



IUMSP

Institute of Social and Preventive Medicine, Lausanne

WORKSHOP , Swiss Public Health Conference 2017

**Breastmilk as personalised medicine. Analysis of the determinants of breastfeeding in Switzerland using the the Swiss Model for Outcome Classification.**

### **3. Understanding the impact of mothers' employment on breastfeeding duration. A qualitative methods approach**

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- (1) Research project on Health promotion and breastfeeding at work
- (2) SMOC model: complex interplay of various determinants
- Key messages:
  - demonstrating the interest of a qualitative methods approach
  - not only individual factors, but socio-economic, social and cultural norms have to be included into the analysis
    - Goal of our research: make clear that breastmilk is a personalised medicine and therefore a matter of public health

# Health promotion in the workplace: what is the place of breastfeeding?

<https://www.iumsp.ch/en/recherche/allaitement>

- interplay of determinants at all levels acting against or in favour of breastfeeding
- extensive interviewing with mothers and fathers, employers and other key players such as from policy-makers or interest groups.
- Three issues are examined in depth:
  - mothers' reengagement of paid employment
  - fathers' attitudes and overall support for breastfeeding.
  - The employers' position

# Swiss Model for Outcome Classification (SMOC)

## A1 Development of health promoting services

### B1 Health promoting services

1. Awareness of the service
2. Accessibility of the service
3. Use of the service
4. Sustainability of the service
5. Improved professionalism in health promotion

Support from professionals

## A2 Advocacy, cooperation of organizations

### B2 Health-promoting public policy and organizational practice

1. Binding engagement of persons
2. Action-relevant, binding documents
3. Successful organizational changes
4. Successful exchange and cooperation

Legal framework

## A3 Social mobilization

### B3 HP social potential and commitment

1. Existence of active promoting concerns
2. Enlisting of new players
3. Awareness of the concern by population groups
4. Acceptance of a concern by population groups

Social networks

## A4 Development of individual skills

### B4 Health-related life skills

1. Factual health-relevant knowledge and capacity to act on knowledge
2. Positive attitudes and motivation on relevant topic
3. New personal and/or social skills
4. Strengthened self-confidence on relevant topic or an activity

Individual skills/personal attitudes

### C1 Health promoting physical environment

1. Reduction of pollution, noise, chemical influences
2. Conservation and improvement of natural resources
3. Health-promoting installations and products

Working condition

### C2 Health promoting social environment

1. Social support, social networks, social integration
2. Social climate
3. Equal access to general social resources

Fathers' support?

Social norms towards BF

### C3 Health promoting individual resources and behaviour

1. Health-promoting behaviour
2. Improved health status and quality of behaviour

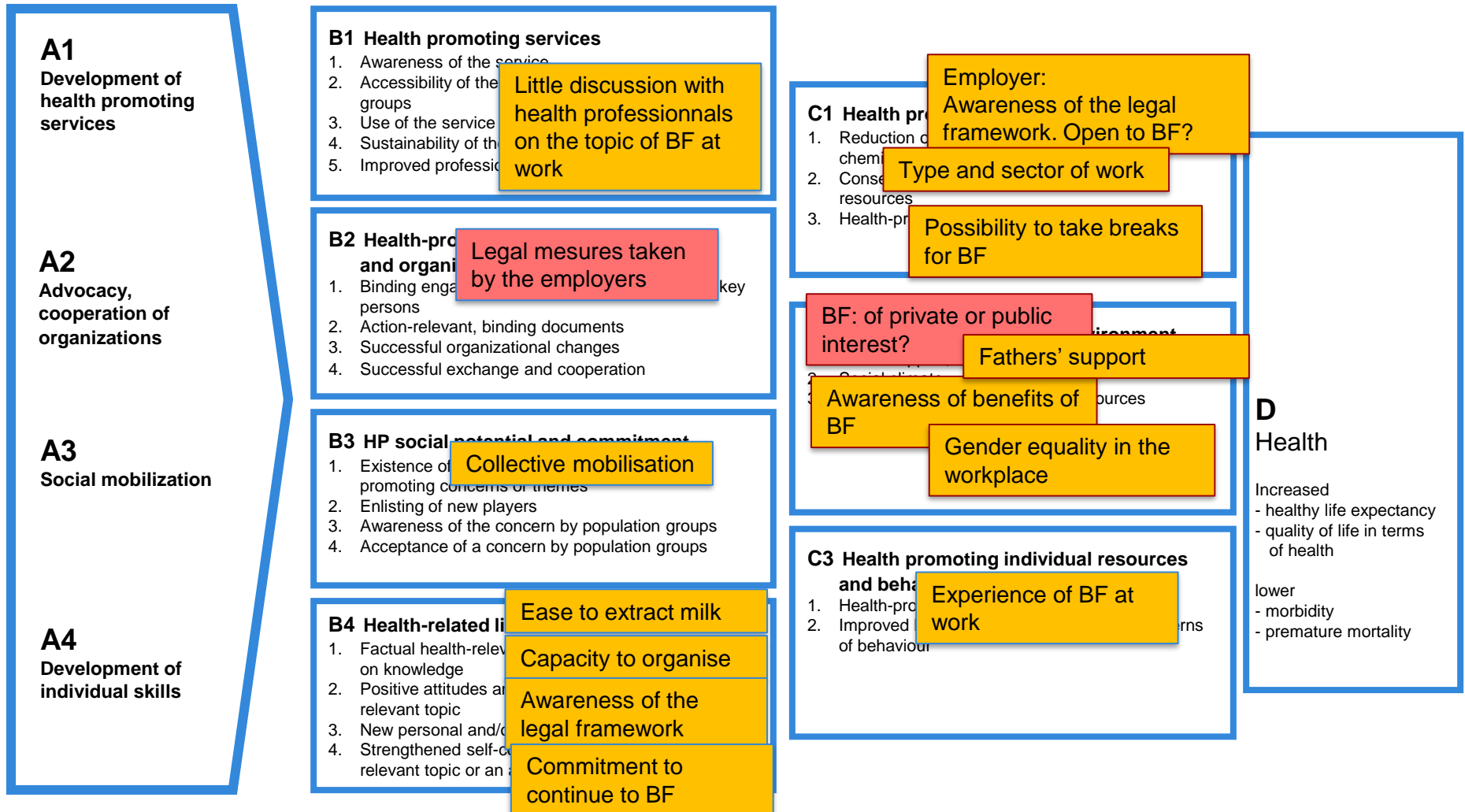
Experience of BF at work

## D Health

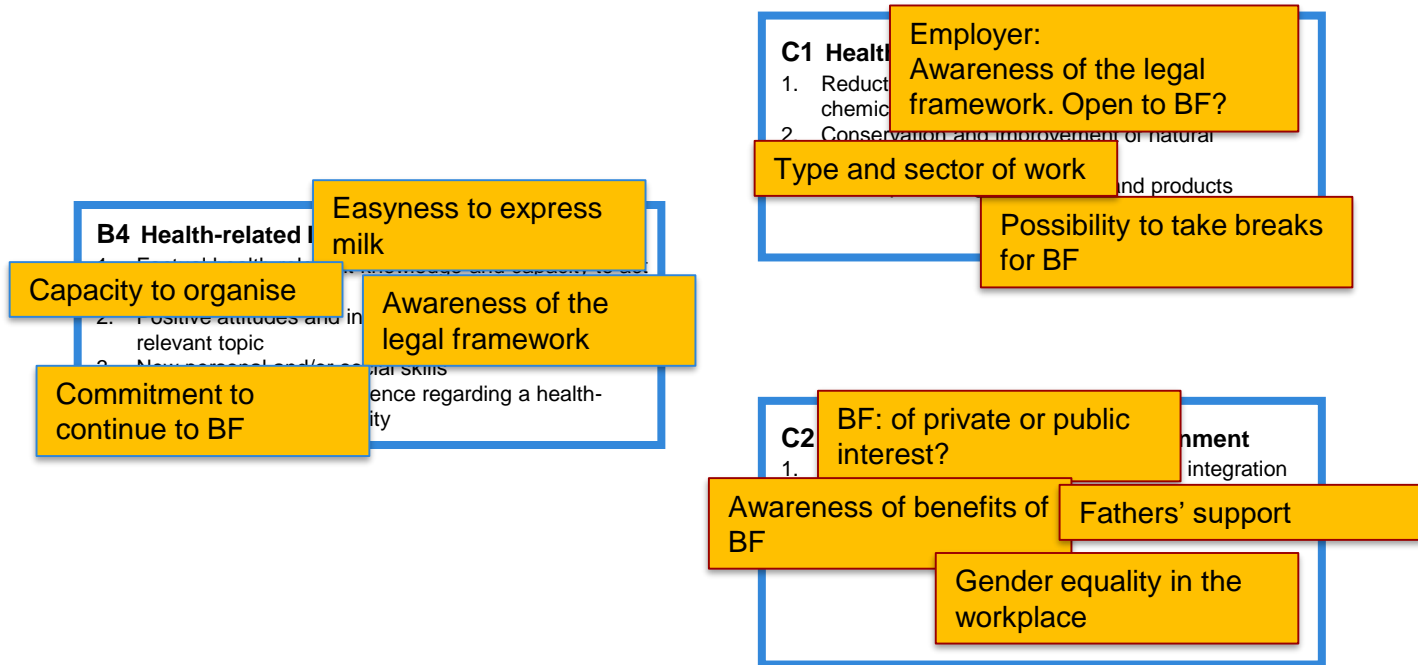
Increased  
- healthy life expectancy  
- quality of life in terms of health

lower  
- morbidity  
- premature mortality

# Swiss Model for Outcome Classification (SMOC)



# Swiss Model for Outcome Classification (SMOC)





## B4 Individual skills/personal attitudes

Easyness to express milk

Capacity to organise

Commitment to continue to BF

Awareness of the legal framework

*I think you have to have a lot of self-confidence and I think that you have to be ready ... I had prepared myself before during pregnancy, and I still had to fight for my breastfeeding. So it's true I think I was a prepared and I think that a woman who is not, who is at her first baby and then who does not know if she does well or not, I think it can be quickly very complicated! (Mother 1)*

*I think I had all the keys to, to get there and to breastfeed. Let's say there was no problem, I had support from my family, my entourage, so that was not really a problem. It was just on the workplace where it was difficult ... (Mother 2)*

*At the day care there were comments on the fact that I still breastfeed my child of 15 months, also my friends, etc. ...Fortunately I was staying the course! But I think that for other women, there is the effect ... I know of women who wanted to stop, because none of their friends breastfed, they were the only ones, and .... this group effect is important! (Mother 3)*

# C1 Working conditions

Employer:  
Awareness of the legal  
framework. Open to BF?

Type and sector of work

Possibility to take breaks  
for BF

*The majority of our collaborators express their milk and do not breastfeed on the workplace. Breastfeeding at work is nice to have, but you have to be able to live next to the company (...) you can imagine that we do not all have a nanny at home who can bring us the child, or that we go home, I mean ... it's impossible. So women who want to continue breastfeeding, express their milk. Here, at work. Since we are a hospital, that is quite practical, we have breast pumps. So we make them available. The women do therefore not need to rent a breast pump, which can be quite expensive (Private hospital, HR).*

*So, in general, the team is always informed because we are like family. I mean, we are 450 employees, but then in each service a smaller team works together. So often when the woman comes back from the maternity leave, the colleagues they are aware of whether or not she wishes to continue to breastfeed and it's something that's done very naturally finally (Private hospital, HR).*

*Honestly I don't see any benefits for the company. On the contrary, I see rather disadvantages because it is true that ... It is difficult for a team when there is someone who returns from maternity leave, this person has already been away for a while, and when she's back, there's comprehension for a little while (...) but there is negative impact on the team. Even if we hired a temporary collaborator, this person is never as effective on a short period of time as the person who went on maternity leave. So if in addition to that, the person who went on maternity leave comes back, is tired, is often absent because she has to go to the pediatrician, because the child is often sick and worse than that, she takes breaks to breastfeed?!? I think there are more disadvantages than benefits (Bank, RH).*



## C2 Social norms towards BF

BF: of private or public interest?

Awareness of benefits of BF

Gender equality in the workplace

*A woman who works 100%, 8 hours a day, she is entitled to 90 minutes, so an hour and a half a day, if it will take 2 hours, there is no one who will tell her anything. Well, I mean, we are not authoritarian. We're pretty cool with that (Private hospital, HR)*

*Yes, she will be better, she will be happier, she will appreciate to work, her child will be healthy so she will not have her head taken with a sick child. I see only benefits that the mother is healthy and the baby too. So anything that can help that... we'll try to do it (Energy company, occupational physician)*

*I would say that it is a private matter because breastfeeding is still quite intimate. It's important to me that if a woman decides to breastfeed, she does not need to make a public announcement for the team or anything like that. Everyone must have the choice to do what seems to be best for themselves, the mother and for the baby (Bank, RH).*

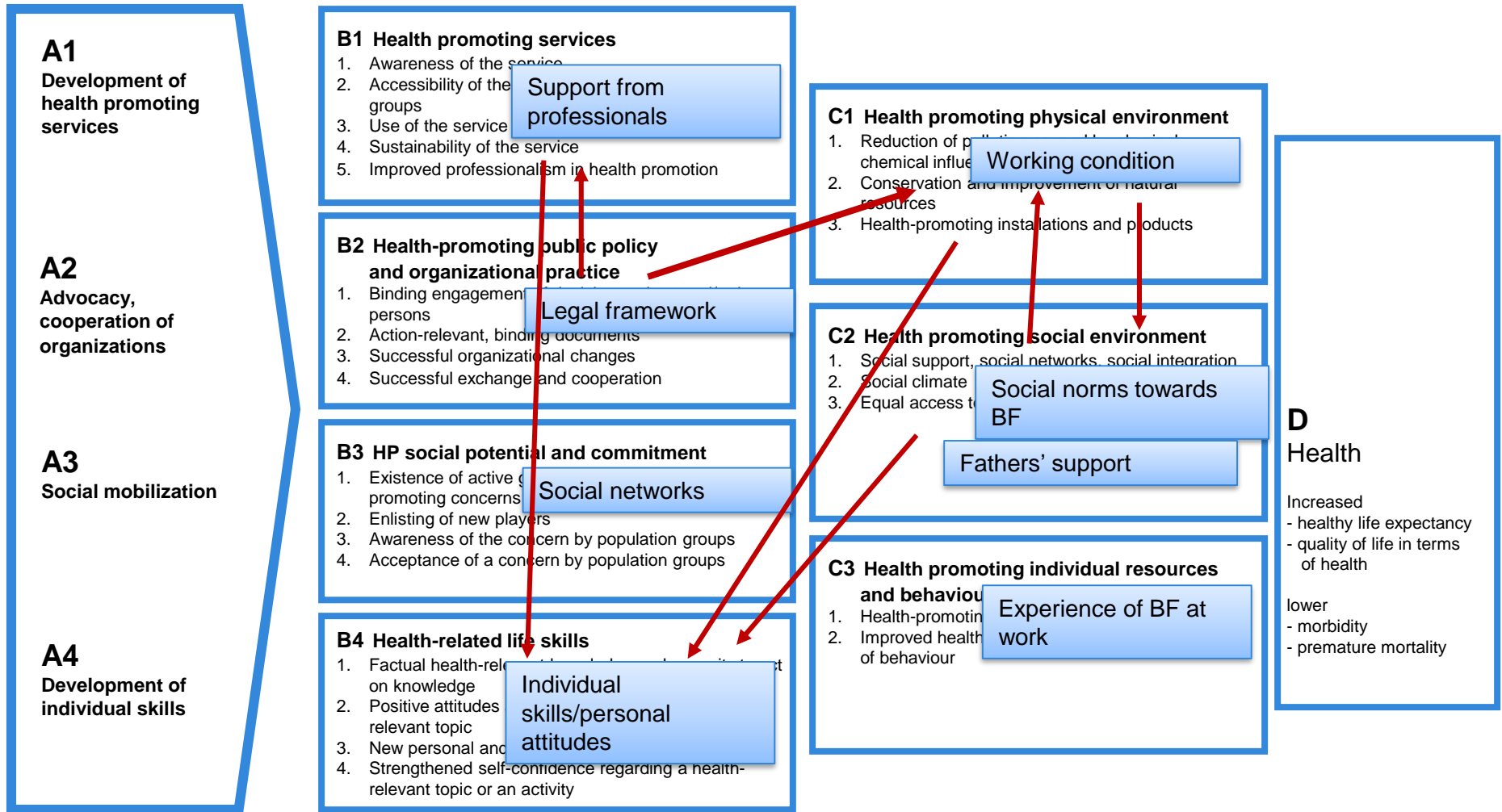
## C2 Social norms towards BF

### Fathers' support

*Yes, yes, for me it's important, especially in this case, it's a baby who, who is weak, who has just been in surgery, for me it is one more reason to have breast milk (Father)*

*well, yes ... he helped me, the times when he had to bring her, bring our baby at night for example, or hold her while I was going to relieve my breasts, or the moments when I had to express my milk,.. well, he was very attentive and supportive. So that helps too. Also, I could talk to him when I had doubts, or things, speak to him, even if he has no personal experience, at least he is another person to talk with (Mother)*

# Complex interplay



## Interplay B4, C1 and C2

- Individual skills/personal attitudes (B4) directly impacted by C1 and C2
    - Mothers' motivation might be a necessary condition, but not a sufficient one
    - not only individual factors, but socio-economic, legal and political influences, social and cultural norms have to be included into the analysis
- Thanks to the SMOC we have a systemic vision of the complex interplay of determinants at all levels acting against or in favour of breastfeeding

# Concluding remarks

Mothers' personal attitudes do matter for the duration of BF

But:

Various factors impact those attitudes:

- Breastfeeding-friendly work environment
  - Social and physical environment
  - Employer aware of BF benefits and open to BF
  - comprehensive colleagues
- Social norms in favour or against BF
- Fathers' support

- As long as the decision to BF or not is considered an individual choice and matter of personal attitudes, BF will not be supported at its best value
- However breastmilk is a personalised medicine and therefore a matter of public health
- Infrastructure should be implemented so that women who breastfeed get enough support

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