the facility in public places is also recommended.

By promoting and supporting programs that benefit women during maternity period, institutions such as the government, businesses, employers, and labor groups may influence breastfeeding success.



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