

# Reconociendo el valor de amamantar y re-equilibrando sus costes

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**Amamantar Association 20<sup>th</sup> Anniversary Conference,  
Spain, 23 November 2019**



- 1. Reconocer del valor de amamantar**
  - Medir su valor económico nacional
  - Valorizar el coste de no amamantar
  - Calcular el rendimiento de la inversión en lactancia materna para los países
- 2. Tener en cuenta quién paga por la 'inversión' en LM**
- 3. Políticas públicas para equilibrar/compensar los costes y beneficios de dar el pecho**



## Infants and Young Children

Infant feeding practices comprising breastfeeding and complementary feeding have major roles in determining the nutritional status of the child. The MICS 2006 showed that 14.5% children were breastfed exclusively for 6 months. However, based on clinic data, this rate had increased from 14.4% in 2006 to 49.4% in 2015 (SHD, MOH 2015). The Malaysian Population and Family Survey (MPFS, LPPKN 2014) also reported that the rate below 6 months exclusive breastfeeding was 43.5%. Whilst, percentage of early initiation was 63.7% (NHMS 2015).

# The economic and social costs of policy inaction

- Low breastfeeding rates and poorer health
- Health inequity
- Gender inequity in leisure, work and pay, health and wellbeing

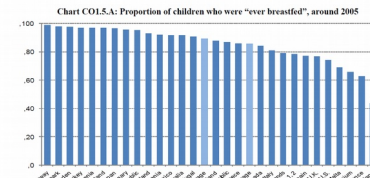


Chart CO1.5.B: Proportion of children who were exclusively breastfed at 3, 4 and 6 months, around 2005



Source: National surveys (see section on data and comparability issues).  
Notes: Data refer to 2000 for Iceland; 2001 for Denmark and Greece; 2003 for Canada, France and Portugal; 2004 for Australia, for Cyprus, Mexico, Norway, Spain and Sweden; 2007 for Belgium, the Czech Republic, Hungary, Malta, New Zealand, the Netherlands, Romania, Slovenia, and the US.

Notes: Data refer to 2000 for Iceland; 2001 for Denmark and Greece; 2003 for Canada, France and Portugal; 2004 for Australia; 2006 for Cyprus, Mexico, Norway, Spain and Sweden; 2007 for Belgium, Czech Republic, Hungary, Malta, New Zealand, Slovak Republic and Slovenia US. 1) and 2) see notes 1) and 2) to Chart CO1.5.A

**GENDER INEQUALITY >**

## The gender no-pay gap: Women in Spain do twice as much unpaid work as men

New study shows females spend 26.5 hours on non-remunerated jobs while males **GENDER INEQUALITY >**

MANUEL V. GÓMEZ | CRIS  
Madrid - 13 FEB 2018 - 12:07

## Women in Spain earn 13% less than men for similar work, new study shows

Pay gap occurs across all observed variables, including age, education and years of service

## Result: 'Maternal depletion'?

# Por qué los datos económicos importan en lactancia materna?

*“Lo que medimos afecta a lo que hacemos; y si nuestras medidas tienen errores, nuestras decisiones pueden ser distorsionadas.*

*Las políticas deberían dirigirse a aumentar el bienestar social, no el PIB...’*

***‘What we measure affects what we do; and if our measurements are flawed, decisions may be distorted.***

*Policies should be aimed at increasing societal welfare, not GDP....”*

Stiglitz, J.E., Sen, A., and Fitoussi, J.-P. (2009) “The measurement of economic performance and social progress revisited; Reflections and overview”, Centre de recherche en économie de Sciences Po (OFCE).





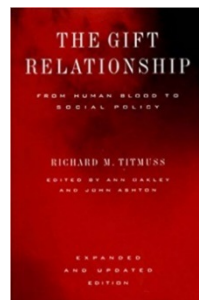
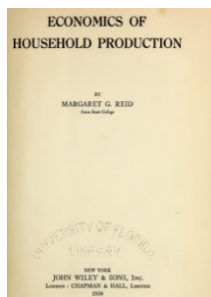
**Usar el PIB para medir el progreso económico es cuestionable...**

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# El trabajo doméstico no remunerado fue eliminado de las estadísticas económicas...

## THE UNPRODUCTIVE HOUSEWIFE: HER EVOLUTION IN NINETEENTH- CENTURY ECONOMIC THOUGHT

**NANCY FOLBRE**



## BREASTFEEDING AND THE MEASUREMENT OF ECONOMIC PROGRESS

**Julie P. Smith and Lindy H. Ingham**

Thoughtful economists have long been aware of the limitations of conventional National Accounts in measuring economic activity and material wellbeing (Smith 1982). In principle, estimates of Gross Domestic Product (GDP) attempt to cover all transactions in economic goods and services. As early as 1941, a pioneer of national accounting, Simon Kuznets, observed that:

'Exclusion of the products of the family, characteristic of virtually all national income estimates, seriously limits their validity as measures of the scarce and disposable goods produced by the nation' (Kuznets 1941, p. 10).

Counting for Nothing: What Men Value and What Women are Worth on ...

[www.jstor.org/stable/10.3138/j.ctt1287w9p](http://www.jstor.org/stable/10.3138/j.ctt1287w9p)

Waring's classic analysis of women's place in th... Marilyn Waring. Copyright Date: .... The Eye of the Beholder THE UNSNA AS APPLIED PATRIARCHY. 9.

Varjonen, J., and L.M. Kirjavainen. "Women's Unpaid Work Was Counted But. . ." in M. Bjørnholt and A. McKay (eds.), *Counting on Marilyn Waring: New Advances in Feminist Economics*. Bradford ON: Demeter Press, 2014.

Aslaksen, I., and C. Koren. 'Reflections on Unpaid Household Work, Economic Growth, and Consumption Possibilities', Bradford ON: Demeter Press, 2014.

Folbre, N. *Greed, Lust and Gender: A History of Economic Ideas*, Oxford University Press, 2009.

Folbre, N., and J.A. Nelson. "For Love or Money--or Both?," *The Journal of Economic Perspectives*, 14, 123-40, 2000.

Folbre, N. "Should Women Care Less? Intrinsic Motivation and Gender Inequality," *British Journal of Industrial Relations*, 50, 597-619, 2012.

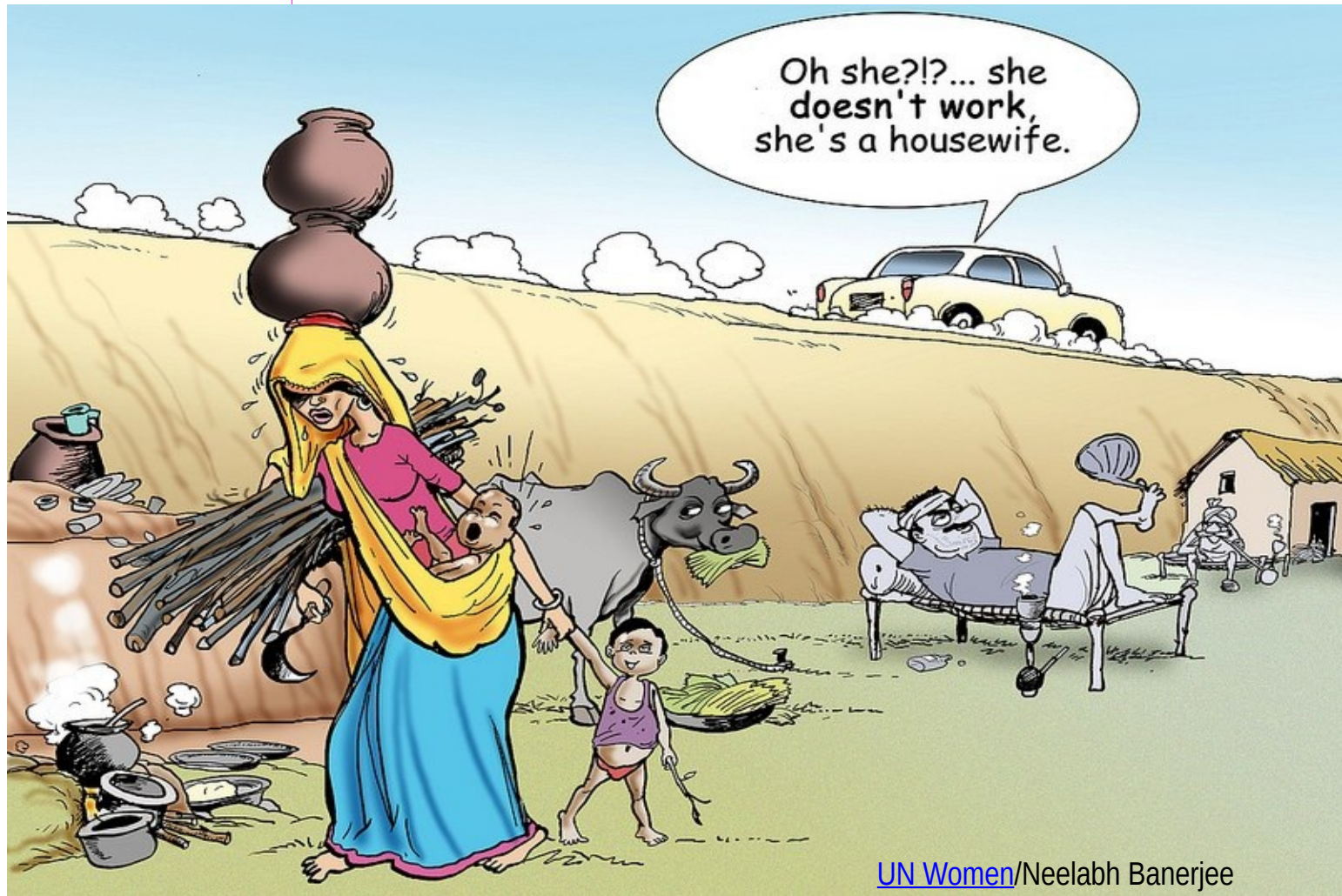




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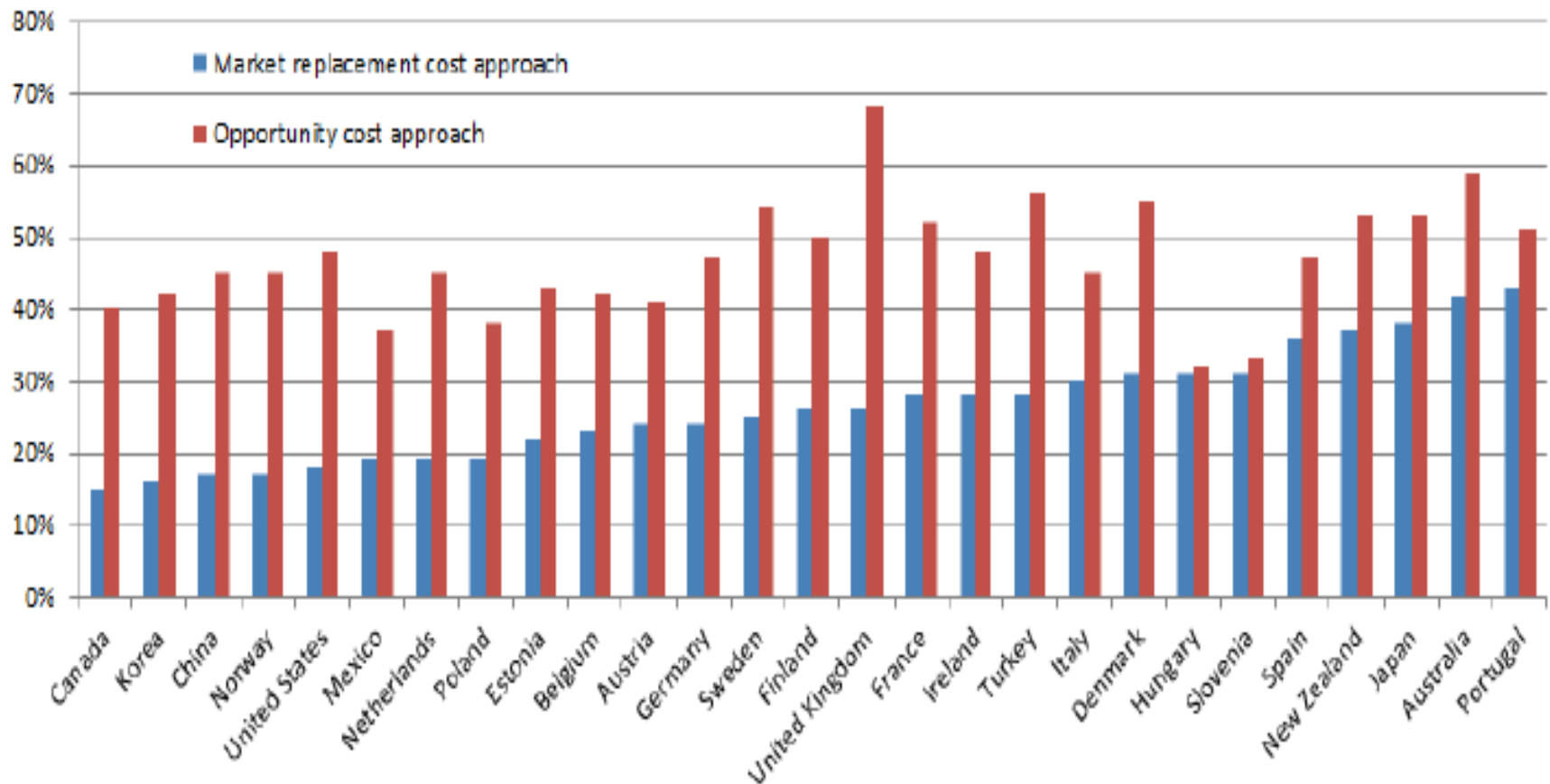
## Infravalorar el trabajo de las mujeres



[UN Women](#)/Neelabh Banerjee

Estimaciones oficiales sobre la producción fuera de mercado de las tareas domésticas en diferentes países hablan de que se trata de un 40-60% del PIB

# Trabajo no remunerado como porcentaje del PIB – estimaciones oficiales



Australian Bureau of Statistics (ABS) (2014). Spotlight on the national accounts: unpaid work and the Australian economy. **2017.**

- La contribución de la LM y la producción de leche materna a la economía es invisible en datos económicos como el PIB, sistema alimentario y en las mediciones de la seguridad alimentaria nacional.
- La invisibilidad de la LM es parte de un patrón mundial que minusvalora la contribución de las mujeres a la economía.
- Esta invisibilidad resulta en injusticia económica y pérdida de recursos para la salud y el bienestar de las mujeres y niñas.

Waring, M (1988) *Counting for Nothing*. Allen & Unwin, New Zealand, Wellington.

Elson, D (2008) *The Three R's of Unpaid Work: Recognition, Reduction and Redistribution*, United Nations Development Program (UNDP), New York.

Smith, JP (2014) 'Making Mothers' Milk Count'. *Counting on Marilyn Waring*, M Bjørnholt & A McKay. Bradford, Ontario, Demeter Press.

“Actualmente, las medidas de la producción nacional económica muestran un descenso si más bebés son amamantados, y un aumento si las leches artificiales reemplazan la LM. Estos resultados son ridículos y ponen en entredicho la credibilidad pública de las estimaciones del PID y otros datos económicos.”

Smith, J.P., and L.H. Ingham. "Breastfeeding and the Measurement of Economic Progress," *Journal of Australian Political Economy*, (51)-72, 2001.

# Más allá del PIB...

## THE MEASUREMENT OF ECONOMIC PERFORMANCE AND SOCIAL PROGRESS REVISITED

OFCE

N° 2009-33

DECEMBER 2009

Professor Joseph E. Stiglitz

*Chair, Columbia University*

Professor Amartya Sen

*Chair Adviser, Harvard University*

Professor Jean-Paul Fitoussi

*Coordinator of the Commission, IEP*



# Reflexiones de la Comisión para la Medición del Desempeño Económico ...

*“Hay serias omisiones en la valorización de los productos caseros – el valor de la leche materna. Esto está claramente dentro las fronteras del Sistema Nacional Contable, no es cuantitativamente trivial y tiene serias implicaciones en políticas públicas, y salud materno-infantil “.*

Stiglitz, J.E., Sen, A., and Fitoussi, J.-P. (2009) The measurement of economic performance and social progress revisited; Reflections and overview, Centre de recherche en économie de Sciences Po (OFCE).

# Por qué los valores económicos de amamantar?

A economic analysis of breastfeeding

- Makes it more visible, highlights its magnitude and the contribution of women's work to our economic well being
- Results in better informed public policy and priority setting
- Enhances our understanding of how to improve breastfeeding



Food Policy 24 (1999) 71–91

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FOOD  
POLICY

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## Human milk supply in Australia

Julie P. Smith\*

*Division of Economics and Politics, Research School of Social Sciences, Australian National University, Canberra, Australia*

As Oshaug and Botten point out (p. 479), including human milk in national food production statistics emphasises the extent of breastfeeding and its value. Extensive research, especially in recent years, has documented the diverse and compelling health and nutritional advantages of breastfeeding and human milk, in developed as well as developing countries.<sup>1</sup> Breastfeeding also provides food security for infants in times of war, natural disaster or economic disruption that may be denied to those depending on artificial substitutes.

Placing a dollar value on breastfeeding can make its unique contribution to the community's economic well-being more visible to those who would otherwise be blind to it. While putting a price on mothers' milk might be perceived as offensive, many women view breastfeeding with pride, and including human milk on food balance sheets represents a positive recognition of one of women's unique contributions to society.

More comprehensive knowledge of the nature and locus of economic activity such as breastfeeding should also contribute to more accurate public policy analysis, and more soundly based economic, as well as health, policies.

With policy makers increasingly preoccupied by the 'market' economy, highlighting the national economic impact of breastfeeding serves to underline its importance to broad social and economic welfare, and the desirability of protecting it from replacement by commercially promoted foods.

# Midiendo el valor económico nacional de amamantar



# La producción de LM puede ser medida

- La leche materna es un bien que encaja en las guías internacionales para el cálculo del PIB, puede ser almacenada, intercambiada y comercializada.
- El valor macroeconómico de la producción de leche humana es sustancial incluso si la mayoría no es vendida ni intercambiada.
- Esto se ha demostrado tanto para países desarrollados como para los no desarrollados.
- El coste económico de perder la producción de leche materna **podría ser muy alto**

Smith, JP & LH Ingham (2005) 'Mothers' Milk and Measures of Economic Output', *Fem Econs* 11(1): 41.

Hatloy, A & A Oshaug (1997) 'Human Milk: An Invisible Food Resource', *J. of Hum Lact* 13: 299-305.

Aguayo, VM & J Ross (2002) 'The Monetary Value of Human Milk in Francophone West Africa', *Food Nutr Bull* 23(2): 153-61.

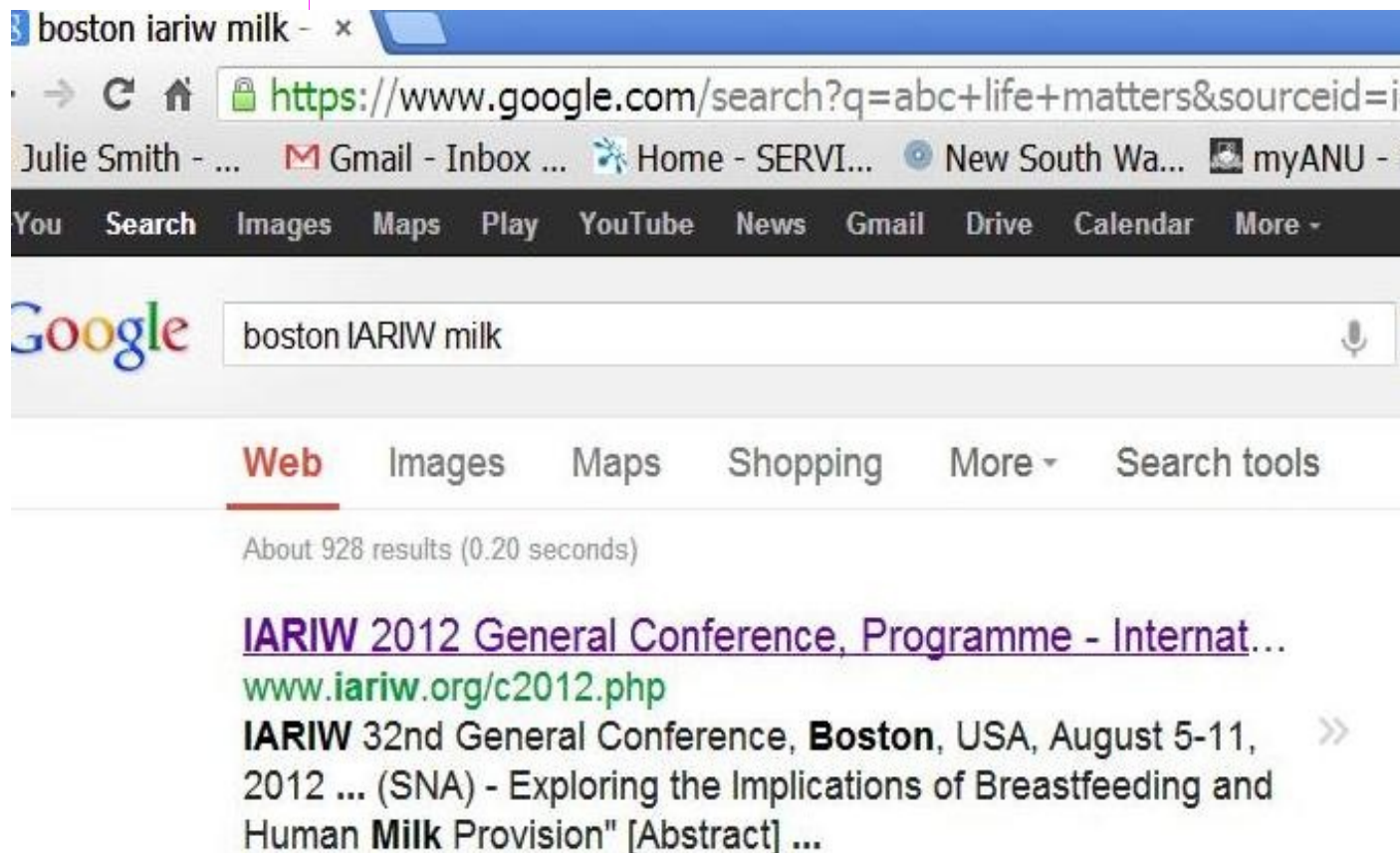
Gupta, A & K Khanna (1999) 'Economic Value of Breastfeeding in India', *Natl Med J India* 12(3): 123-7.



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## ‘Más allá del PIB’ .... 2012 IARIW



Smith, J.P. ‘Including Household Production in the System of National Accounts (SNA) – Exploring the Implications of Breastfeeding and Human Milk Provision’, International Association for Research on Income and Wealth General Conference - August 5-11, 2012.

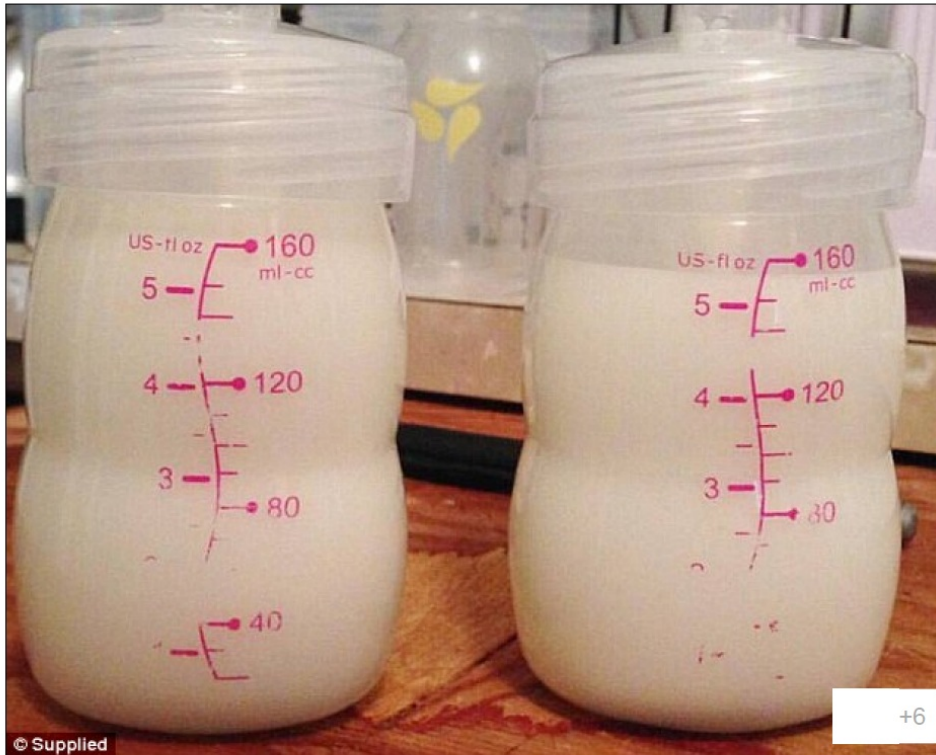
Smith, J.P. ““Lost Milk?”: Counting the Economic Value of Breast Milk in Gross Domestic Product,” *Journal of Human Lactation*, 29, 537-46, 2013.



# Producción alimentaria no comercial

2/28/2017

Australian mothers sell their breast milk for \$500 a litre |



Cancer patients, athletes and people with fetishes are most likely to offer big-money for the product but mothers who can't produce their own milk also buy it

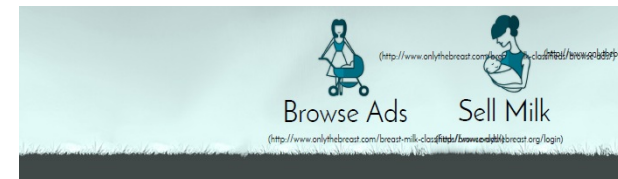
## TECH & SCIENCE THE BOOMING MARKET FOR BREAST MILK

BY CAROLINA BUJA ON 5/23/15 AT 4:11 PM



Nursing mothers express their breast milk on the first day of donation at a hospital in Medellin, Colombia, August 20, 2014. These volunteers will supply the milk bank, to offer a more nutritious alternative for children whose mothers are not able to provide them with breast milk.

FREDY BUILES/REUTERS



Post an ad and help babies get Only The Breast.

Buy, sell or donate breast milk with our discreet classifieds system.

- Want to donate breast milk to a fellow mother?
- Considering selling or donating to a needy baby?
- Need natural breastmilk for your growing baby?
- Do you believe breastfeeding is best?
- Are you over producing and want to list your liquid gold for sale?
- Looking to make a few extra bucks while clearing out your freezer?

# Putting a value on breastfeeding - market prices\*

## Market prices for human milk 2012 prices and exchange rates, US\$ per litre

<i>Online milk sharing</i> <sup>1</sup>	<i>Internet trading</i> <sup>1</sup>		<i>Wet nurse</i>		<i>Human milk banks</i>		<i>Commercial human milk products</i> <sup>5</sup>	
USA, UK, AU	USA	UK	USA	China	HMBANA	Norway	Human milk	Fortifier
\$0	\$28 - \$85	\$57- \$227	\$71 - \$286 <sup>2</sup>	\$121 <sup>2,3</sup>	\$85 - \$128	\$100 <sup>4</sup>	\$1,183	\$6,250

<sup>1</sup>Purchase price varies depending on quantity, packaging, and shipping distance; offered at prices of \$1-3 per oz. in the US and \$2-8 per oz. in the UK (excluding shipping costs).

<sup>2</sup>based on an assumed 700mL daily intake.

<sup>3</sup>2008 price.

<sup>4</sup>Milk banks in Norway pay donors a US\$20 per L expenses allowance.

<sup>5</sup>For in-hospital use only, charged to hospitals or medical insurance and distributed through a 'co-promotion' with a major formula manufacturer.

\*Other valuation methods used in national economic accounts: input costs, replacement costs, opportunity cost

Smith, J.P. Human Milk Supply in Australia," *Food Policy*, 24, 71-91, 1999.

Smith, JP (2013 ) "'Lost Milk?" Counting the Economic Value of Breast Milk in Gross Domestic Product', *Journal of Human Lactation* 29(4): 53"7 - 546.



# Producción annual de leche materna, 2006-2010

Country	Actual human milk production volume (million liters) <sup>a)</sup>	Market value of human milk production, US\$ million <sup>b)</sup>	Biologically feasible potential volume of production (million liters) <sup>b)c)</sup>	'Lost' production US\$ million <sup>b)</sup>
<i>Norway</i>	11	907	18	598
<i>Australia</i>	41	3,466	89	4,134
<i>United Kingdom</i>	47	3,980	223	15,009
<i>Philippines</i>	467	39,701	691	19,096
<i>United States</i>	525	44,649	1,269	63,238
<i>China 2010</i>	3,574	303,961	4,862	109,577
<i>World 2010</i>	23,315	1,982,942	39,744	1,397,251

- a) Production volume calculated as sum of total numbers breastfeeding each month from age 0 to 24 months, times monthly milk intake for each age  
b) As above, assuming breastfeeding prevalence of 95% from 0-24 months  
c) Valued at US\$85.05 per gram, assuming 1 ml is equivalent to 1 gram.  
d) Difference between actual and biologically feasible potential value of production

*"Women produce around 23 billion litres of human milk a year worldwide, a 'health food' for babies and young children that is far better than anything from industry. Breastmilk is so valuable that health services in other countries pay hundreds, even thousands of dollars a litre for it. No country can afford to waste this valuable human resource."*

Dr Julie P. Smith  
Australian National University  
Canberra



INTERNATIONAL  
**CODE**  
DOCUMENTATION CENTRE

International Baby Food Action Network  
International Code Documentation Centre

Smith JP, 'Including household production in the System of National Accounts (SNA) – exploring the implications of breastfeeding and human milk provision' International Association for Research on Income and Wealth General Conference - August 5-11, 2012 2012; Boston, U.S.A.

# Valorizando la producción de leche usando precios de exportación, 2015

The company operates a donation facility in Cambodia, where mothers are compensated between 50 cents and \$1 per ounce for their breast milk, which is then imported, purified and sold to customers in the United States.

## Compensate women for breast milk donations



By Ada Silivski, 24 Hours Vancouver  
Wednesday, March 23, 2016 8:53:43 PDT AM



A nurse examines bottles of breast milk kept in a fridge. REUTERS

The BC Women's Provincial Milk Bank is short on donations — its stock of breast milk is running low. Representatives from the bank have been doing media interviews, pitching mothers on the benefits of donating their breast milk to babies in the NICU.

Smith, J. P. 2015. "Markets, breastfeeding and trade in mothers' milk." *Int Breastfeed J* 10(9): 9.

Smith, J. 2017. "Without better regulation, the global market for breast milk will exploit mothers" [accessed on 2017]. Available at:

<https://theconversation.com/without-better-regulation-the-global-market-for-breast->

# Comercio y mercados globales emergentes

## Land of milk and money: Indian company pushing ahead with plans to sell breast milk to Australians - for \$300 a litre

- NeoLacta Lifesciences has been granted permission to import breast milk
- They will supply milk to the five breast banks in neonatal wards across Australia
- Experts warn that illicit substances can be transferred through breast milk
- But so far the milk will not be made commercially available

## NEWS

### Milk money: Indian company looking to sell breast milk to Australia

**Lateline** By Sarah Farnsworth

Updated Thu 15 Jun 2017, 7:12pm

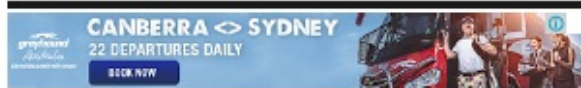
In some countries a litre of breast milk can sell for hundreds of dollars and while it's not commercially available in Australia, it could be soon.

MAP: WA

Indian company NeoLacta Lifesciences was last year granted permission to start importing breast milk to Australia.

## The Phnom Penh Post

HOME NATIONAL BUSINESS LIFESTYLE SPORT POST WEEKEND POST PLUS PRO



A woman breastfeeds her newborn child earlier this year at the Maternal and Child Health Center in Phnom Penh.  Heng Chivoo

### Local breast milk for sale in the US

Thu, 24 December 2015 Will Jackson

N267615

August 24, 2015

CLA-2-04:OT:RR:NC:N2:231

CATEGORY: Classification

TARIFF NO.: 0401.20.2000; 0401.20.4000

Mr. Ryan P. Newell Ambrosia Labs 1156 S. State St. (Suite 201) Orem, UT 84097-8235

RE: The tariff classification of human milk from Cambodia.

Dear Mr. Newell:

In your letter dated August 10, 2015, you requested a tariff classification ruling.

The product in question is human milk (breast milk) that will be imported in frozen

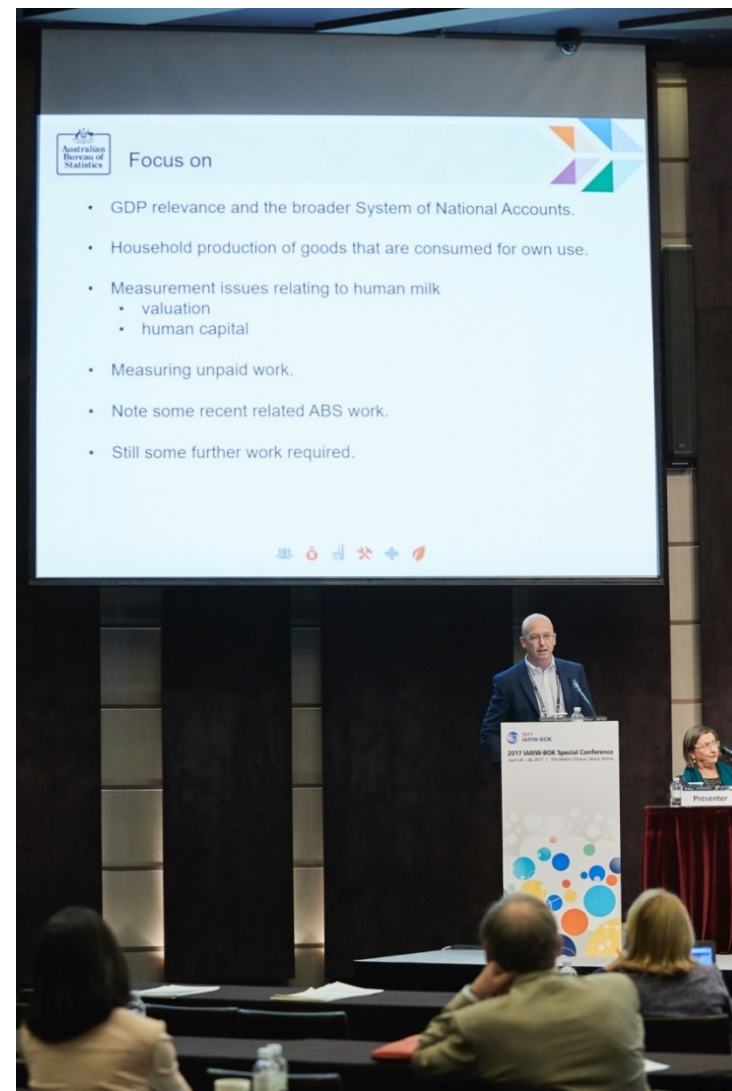
# ‘Más allá del PIB 2017 IARIW



IARIW-Bank of Korea Conference “Beyond GDP: Experiences and Challenges in the Measurement of Economic Well-being,” Seoul, Korea, April 26-28, 2017

## Increasing GDP Relevance and Usefulness in a Changing, Globalising World – Arguments for Measuring a Unique and Complex Food - Human Milk - in GDP

Julie P. Smith (Australian National University)





# El valor de LM para cada bebé



# ‘Cuánto tiempo debería amamantar a mi bebé?’

**B**reastfeeding your baby for even a day is the best baby gift you can give. Breastfeeding is almost always the best choice for your baby. If it doesn't seem like the best choice for you right now, these guidelines may help.

©1998 Diane Wiessinger, MS, IBCLC. *Nursing Mothers' Newsletter* • Summer 1999  
Adapted and reprinted with permission.



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# Regalo de cumpleaños para toda la vida



- El primer día un bebé toma ~10mL de leche.
- La leche humana es vendida en hospitales de EEUU por US 35 por onza (\$A1429 a litre).





# Unos pocos días ...



If you breastfeed your baby for just a few days, he will have received your colostrum, or early milk. By providing antibodies and the food his brand-new body expects, breastfeeding gives your baby his first — and easiest — ‘immunisation’ and helps get his digestive system going smoothly.

Por \$142 al día, dale unos pocos días y tienes cerca de \$1000



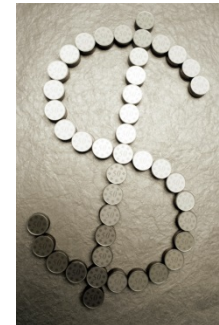


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## Unas pocas semanas ...

If you breastfeed your baby for four to six weeks, you will have eased him through the most critical part of his infancy. Newborns who are not breastfed are much more likely to get sick or be hospitalised, and have many more digestive problems than breastfed babies. After four to six weeks, you'll probably have worked through any early breastfeeding concerns too. Make a



\$3263-4894

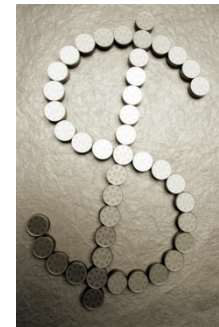


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## Unos pocos meses...

If you breastfeed your baby for three or four months, her digestive system will have matured a great deal, and she will be much better able to tolerate the foreign substances in commercial infant formulas.



Hablando de grandes cantidades \$13,985

# En 6 meses ...

Breastfeeding for at least six months helps ensure better health throughout your baby's first year of life, and reduces your own risk of breast cancer. Breastfeeding for six months or more may greatly reduce your little one's risk of ear infections and childhood cancers. And exclusive, frequent breastfeeding during the first six months, if your periods have not returned, provides 98% effective contraception.



\$20,511, or \$29,757 si pagas a una nodriza



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## 12 meses ...

If you breastfeed your baby for nine months, you will have seen him through the fastest and most important brain and body development of his life on the food that was designed for him

If you breastfeed your baby for a year, you can avoid the expense and bother of infant formula. Her one-year-old body can probably handle most of the table foods your family enjoys. Many of the health benefits this year of breastfeeding has given your child will last her whole life. She will have a stronger immune system, for instance, and will be much less likely to need orthodontia or speech therapy. The Australian College of Paediatrics recommends breastfeeding for a year, to help ensure normal nutrition and health for your baby.

\$34030 el coste de 2-3 años en una de las mejores escuelas privadas





# Un regalo de por vida por una lactancia óptima



Valor de mercado

**\$50,812**



If your child weans when she is ready, you can feel confident that you have met your baby's physical and emotional needs in a very normal, healthy way. In cultures where there is no pressure to wean, children tend to breastfeed for at least two years. The World Health Organisation and UNICEF strongly encourage breastfeeding through toddlerhood: 'Breastmilk is an important source of energy and protein, and helps to protect against disease during the child's second year of life.' Our biology

Wiessinger, D. (2000). What if I want to wean my baby? [www.normalfed.com](http://www.normalfed.com).



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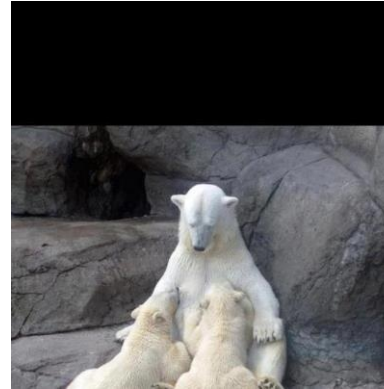
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# Medir los costes de no dar el pecho



# Madres como mamíferas, amamantar como un recurso o una capacidad

- Las madres son mamíferas
- Somos primates
- La leche es específica para cada especie
- Las mamás y sus bebés están “diseñados” para amamantar
- Implicaciones de salud profundas para el bebé mamífero y su desarrollo por no ser amamantado con la leche específica de su especie







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## Cuidados de salud universales y acceso universal

“Amamantar es una intervención de salud efectiva que no requiere una gran estructura de los sistemas de salud. Mejoras en las tasas de lactancia exclusiva y continuada pueden contribuir a la reducción de las desigualdades de mortalidad infantil entre países en desarrollo.



La producción de leche materna es lo último en equidad económica, con el “derecho a trabajar” disfrutado por todas.

Rohde JE. Mother milk and the Indonesian economy: A major national resource. *Journal of Tropical Pediatrics*, 1982, 28(4):166-74.

Roberts TJ, Carnahan E et al, “Can breastfeeding promote child health equity? A comprehensive analysis of breastfeeding patterns across the developing world and what we can learn from them” *BMC Medicine* 2013, 11:254 doi:10.1186/1741-7015-11-254,



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# Implicaciones en los costes de salud de amamantar con leche de otras especies





# Costes de enfermedades agudas por el uso de leche de fórmula.



- Los costes del sistema Australiano hospitalario de un destete prematuro fueron estimados en alrededor de \$60-120m para solo 4 condiciones (enfermedades gastrointestinales, respiratorias, eczema & NEC)
- Un estudio de US demuestra el coste por tratamientos evitable en niños, incluidas enfermedades crónicas en edades posteriores, de \$10.5 billion p.a. por las bajas tasas de LM en US.
- En China, alrededor de \$224 million al año podrían ser ahorrados por el sistema de salud por aumentos en la LM
- Vietnam study based on programme showed potential savings in health care treatment costs (\$0.3 billion annually) of seven countries in Southeast Asia from reduced incidence of diarrhoea and pneumonia

Smith JP, Thompson JF, Ellwood DA. Hospital system costs of artificial infant feeding: estimates for the Australian Capital Territory. *Australian and New Zealand Journal of Public Health* 2002, 26(6):543-551.

Bartick, M. and A. Reinhold (2010). "The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis." *Pediatrics* 125(5): e1048.

Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest and what it will take to improve breastfeeding practices. *The Lancet* 2016; Vol 387 January 30, 2016:491-504

Walters, D., S. Horton, A. Y. Siregar, et al., 2016, The cost of not breastfeeding in Southeast Asia. *Health Policy Plan*.

# El coste de enfermedades crónicas por el uso de leche de fórmula



- Se estima que alrededor del 8-24% de los casos de enfermedades crónicas actuales en Australia son atribuibles al uso de leche artificial en bebés de generaciones previas.
- Estudios en US calculan la salud materna, costes de morbilidad y mortalidad por una LM suboptima de por encima de \$17 billion (78% materna, médicas \$3 billion, muerte prematura (myocardial infarction , breast cancer, diabetes; SIDS, necrotizing enterocolitis ) \$14 billion, n = 3,340
- Un estudio en UK estima el ahorro para el sistema de salud por aumentar la LM de unos 40 millones de libras al año, incluyendo reducciones en el coste por cáncer de mama
- A nivel mundial, al menos se podrían evitar 20,000 muerte prevenibles por cáncer de mama.

Smith JP, Harvey PJ: Chronic disease and infant nutrition: is it significant to public health? *Public Health Nutrition* 2011, 14(02):279-289.

Bartick MC, Schwarz EB, Green BD, Jegier BJ, Reinhold AG, Colaizy TT, Bogen DL, Schaefer AJ, Stuebe AM. Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Matern Child Nutr* 2016. doi:10.1111/mcn.12366.

Renfrew MJ, Pokhrel S, Quigley M, McCormick F, Fox-Rushby J, Dodds R, Duffy S, Trueman P, Williams A: Preventing disease and saving resources; the potential contribution of increasing breastfeeding rates in the UK: UNICEF UK; 2012.

Victora CG, Bahl R, Barros AJ, Franca GV, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016;387(10017):475-90.

# LM como una inversión en capital humano

In sheer, raw bottom line economic terms, breastfeeding may be the single best investment a country can make.



- Keith Hansen, World Bank Global Practices Vice President, speaking at the 7<sup>th</sup> Annual [#ABMSummit](#) on Breastfeeding

If breastfeeding did not already exist, someone who invented it today would deserve a dual Nobel Prize in medicine and economics. For while “breast is best” for lifelong health, it is also excellent economics. Breastfeeding is a child’s first inoculation against death, disease, and poverty, but also their most enduring investment in physical, cognitive, and social capacity.

The gains from early childhood nutrition are forever. And to a large extent, many of them are free because they have come prepackaged in this unbelievable intervention called breastfeeding. This is, of course, what defines us as a mammalian species. And the proof of this is in the lifelong impacts.

Hansen, K., 2015, The power of nutrition and the power of breastfeeding. *Breastfeeding Medicine* 10(8): 385-388.

Hansen, K., 2016, Breastfeeding: a smart investment in people and in economies. *The Lancet* Vol 387 January 30, 2016: 416.

ORIGINAL ARTICLE

## Breastfeeding and Child Cognitive Development

### *New Evidence From a Large Randomized Trial*

Michael S. Kramer, MD; Frances Aboud, PhD; Elena Mironova, MSc; Irina Vanilovich, MD, MSc; Robert W. Platt, PhD; Lidia Matush, MD, MSc; Sergei Igumov, MD, PhD; Eric Fombonne, MD; Natalia Bogdanovich, MD, MSc; Thierry Ducruet, MSc; Jean-Paul Collet, MD, PhD; Beverley Chalmers, DSc, PhD; Ellen Hodnett, PhD; Sergei Davidovsky, MD, MSc; Oleg Skugarevsky, MD, PhD; Oleg Trofimovich, BSc; Ludmila Kozlova, BSc; Stanley Shapiro, PhD; for the Promotion of Breastfeeding Intervention Trial (PROBIT) Study Group

**Context:** The evidence that breastfeeding improves cognitive development is based almost entirely on observational studies and is thus prone to confounding by subtle behavioral differences in the breastfeeding mother's behavior or her interaction with the infant.

**Objective:** To assess whether prolonged and exclusive breastfeeding improves children's cognitive ability at age 6.5 years.

**Design:** Cluster-randomized trial, with enrollment from June 17, 1996, to December 31, 1997, and follow-up from December 21, 2002, to April 27, 2005.

**Setting:** Thirty-one Belarussian maternity hospitals and their affiliated polyclinics.

**Participants:** A total of 17 046 healthy breastfeeding infants were enrolled, of whom 13 889 (81.5%) were followed up at age 6.5 years.

**Intervention:** Breastfeeding promotion intervention modeled on the Baby-Friendly Hospital Initiative by the World Health Organization and UNICEF.

**Main Outcome Measures:** Subtest and IQ scores on the Wechsler Abbreviated Scales of Intelligence, and

teacher evaluations of academic performance in reading, writing, mathematics, and other subjects.

**Results:** The experimental intervention led to a large increase in exclusive breastfeeding at age 3 months (43.3% for the experimental group vs 6.4% for the control group;  $P < .001$ ) and a significantly higher prevalence of any breastfeeding at all ages up to and including 12 months. The experimental group had higher means on all of the Wechsler Abbreviated Scales of Intelligence measures, with cluster-adjusted mean differences (95% confidence intervals) of +7.5 (+0.8 to +14.3) for verbal IQ, +2.9 (−3.3 to +9.1) for performance IQ, and +5.9 (−1.0 to +12.8) for full-scale IQ. Teachers' academic ratings were significantly higher in the experimental group for both reading and writing.

**Conclusion:** These results, based on the largest randomized trial ever conducted in the area of human lactation, provide strong evidence that prolonged and exclusive breastfeeding improves children's cognitive development.

**Trial Registration:** [isrctn.org](http://isrctn.org) Identifier: ISRCTN37687716

*Arch Gen Psychiatry.* 2008;65(5):578-584

Kramer, M.S., F. Aboud, E. Mironova, I. Vanilovich, R.W. Platt, and L. Matush. "Breastfeeding and Child Cognitive Development: New Evidence from a Large Randomized Trial," *Arch Gen Psychiatry*, **65**, 2008.

Horta, B.L., C. Loret de Mola, and C.G. Victora. "Breastfeeding and Intelligence: A Systematic Review and Meta-Analysis," *Acta Paediatr*, **104**, 14-9, 2015.



# Desarrollo cognitivo

## Productivity gains of human milk for human babies



Breastfeeding exclusively to 4 months adds 3-7 points to IQ compared to exclusive breastfeeding for 3 months or less.

**Not breastfeeding is akin to the impact of low level lead exposure on child development.**

Kramer MS, Aboud F, Mironova E, Vanilovich I, Platt RW, Matush L, et al. Breastfeeding and child cognitive development: new evidence from a large randomized trial. Arch Gen Psychiatry 2008;65(5):578-84.  
Walker SP, Wachs TD, Meeks Gardner J, Lozoff B, Wasserman GA, Pollitt E, et al. Child development: risk factors for adverse outcomes in developing countries. The Lancet 2007;369(9556):145-157.



# Calculando el rendimiento de inversión en políticas y programas de LM

## Aproximaciones a la valorización:

- Coste de inputs/insumos (eg tiempo, gasto educativo) por padres y sociedad
- Tasa de rendimiento reflejada en ganancias a largo plazo
  - Desarrollo infantil, logros educativos e ingresos posteriores y fuerza productiva laboral
  - Salud a largo plazo y reducción en enfermedades crónicas y obesidad
  - Salud reproductiva y disminución en el riesgo de enfermedades crónicas para la madre

## Pérdidas económicas por déficits cognitivos vinculados a las prácticas de alimentación infantil actuales<sup>a)</sup>

Country	Economic loss, US\$ billion, 2012	Economic loss as % of GNI <sup>b)</sup>
Norway	0.57	0.42
Australia	6.3	0.46
Philippines	0.73	0.31
United States	84.24	0.53
China	26.04	0.33

*Health Policy and Planning*, 2016, 1–10

doi: 10.1093/heapol/czw044

Original article

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## The cost of not breastfeeding in Southeast Asia

Dylan Walters,<sup>1</sup> Susan Horton,<sup>2,\*</sup> Adiatma Yudistira Manogar Siregar,<sup>3</sup>  
Pipit Pitriyan,<sup>4</sup> Nemat Hajejbhoy,<sup>5</sup> Roger Mathisen,<sup>5</sup>  
Linh Thi Hong Phan,<sup>5</sup> and Christiane Rudert<sup>6</sup>

“The economic benefits associated with potential improvements in cognition alone, through higher IQ and earnings, total \$1.6 billion annually. The loss exceeds 0.5% of Gross National Income in the country with the lowest exclusive breastfeeding rate (Thailand). “

“The potential savings in health care treatment costs (\$0.3 billion annually) from reducing the incidence of diarrhoea and pneumonia could help offset the cost of breastfeeding promotion.”

# El coste global de no amamantar...

*Health Policy and Planning*, 2019, 1–11  
doi: 10.1093/heapol/czz050  
Original Article

## **The cost of not breastfeeding: global results from a new tool**

Dylan D. Walters<sup>1,\*</sup>, Linh T. H. Phan<sup>2</sup> and Roger Mathisen<sup>2</sup>

Las pérdidas económicas por muertes infantiles prematuras y mortalidad materna son estimadas en unos US\$53.7 billion en pérdidas de ingresos anuales en el futuro

La herramienta del “coste de no amamantar” tiene un importante defecto— no cuenta con el tiempo no remunerado de las mujeres por el cuidado de niños enfermos

*Health Policy and Planning*, 2019, 1–3  
doi: 10.1093/heapol/czz064  
Commentary

OXFORD

## **Counting the cost of not breastfeeding is now easier, but women’s unpaid health care work remains invisible**

Julie P Smith<sup>●\*</sup>

Department of Health Services Research and Policy, Research School of Population Health, College of Health and Medicine, Australian National University, Canberra, Australia



ANU

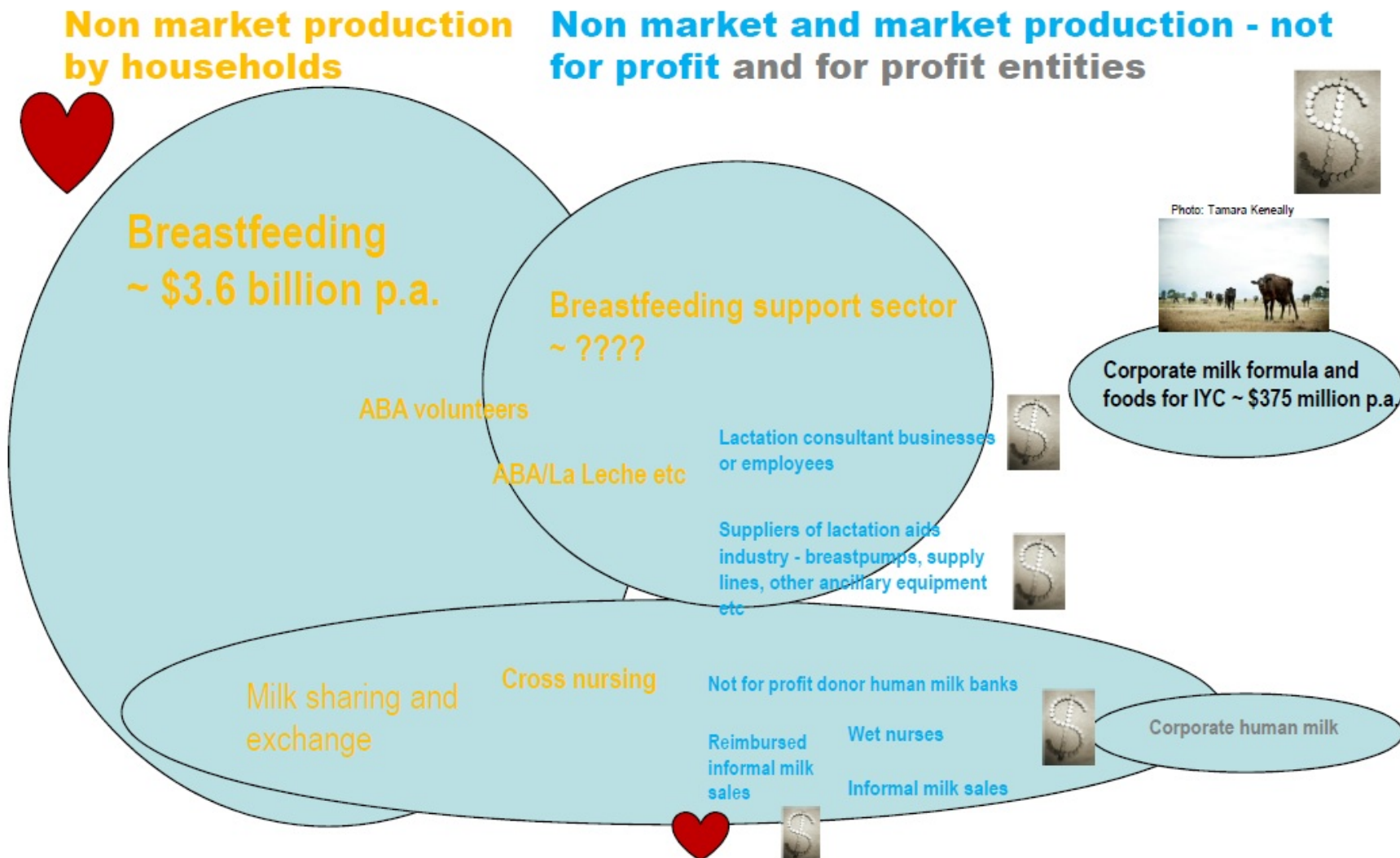
THE AUSTRALIAN NATIONAL UNIVERSITY

# Las fuerzas del mercado dificultan la LM





# Competidores comerciales de amamantar



# Sistemas de salud & profesionales “usados” por los productores para distribuir leche artificial



Los hospitales proporcionan un sistema de cuidados de maternidad donde la leche de fórmula puede ser ofrecida a las madres agresiva y sistemáticamente

## Bloomberg

### China Pushes Breastfeeding Amid Medical Bribe Crackdown

By Bloomberg News - Oct 30, 2013

## Australia, desde 1904 hasta la modernidad

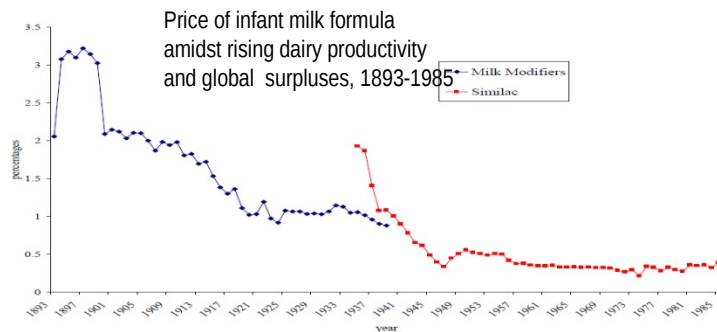
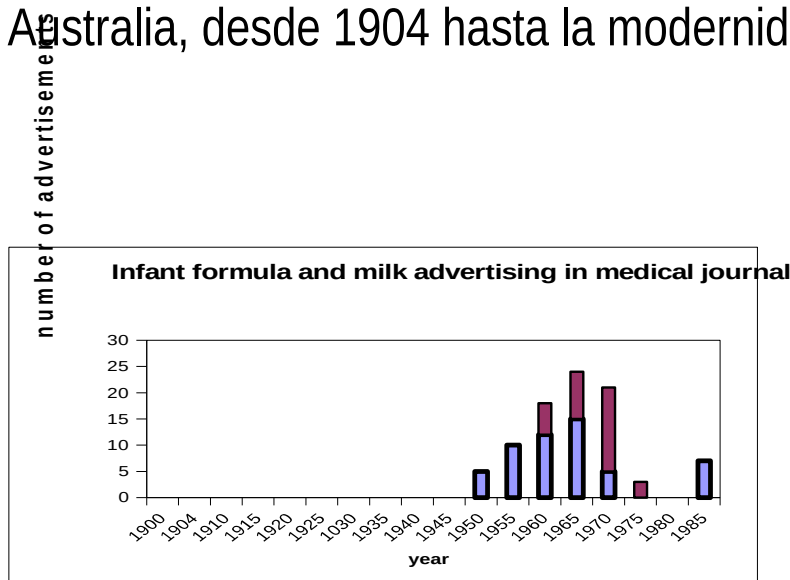
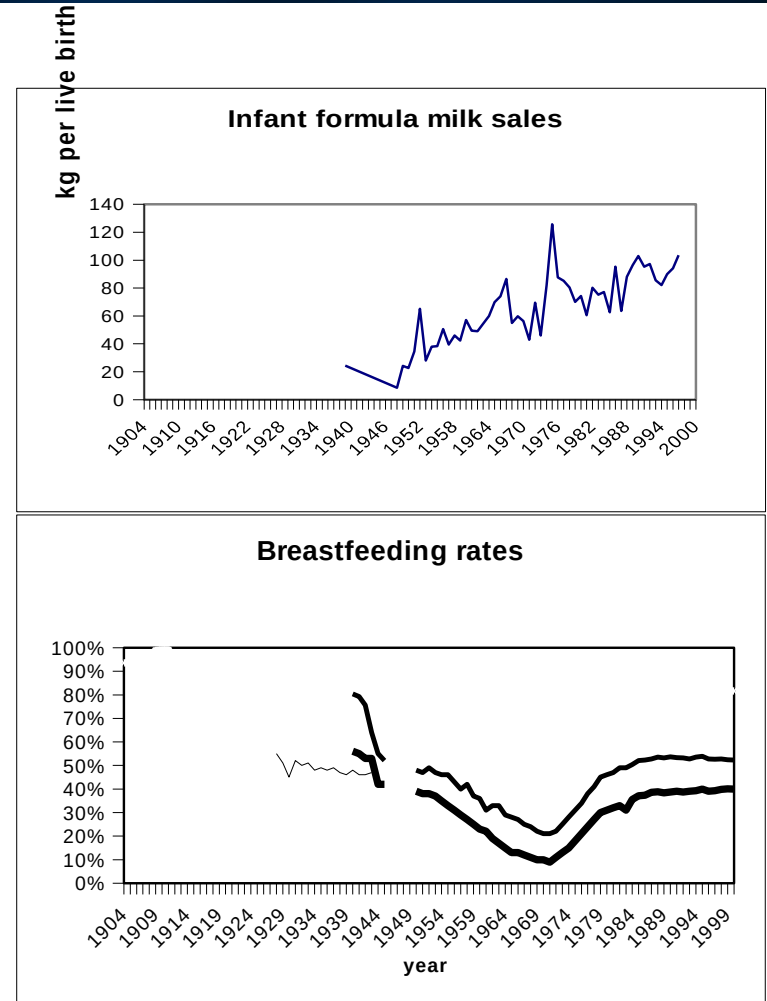


Figure 5: Time price of Infant Formula



Smith, J.P. 2007. 'The contribution of infant food marketing to the obesogenic environment in Australia', *Breastfeed Rev*, vol. 15, March, no. 1, pp. 23-35.

Albanesi, S. and C. Olivetti, 2009 (2015), Gender Roles and Medical Progress. *FRB of New York Staff Report*(720).

# Competición y marketing a través de canales de salud

“Los fabricantes invierten en un amplio abanico de actividades de marketing para mostrar sus productos a los consumidores, comunicar sus beneficios y promover su adquisición (i.e. lock-in) y/o marginalizando a una minoría de los consumidores... en canal hospitalario recibe una proporción mayor de gasto en marketing comparado con sus ingresos totales. Los fabricantes ‘esponsorizan’ y pagan a hospitales privados por participar en sus sistemas de rotación de leche...

Los fabricantes han invertido esfuerzos significativos y recursos en las actividades de marketing en el canal hospitalario para conseguir las ventajas de ser ‘el primero’



# Estrategias contra-regulatorias – segmentación del mercado y marketing a los profesionales de la salud

## HOW IS IT SEGMENTED?

CORIOLIS 

Infant formula is typically defined as “birth to six months”; the product is then renamed for a range of reasons (primarily to avoid regulation and restrictions on advertising)

Five stage segmentation of infant/child nutrition products

Model; 2013

	Stage 1/Step 1	Stage 2/Step 2	Stage 3/Step 3	Stage 4/Step 4	Stage 5/Step 5	Pregnant mothers
Common name	Infant formula	Infant formula Follow on formula Follow up formula	Children's nutrition Toddler formula "Growing up milk"			
Regulatory environment	<ul style="list-style-type: none"><li>- Highly regulated</li><li>- Advertising banned (by law or voluntarily)</li><li>- Manufacturers focus on selling through doctors &amp; nurses</li></ul>	<ul style="list-style-type: none"><li>- Less regulated as it is not the only source of food (baby is eating solids)</li><li>- Advertising allowed</li><li>- Traditional FMCG sales &amp; marketing</li><li>- "take advantage of brand loyalty developed in Stages 1 and 2 to retain consumers as they grow older"</li></ul>				<ul style="list-style-type: none"><li>- Regulated as dairy</li><li>- Advertising allowed</li></ul>
Defined target age range	Birth to 6mo.	6mo. to 1 year	1 to 3 years	3 to 6 years	6 years +	Pregnant & lactating women
EXAMPLE range:						

Source: photo credit (fair use; low resolution; complete product/brand for illustrative purposes); Coriolis from a range of published sources

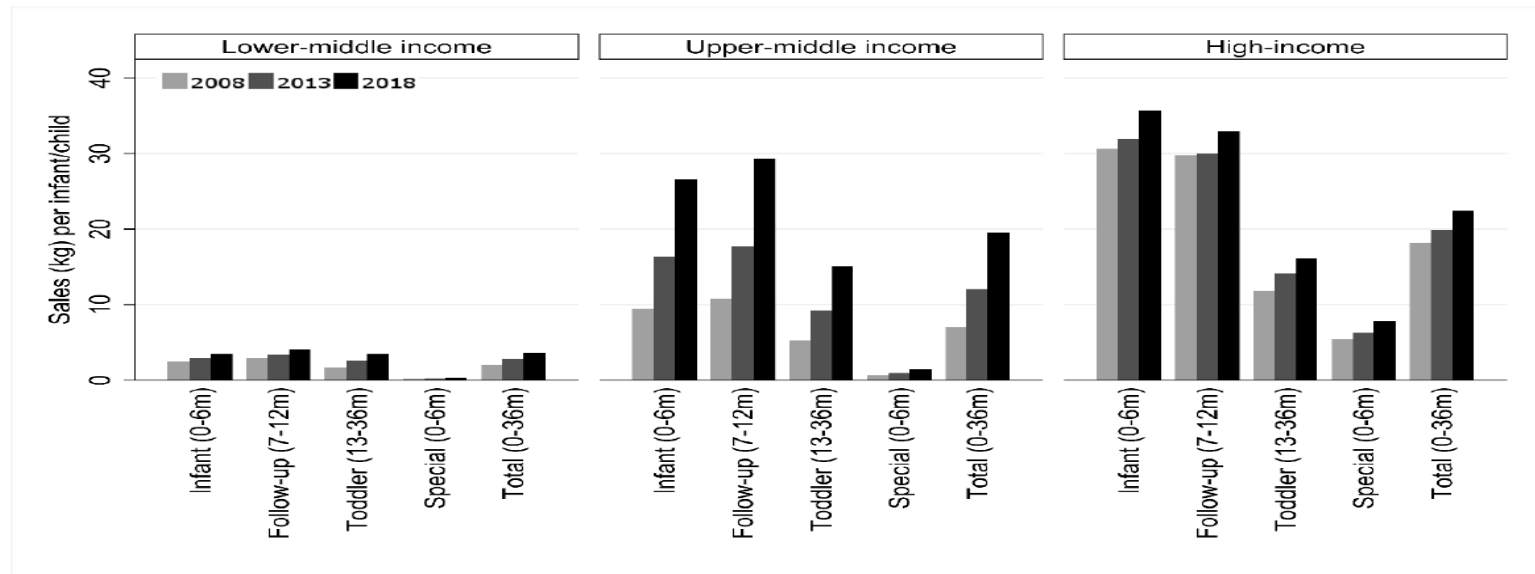
9

Figure 4 ‘Marketing strategies to avoid regulation and restrictions on advertising’. Source: (Coreolis 2014).



# Tendencias de ventas globales de sustitutos de LM

**Figure 3:** Formula category sales volumes (kg) per infant/child by country income groups, 2008-2013 with projections to 2018



Data from Euromonitor Passport Global Market Information database; estimates for high-income countries excludes toddler formula in JPN and follow-up formula in the USA; countries grouped by World Bank country lending categories.

Baker P, Smith J, Salmon L, Friel S, Kent G, Iellamo A, JP Dadhich, Renfrew MJ. Global trends and patterns in commercial milk-based formula consumption: is an unprecedented infant and young child feeding transition underway? *Public Health Nutrition* 2016.

Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *The Lancet* 2016;387(10017):491-504

# El tiempo de mimos/abrazos de las madres

- **Investigaciones sobre el uso del tiempo en Australia muestran que las madres emplean un tiempo adicional en alimentar, portear y abrazar a sus bebés\***
- **Los bebés amamantados de promedio pasan más tiempo:**
  - Estando en brazos, abrazados y acarizados (32 minutos más al día)
  - leyendoles, hablándoles o cantándoles (27 minutos más al día)
  - Llorando/enfadados (5 minutos más al día)
- **Los bebés amamantados pasan menos tiempo:**
  - Comiendo otras cosas, bebiendo o siendo alimentados (54 minutos menos al día)
  - Durmiendo o echando la siesta (40 minutos menos al día)
  - Viendo la TV (9 minutos menos al día)
- Baxter J, Smith JP. Breastfeeding and infants' time use. Melbourne: Australian Institute of Family Studies, 2008 Research Paper No. 43.



# ANU

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# Inversión de tiempo de las madres en cuidados



Smith, J. P. and R. Forrester. 2017. "Maternal Time Use and Nurturing: Analysis of the Association Between Breastfeeding Practice and Time Spent Interacting with Baby." *Breastfeeding Medicine* 12(5).

# Tiempo de abrazos semanal según el tipo de alimentación

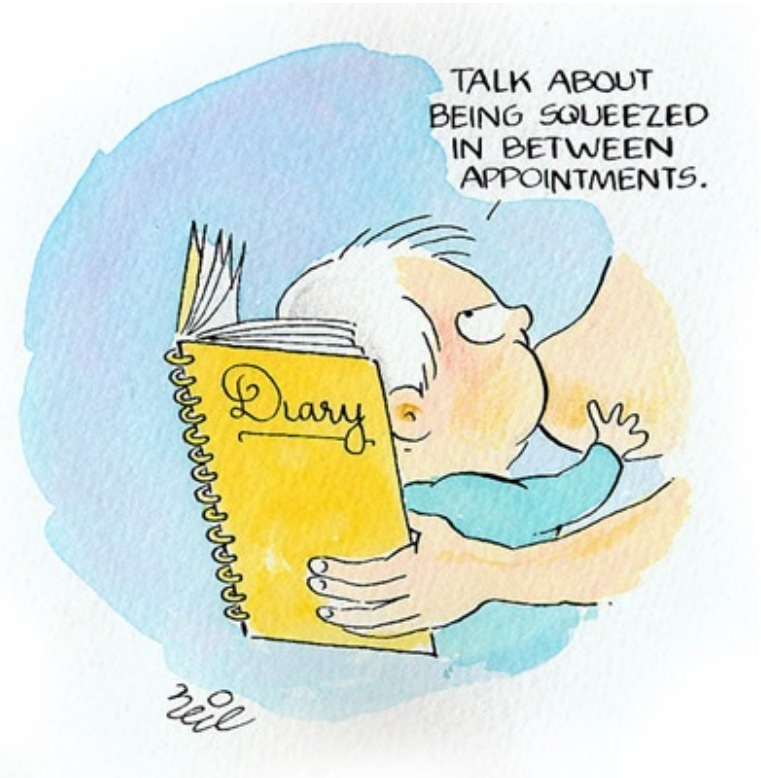
Mean weekly hours	Some breastfeeding	No breastfeeding	p-value
Milk Feeding	12.6	6.2	<.001
Solid feeding	.9	1.0	NS
Emotional Care	7.3	3.9	.004
Total 'cuddle' time	23.1	13.9	<.001

Smith, J. P. and R. Forrester. 2017. "Maternal Time Use and Nurturing: Analysis of the Association Between Breastfeeding Practice and Time Spent Interacting with Baby." *Breastfeeding Medicine* 12(5).

Smith, J. P. and M. Ellwood. 2011. "Feeding Patterns and Emotional Care in Breastfed Infants." *Social Indicators Research* 101(2): 227-31.

# Amamantar lleva tiempo

- ❖ La LM exclusiva consume mucho tiempo a las madres
- ❖ Esto puede llevar a un destete prematuro para mujeres que
  - ❖ Están estresadas por el tiempo,
  - ❖ Tienen pocos apoyos para el cuidado de los bebés y otros niños de la familia, o
  - ❖ No pueden permitirse pagar por una ayuda para los cuidados.



Smith, J. P. and R. Forrester. 2013. "Who pays for the health benefits of exclusive breastfeeding? An analysis of maternal time costs." *J Hum Lact* 29(4): 547-55.



# Time for feeding by EBF status

- Las madres invierten en LM dedicando su tiempo y habilidades para ello. .
- Amamantar es un trabajo y lleva tiempo. Tiempo es dinero.
- Globalmente, solo 3 de cada 10 madres pueden acceder al permiso de maternidad que permita 6 meses LM exclusiva

Mean weekly hours	EBF	Not EBF
Milk feeding*	18.2	11.6
Solids feeding**	0.1	2.5
Preparing feeds*	0.4	1.4
Total	18.7	15.4

Smith, J. P., & Forrester, R. (2013). Who pays for the health benefits of exclusive breastfeeding? An analysis of maternal time costs *Journal of Human Lactation*, 29(4), 547 - 555.

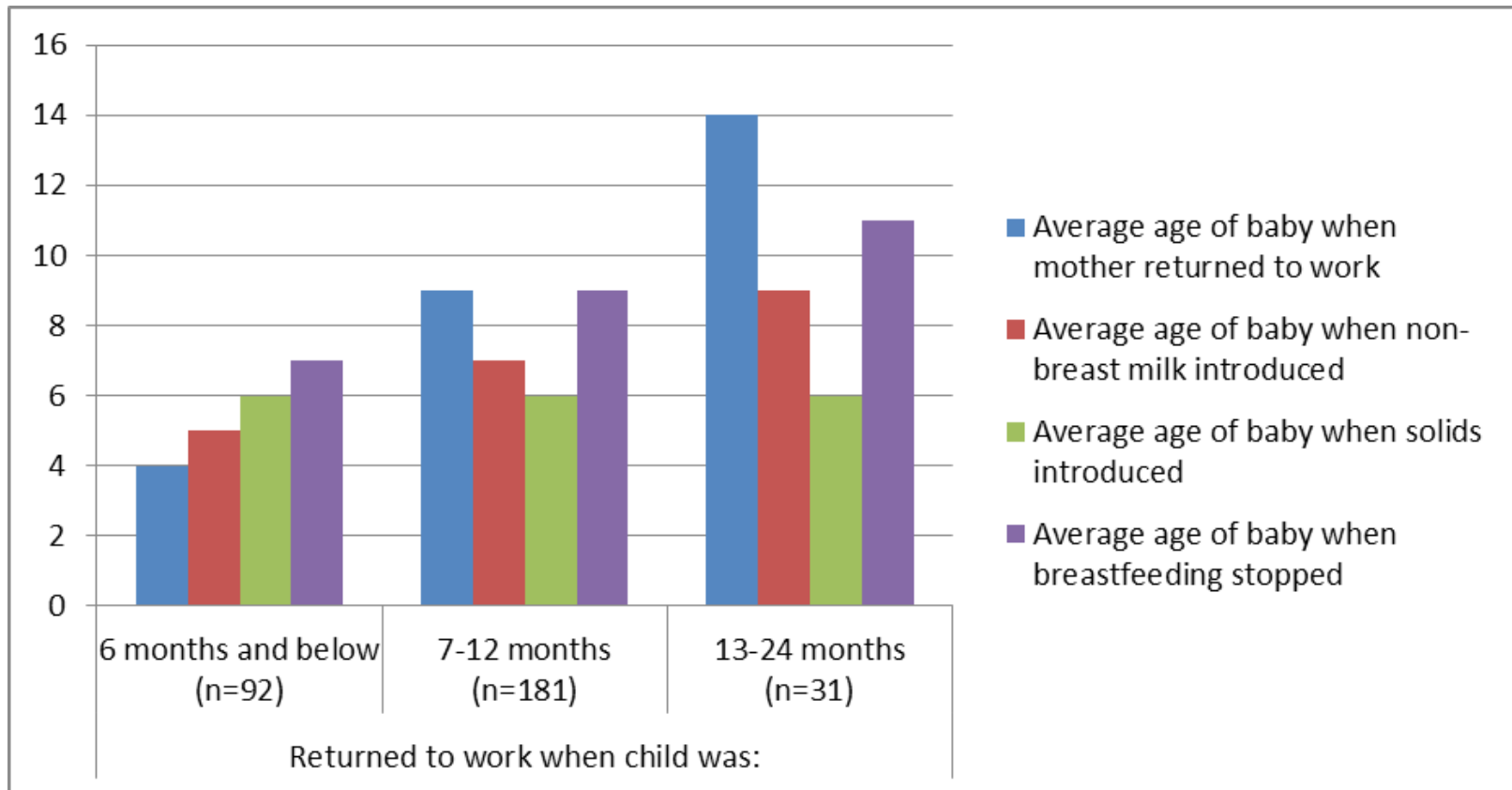
# Ayuda externa según el estado de EBF<sup>a),b)</sup>

Mean weekly minutes	EBF	Not EBF (PBF or FF)	p- value <sup>b)</sup>
Help with infant feeding*	9	35	0.003
Help with infant care	324	235	NS
Time mother not responsible for infant	88	341	NS

a) Two-sided t-tests on log transformed data (variances in parentheses)

b) Mean difference in log transformed data

# Demasiado ocupada para amamentar?



**Figure 1 Infant feeding milestones by age of baby when mother returned to work**

## **El marketing hacia las vulnerabilidades creado por políticas negligentes?**

- **Mensajes de marketing sobre ‘conveniencia’, ahorro de tiempo y promoción del suelo son dirigidos a las madres ocupadas y vulnerables.**
- **La introducción prematura de alimentación infantil comercial por madres trabajadoras es una barrera importante para aumentar la LM exclusiva**
- **Una protección débil de la maternidad y la implementación del Código de la OMS también condiciona las ventas de LA y disminuye la tasas de lactancia prolongada hasta los 2 años o más**

# Estrategias competitivas de las marcas ...

## La falta de permisos de maternidad expande el uso de leches de fórmula y daña a la salud materna



- Recent amendments to Australian Government policy are likely to have a significant impact on baby food in the country. For example, changes to Australia's Paid Parental Leave scheme will have a significant impact on local baby food throughout the forecast period as it will influence whether a mother staying at home to breastfeed her children is a feasible option, as well as whether making homemade baby food is a practical choice. Changing paid parental leave from 18 weeks to six months would increase the ability of Australian mothers to breastfeed, while assisting the return to work would have the opposite impact. The anticipated result of this will be decreased breastfeeding rates and Australian mothers turning to milk formula as a substitute.

### Hong Kong Code on Milk Formula Affects Marketing

Hustle-and-bustle lifestyles and lagging maternal benefits have been the profit engine of milk formula in Hong Kong, China. According to the Department of Health's survey on breastfeeding in 2014, only 27% of babies were breastfed up to 4-months, compared with 19% in 2012. Despite growth, this relatively low share suggests that aggressive marketing by milk formula manufacturers has drastically impeded the breastfeeding rate.

potato. Over the forecast period, parents are expected to prefer breastfeeding and cooking baby food at home to provide the best nutrients for their children. Prepared baby food is expected to fill in the gaps where parents are too busy to cook for their children or when they are seeking a nutritious substitute to home-cooked baby food when their toddler is out of the home environment.

### Maternity Leave To Be Extended

Over the forecast period, companies are likely to explore different strategies for sustaining consumer demand for their brands, especially since the Department of Health partnered with World Vision Philippines in 2017 to better monitor compliance with the Milk Code and further promote breastfeeding. There is also pending legislation to expand maternity leave from the current 60 days to provide more opportunities for infants to be breastfed. Given this scenario, companies are likely to continue to find ways to narrow the gap between milk formula and breastmilk, as the latter increasingly threatens their brands over the forecast period.



# ... busca la vulnerabilidad de mujeres trabajadoras a través del marketing

**“Tendencias en alimentos infantiles, desarrollo de nuevos productos”**

“With an increasing number of mothers returning to work after giving birth, products that help babies sleep better could have a wide appeal.”

Source: Euromonitor International



Traducido como “Leche para dormir b  
as “Sleep Well Milk”, Milupa  
argumenta que ayuda al sueño  
infantil

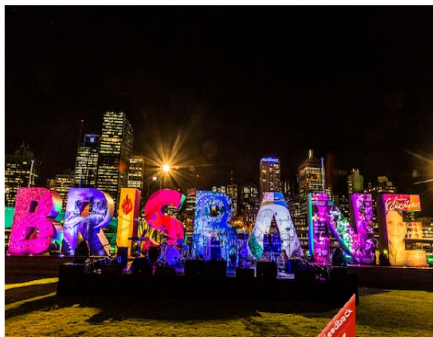
# Una brecha de género laboral? No!

Las políticas tienden a aumentar la participación de las mujeres en el mercado laboral

## Tony Abbott Leads G20 Charge To Close Gender Gap - Yahoo!7

The Prime Minister is taking an ambitious plan to the Brisbane summit that hopes to close the international gender gap by 25 per cent by 2025.

marie claire  
November 3, 2014, 9:20 am



Brisbane's G20 Opening Ceremony. Photo: Getty Images.

As Brisbane – and the world – gears up for the G20 summit, which will take place over the weekend of November 15 and 16 in the Queensland capital, it has been revealed that one of the summit's biggest targets will be closing the world's gender gap.

The campaign is being led by Australia – and Prime Minister Tony Abbott – and aims to reduce the worldwide gender gap by 25 per cent by 2025, injecting billions of dollars of growth into the world's economy, *The Australian* reports. Currently, Australia's gender gap is the highest it has ever been, sitting at 18.2 per cent, meaning that women earn just 81.8 cents for every dollar their male colleagues make.

Hom

## G20 LEADERS AGREE TO REDUCE GENDER EMPLOYMENT GAP

16 November 2014

Prime Minister

G20 leaders have committed to reducing the gap in participation rates between men and women by 25 per cent by 2025.



THE AUSTRALIAN

## G20 to target the gender gap

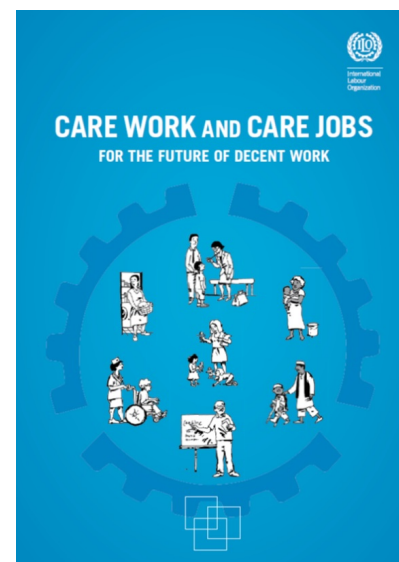
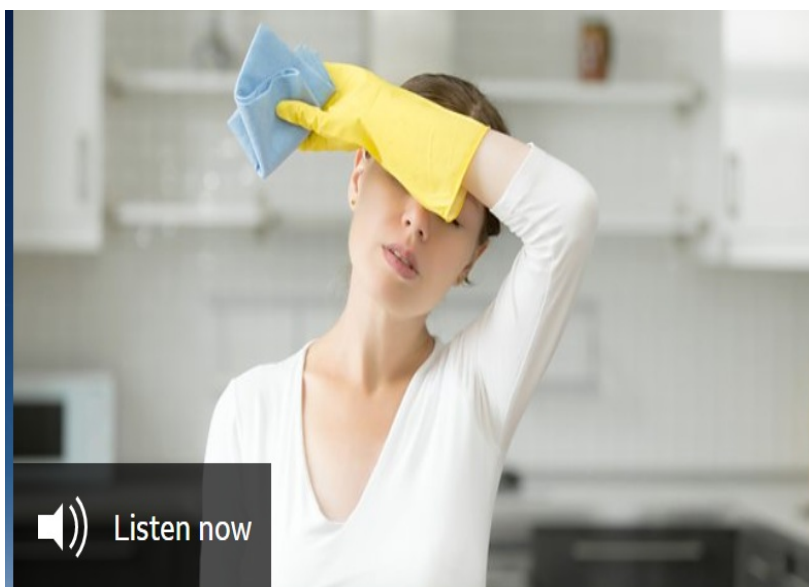
DAVID CROWE AND DAVID UREN THE AUSTRALIAN NOVEMBER 03, 2014 12:00AM

WORLD leaders are negotiating a major pledge to be unveiled within weeks to break down barriers facing millions of women as Tony Abbott puts the social and economic reform on the agenda at the G20 summit in Brisbane.

Australia is building support among G20 nations to close the gender gap in workforce participation in the hope of lifting women out of temporary or unpaid work and into secure jobs.

# ‘La verdadera brecha salarial de género’

Women are paid less than men and do more unpaid work. The gender pay gap doubles after women become mothers. Female-dominated professions tend to be lower-paid than male-dominated ones. What's going on and can we fix it?



# Women's productivity is invisible ... breastfeeding exemplifies the problem

## Breastfeeding exemplifies carework



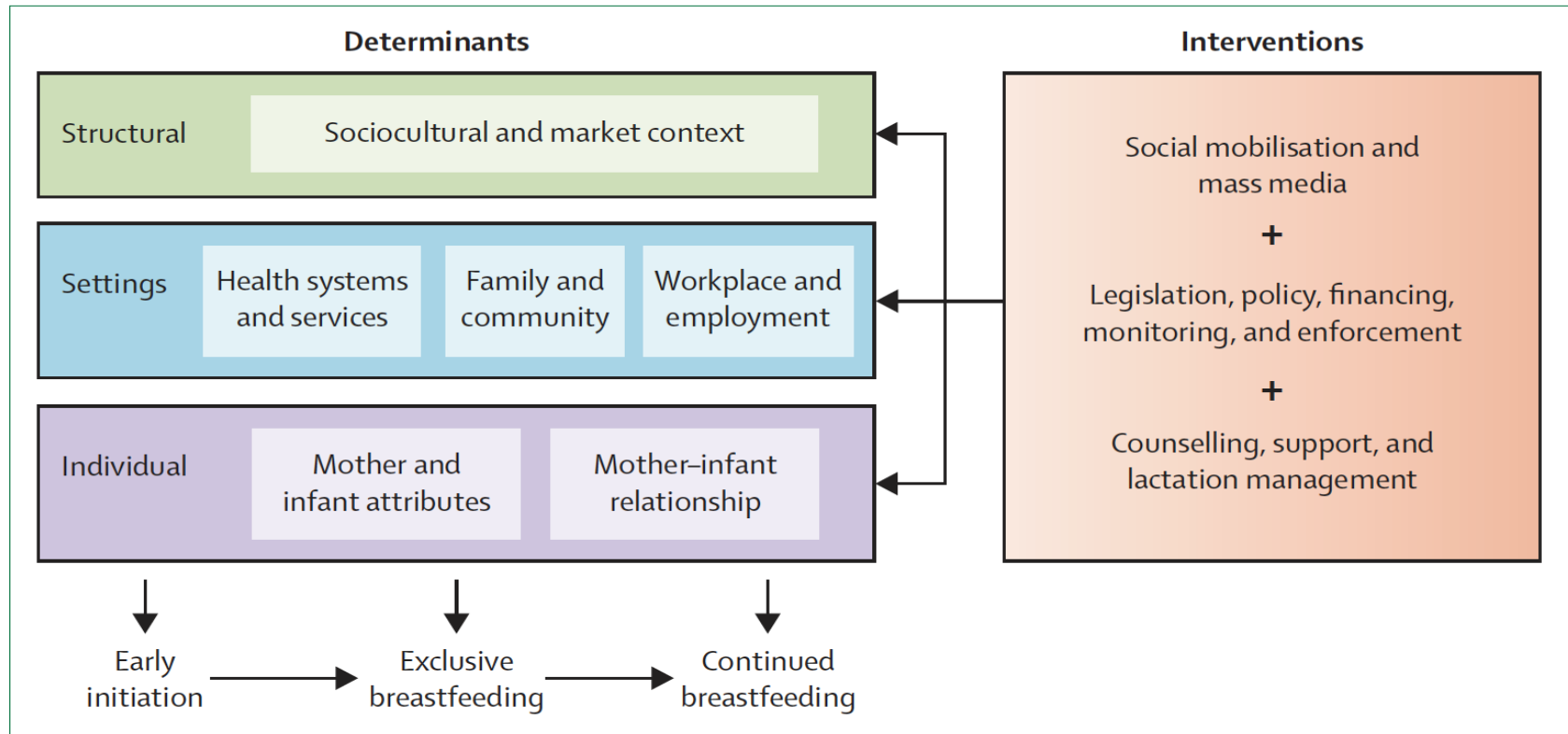
**Figure 1**  
**Breastfeeding in context.** It is important to be aware that the behavior of breastfeeding can affect and be affected by all of a woman's roles. Breastfeeding is more than a way to provide nutrition, more than a health choice, more than a method of care.

Mulford C. Is breastfeeding really invisible, or did the health care system just choose not to notice it? *International Breastfeeding Journal* 2008.

Mulford C. Are we there yet? Breastfeeding as a gauge of carework by mothers. In: Smith PH, Hausman B, Labbok M, editors. *Beyond Health, Beyond Choice: Breastfeeding Constraints and Realities*: Rutgers University Press; 2012. p. 123-132.



# Éxito en LM es una responsabilidad colectiva

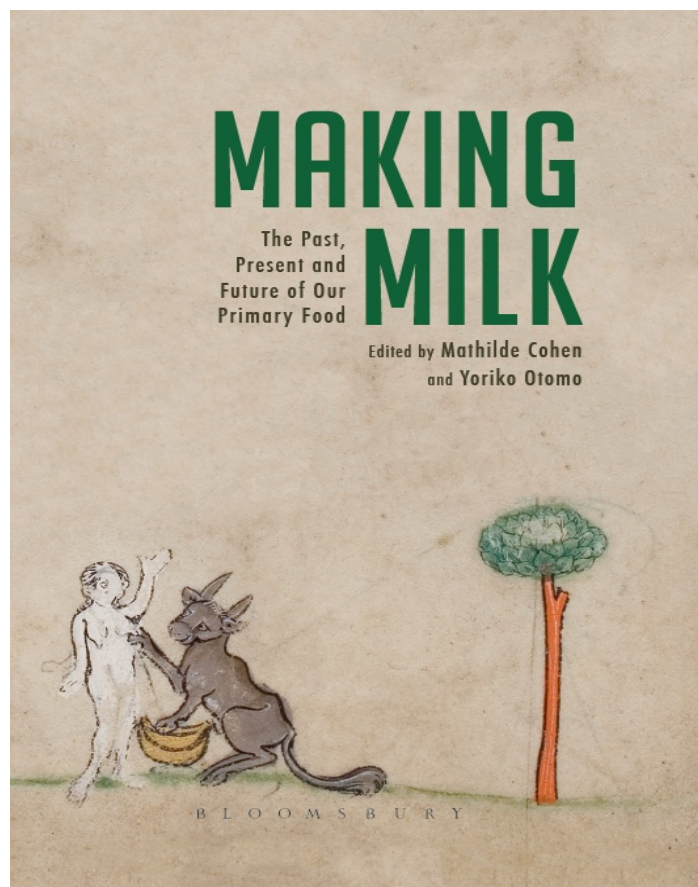


**Figure 1: The components of an enabling environment for breastfeeding—a conceptual model**

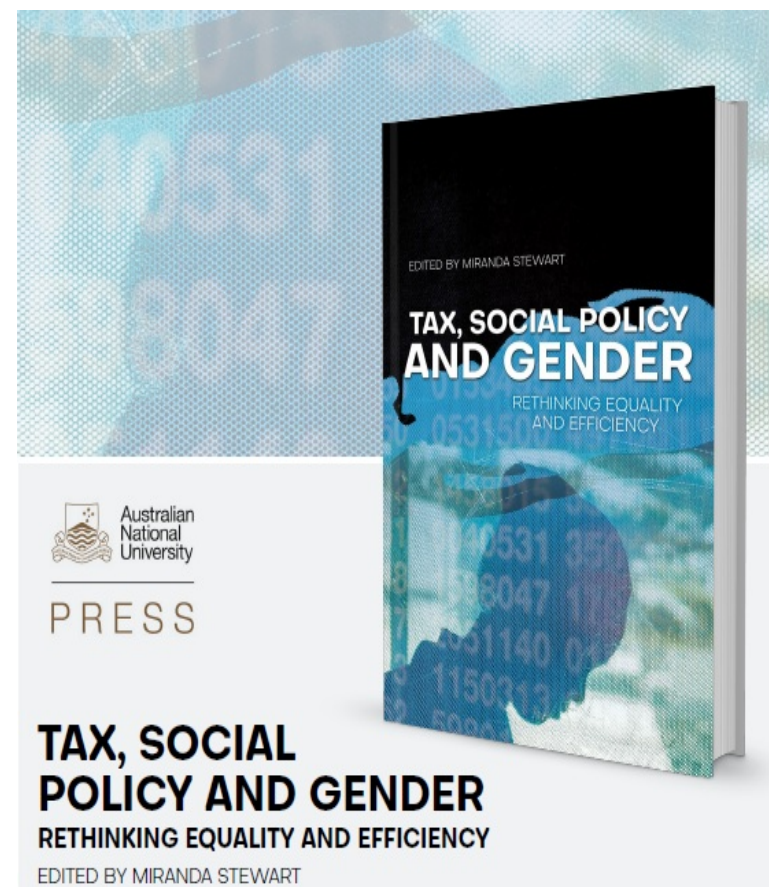
Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest and what it will take to improve breastfeeding practices. *The Lancet* 2016; Vol 387 January 30, 2016:491–504



# Trabajo, impuestos y políticas sociales afectan a las decisiones en LM



Smith, J.P. Markets in mothers' milk: Virtue or vice, promise or problem? In *Making milk*, Cohen, M., Ed. Bloomsbury Publishing Plc: London, 2017.



Smith, J.P. Paying for care in Australia's 'wage earners welfare state': The case of child endowment. In *Gender, tax and social policy in Australia: Rethinking equality and efficiency*, Stewart, M., Ed. ANU Press: 2017

# Problema de políticas – ‘extinción de madres’

- El problema del trabajo invisible de los cuidados
- Tiempo como recurso necesario para los cuidados y la LM
- Proteger el tiempo para LM y empleo
- Mantener la diada de LM junta
- Regulación del marketing
- La protección de la maternidad mejora la salud infantil y de las mujeres, así como su bienestar
- Dar recursos a las madre con un presupuesto para amamantar

# Factores en el puesto de trabajo vinculados con LM exclusiva por 6 meses?

- ✓ Current work arrangements (full time/part time)
- ✓ Can adjust hours to accommodate need to breastfeed or express milk<sup>a</sup>
- ✓ Written policy of supporting mothers who express breastmilk/breastfeed @ work?<sup>c</sup>
- ✓ Have a say over hours worked<sup>a</sup>
- ✓ Have a say over start and finish times<sup>a</sup>
- ✓ Able to take long enough or frequent enough lactation breaks<sup>b</sup>

Smith JP, McIntyre PE, Craig APL, Javanparast DS, Mortensen K. Workplace support, breastfeeding, and health. *Family Matters* 2013;93(December):58-73.

# Factores del puesto de trabajo vinculados con una lactancia mixta

- Riesgo de perder el empleo por extracción de leche o LM en el trabajo<sup>a</sup>
- Habría vuelto a trabajar antes si hubiera un ambiente laboral favorable a LM<sup>a</sup>
- Gerente y compañeros ven mal a las trabajadoras que se extraen leche o dan el pecho en el trabajo<sup>a</sup>

Smith JP, McIntyre PE, Craig APL, Javanparast DS, Mortensen K. **Workplace support, breastfeeding, and health.** *Family Matters* 2013;93(December):58-73.



# 'Trabajos amigos de la lactancia- puntuación score



- BFW accredited workplaces score significantly higher\* than non-accredited organisations on key elements of breastfeeding support in workplaces.

	BFW Accreditation	Average score
BFW score	Accredited	5.7
	Not Accredited	3.0

(\* Significance  $p < .000$ , 2 tailed T test)



# Los “lugares de trabajo amigos de la LM” benefician al empleador



## Workplace support, breastfeeding and health

Julie P. Smith, Ellen McIntyre, Lyn Craig, Sara Javanparast, Lyndall Strazdins, Kate Mortensen

This paper aims to identify best-practice strategies for breastfeeding support in the Australian workplace. It uses data from Australian employers and their female employees who had initiated breastfeeding and returned to work. Our aims were to (a) identify key barriers to and enablers of combining breastfeeding with employment, including employment arrangements and workplace factors linked with exclusively breastfeeding for six months; and (b) explore the implications for maternal/child health and absenteeism of infant feeding practices among employed women.

### Breastfeeding, health and employment

Breastfeeding is important to both maternal and child health. The World Health Organization (WHO; 2003) recommends six months of exclusive breastfeeding and continued breastfeeding to two years and beyond. However, the most recent national survey of

infant feeding practices in Australia, conducted in 2010, showed that just 2% of Australian infants are exclusively breastfed for six months, with only 15% to six months (Australian Institute of Health and Welfare [AIHW], 2011). The effects of premature weaning on maternal and child health, and child cognitive development are now well-established (Büchner, Hockstra, & van Rossum, 2007; Horta, Bahl, Martinez, & Victora, 2007; Ip et al., 2007; Kramer et al., 2008). Low breastfeeding rates translate directly into higher illness and disease, with substantial health system cost effects (Bartick & Reinhold, 2010; Renfrew et al., 2012; Smith & Harvey, 2011; Smith, Thompson, & Ellwood, 2002).

In Australia, as in many industrialised countries, exclusive and sustained breastfeeding has become a public health priority (European Commission Directorate Public Health and Risk Assessment, 2008; National Health and Medical Research Council [NHMRC], 2003; National Breastfeeding Advisory Committee of New Zealand, 2009; United States Department of Health and Human Services, 2011).

Smith JP, McIntyre PE, Craig APL, Javanparast DS, Mortensen K. Workplace support, breastfeeding, and health. *Family Matters* 2013;93(December):58-73.

- **La LM es un 10% mayor entre mujeres trabajadoras de bebés de entre 4-12 meses que son, que en otros bebés que reciben otros tipos de cuidados.**
  - **Mayores tasas de LM entre mujeres autónomas en Australia puede ser un reflejo del cuidado de los progenitores**
  - **Escasos conocimientos y habilidades entre cuidadores**
  - **Son necesarias mejoras en la calidad de los servicios de cuidados infantiles para la LM**

Baxter J. Breastfeeding, employment and leave; an analysis of mothers in *Growing Up in Australia. Family Matters*. 2008;80:17-26.

Smith, J. P., S. Javanparast, E. McIntyre, et al., 2013, Discrimination against breastfeeding mothers in childcare. *Australian Journal of Labour Economics* **16(1): 65**.

# ACT Hoja informativa. Qué es lo que funciona?

## For childcare services

### BREASTFEEDING AND CHILD CARE

*Important information for Child Care Service Providers*

Your support and encouragement can make a big difference to a mother who wants to keep breastfeeding when her child starts child care.

If the mother knows you support her efforts to give breast milk to her baby, you will be helping her to keep breastfeeding.

As a child care service provider, you must not discriminate against breastfeeding mothers. The right to breastfeed is protected under the ACT *Discrimination Act 1991*. Everybody who provides a child care service is covered by this requirement, including long day care, occasional care, family day care, or in home care. It doesn't matter if the service is not for profit or commercial.

#### If you need further help:

You can download the Australian Breastfeeding Association's leaflet: "A Caregiver's Guide to the Breastfed Baby" from [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au).

This leaflet explains how to store, handle and feed expressed breast milk to babies. The Australian Breastfeeding Association also has breastfeeding counsellors who are able to help mothers and caregivers with any queries and a website with breastfeeding information on a range of topics.



#### It would be against the law for you to:

- refuse an application for a child care place, or not offer a place, because a child is breastfed,
- discourage a mother from continuing to breastfeed when her child starts in care,
- not let a woman breastfeed or express milk on your premises,
- refuse to feed a child its mother's expressed breast milk, or
- do anything else that makes it difficult for parents to continue giving breast milk to a child while they are in your care.

#### Some suggestions to make your service 'breastfeeding friendly'

- Tell parents when you first talk to them that you support breastfeeding.
- Have a comfortable place in your centre or home for mothers who want to breastfeed or express milk.
- Be positive about the baby's mother leaving breast milk for her baby.

#### For more information on making your child care service breastfeeding friendly contact:

Australian Breastfeeding Association  
Helpline: 1800 686 268  
Interpreter Service: 13 14 50  
Email: [info@breastfeeding.asn.au](mailto:info@breastfeeding.asn.au)  
Internet: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

Breastfeeding fact sheets in community language and a range of other breastfeeding resources and information are available by calling (02) 6162 2716

## For parents

### BREASTFEEDING AND CHILD CARE

*Important information for Parents*

You can breastfeed anywhere that suits you and your baby, including when you are using child care services.

You can either keep breastfeeding your child or provide them with expressed breast milk while they are in child care.

It is against the law for a child care service provider to discriminate against you because you are breastfeeding.

If you think you might have been discriminated against or if you would like more information about your right to breastfeed, contact:

ACT Human Rights Commission  
Phone: (02) 6205 2222  
Interpreter Service: 13 14 50  
Email: [human.rights@act.gov.au](mailto:human.rights@act.gov.au)  
Internet: [www.hrc.act.gov.au](http://www.hrc.act.gov.au)



#### Your childcare provider:

- cannot refuse your application for a child care place, or not offer you a place, because your child is breastfed,
- cannot ask you to stop breastfeeding when your child starts in care,
- must let you breastfeed or express milk on the premises,
- cannot refuse to feed your expressed breast milk to your child, or
- must support you to keep breastfeeding or giving breast milk to your child while they are in care.
- Your right to breastfeed is protected under the ACT *Discrimination Act 1991*. Every child care service must obey this law, including long day care, occasional care, family day care, or in home care. It doesn't matter if the service is not for profit or commercial.

When your child starts care, you should be able to make arrangements with your child care service to help you keep breastfeeding your baby.

You can download the Australian Breastfeeding Association's leaflet: "A Caregiver's Guide to the Breastfed Baby" from the ABA website. This leaflet has information for your child care service on how to store, handle and feed expressed breast milk to babies. The ABA also has breastfeeding counsellors who are able to help mothers and caregivers with any queries.

#### For more information on making your child care service breastfeeding friendly contact:

Australian Breastfeeding Association  
Helpline: 1800 686 268  
Interpreter Service: 13 14 50  
Email: [info@breastfeeding.asn.au](mailto:info@breastfeeding.asn.au)  
Internet: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

Breastfeeding fact sheets in community language and a range of other breastfeeding resources and information are available by calling (02) 6162 2716



- Leisure time declined for women in most countries when mothers' paid work participation increased
- Paternity leave takeup helps normalise 'father care', but it does not reduce women's unpaid housework or childcare time



We find no clear trends in leisure time across countries over the relevant period. We document that leisure increased for men in Australia, Finland and the United Kingdom an average of about 4 hours per week. In France, the Netherlands and Norway men experienced a smooth decline in leisure by an average of almost 5 hours per week. Leisure time remained relatively constant for men in Canada over the relevant period. Changes in leisure were less pronounced for women. Leisure time decreased for women in Canada, the Netherlands, Norway and the UK by 2 hours and 50 minutes per week over the relevant period, and remained constant for Australian and French women. Finland is the only country where women experienced an increase in leisure, by about 6 hours per week, especially during the 1990s.

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Change in the gender division of domestic work after mothers or fathers took leave: exploring alternative explanations

Pia S. Schober<sup>a,b</sup> and Gundula Zoch<sup>c\*</sup>

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## Consequences Paternity Leave on Allocation of Childcare and Domestic Tasks

*Consecuencias del permiso de paternidad en el reparto de tareas y cuidados en la pareja*

Pedro Romero-Balsas

### Key words

Work/Family Balance  
• Fatherhood  
• Paternity Leave  
• Parental Leave  
• Gender Roles

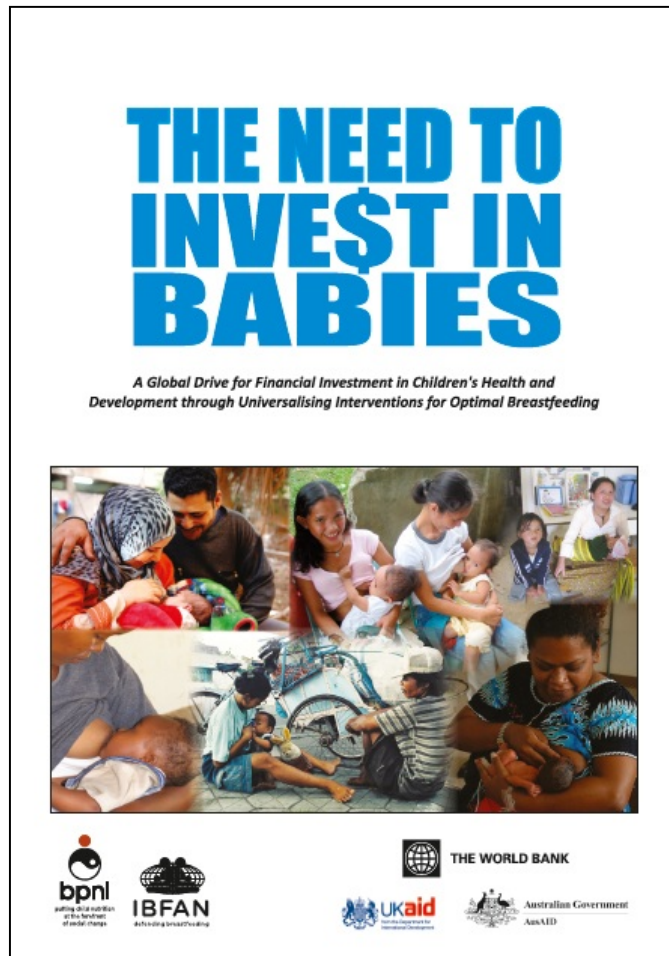
### Abstract

One of the main objectives of parental leave policies aimed exclusively at fathers is to promote gender equality in the productive and reproductive spheres. The aim of this study is to examine whether the use of paternity leave fosters greater involvement of fathers in the division of tasks within the reproductive sphere, specifically child care and housework. Based on data from the survey, "Social use of parental leave in Spain, 2012", we have created multivariate models using ordinary least squares regression. The sample used in the analysis consists of 600 fathers who have had at least one child since 2007. The results suggest that paternity leave does encourage greater involvement by fathers in childcare, but the effect is limited, as it is only found for fathers after the birth of their first child.

European Men's Use of Parental Leave and Their Involvement in Child Care and Housework  
Author(s): Gerardo Meil  
Source: *Journal of Comparative Family Studies*, Vol. 44, No. 5 (SEPTEMBER-OCTOBER 2013), pp. 557-570  
Published by: University of Toronto Press  
Stable URL: <https://www.jstor.org/stable/23644618>

doi:10.5477/cis/ris.149.87

# Qué es necesario hacer: costes globales



Action Area	USD in billions)
Maternity Entitlement	12.6
BFHI Implementation	2.0
Community support/HW training	1.6
International Code Implementation	0.5
Media Promotion	0.7



# Compartir el coste de amamantar – inversiones fiscales y compensación de costes

Holla-Bhar et al. *International Breastfeeding Journal* (2015) 10:8  
DOI 10.1186/s13006-015-0032-y



INTERNATIONAL BREASTFEEDING JOURNAL

## RESEARCH

## Open Access

### Investing in breastfeeding – the world breastfeeding costing initiative

Radha Holla-Bhar<sup>1\*</sup>, Alessandro Iellamo<sup>2</sup>, Arun Gupta<sup>1</sup>, Julie P. Smith<sup>3,4</sup> and Jai Prakash Dadhich<sup>4</sup>

- **Paid maternity leave**
- **BFHI and health professional training**
- **WHO International Code**
- **Mother to mother support**
- ...

In sheer, raw bottom line economic terms, breastfeeding may be the single best investment a country can make.



- Keith Hansen, World Bank Global Practices Vice President, speaking at the 7<sup>th</sup> Annual [#ABMSummit](#) on Breastfeeding

## Creando 'Presupuestos de LM' ... para una eficiencia económica e igualdad de género

### Develop a Breastfeeding Budget through:

- Dialogue between gender budget analysts and breastfeeding advocates.
- Endorsing and implementing the GSIYCF.
- Implementing and monitoring the International Code
- Integrating breastfeeding into discussions about care work.
- Counting the value of human milk and breastfeeding in GDP.
- Highlighting national breastfeeding rates along with other measures of women's empowerment.'

### **The five-step approach of gender budget analysis**

Describe situation, assess policy, scrutinise resourcing, monitor trends, evaluate results

# Medidas como los permisos de maternidad son ahorradoras...

## The long-run effect of maternity leave benefits on mental health: Evidence from European countries

Mauricio Avendano<sup>a, b, c, \*</sup>, Lisa F. Berkman<sup>b, c</sup>, Agar Brugiavini<sup>d</sup>, Giacomo Pasini<sup>d, e</sup>

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### ABSTRACT

This paper examines whether maternity leave policies have an effect on women's mental health in older age. We link data for women aged 50 years and above from countries in the Survey of Health, Ageing and Retirement in Europe (SHARE) to data on maternity leave legislation from 1960 onwards. We use a difference-in-differences approach that exploits changes over time within countries in the duration and compensation of maternity leave benefits, linked to the year women were giving birth to their first child at age 16 to 25. We compare late-life depressive symptom scores (measured with a 12-item version of the Euro-D scale) of mothers who were in employment in the period around the birth of their first child to depression scores of mothers who were not in employment in the period surrounding the birth of a first child, and therefore did not benefit directly from maternity leave benefits. Our findings suggest that a more generous maternity leave during the birth of a first child is associated with a reduced score of 0.38 points in the Euro-D depressive symptom scale in old age.

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## The benefits of paid maternity leave for mothers' post-partum health and wellbeing: Evidence from an Australian evaluation

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### ABSTRACT

This paper investigates the health effects of the introduction of a near universal paid parental leave (PPL) scheme in Australia, representing a natural social policy experiment. Along with gender equity and workforce engagement, a goal of the scheme (18 weeks leave at the minimum wage rate) was to enhance the health and wellbeing of mothers and babies. Although there is evidence that leave, especially paid leave, can benefit mothers' health post-partum, the potential health benefits of implementing a nationwide scheme have rarely been investigated. The data come from two cross-sectional surveys of mothers (matched on their eligibility for paid parental leave), 2347 mother's surveyed pre-PPL and 3268 post-PPL. We investigated the scheme's health benefits for mothers, and the extent this varied by pre-birth employment conditions and job characteristics. Overall, we observed better mental and physical health among mothers after the introduction of PPL, although the effects were small. Post-PPL mothers on casual (insecure) contracts before birth had significantly better mental health than their pre-PPL counterparts, suggesting that the scheme delivered health benefits to mothers who were relatively disadvantaged. However, mothers on permanent contracts and in managerial or professional occupations also had significantly better mental and physical health in the post-PPL group. These mothers were more likely to combine the Government sponsored leave with additional, paid, employer benefits, enabling a longer paid leave package post-partum. Overall, the study provides evidence that introducing paid maternity leave universally delivers health benefits to mothers. However the modest 18 week PPL provision did little to redress health inequalities.

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## RESEARCH

## Open Access

# The financing need for expanded maternity protection in Indonesia

Adiatma Y. M. Siregar<sup>1, \*</sup>, Pipit Pitriyan<sup>1</sup>, Dylan Walters<sup>2</sup>, Matthew Brown<sup>3</sup>, Linh T. H. Phan<sup>3</sup> and Roger Mathisen<sup>3</sup>



## Permisos parentales remunerados e PPL Evaluation: Final Report

- *'PPL has delayed mothers' return to work'*
- *'Produced small improvements in mothers health, extended breastfeeding duration and probably improved babies' health slightly'*
- *'Increased the proportion of mothers still breastfeeding at 6 months by about two percentage points and the proportion at 12 months by four percentage points.'*
- *'The association between breastfeeding and babies' health is well established and these changes can be expected to have some impact on infant health ...'*

BMJ Global Health

## Does extending the duration of legislated paid maternity leave improve breastfeeding practices? Evidence from 38 low-income and middle-income countries

Yan Chai,<sup>1</sup> Arijit Nandi,<sup>2</sup> Jody Heymann<sup>1,3</sup>

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## Change in the gender division of domestic work after mothers or fathers took leave: exploring alternative explanations

Pia S. Schober<sup>a,b</sup> and Gundula Zoch<sup>c\*</sup>

<sup>a</sup>Department of Sociology, University of Tuebingen, Tuebingen, Germany; <sup>b</sup>German Institute of Economic Research, Berlin, Germany; <sup>c</sup>Bamberg Graduate School of Social Sciences, Bamberg, Germany



REVIEW

Open Access

# Paid parental leave and family wellbeing in the sustainable development era



Jody Heymann<sup>1\*</sup>, Aleta R. Sprague<sup>2</sup>, Arijit Nandi<sup>3</sup>, Alison Earle<sup>2</sup>, Priya Batra<sup>4</sup>, Adam Schickedanz<sup>5</sup>, Paul J. Chung<sup>6</sup> and Amy Raub<sup>2</sup>

- ‘paid leave increases exclusive breastfeeding and may improve women’s economic outcomes.
- factors including the duration of leave, the wage replacement rate, and whether leave is made available to both parents importantly shape the impacts of paid leave policies.
- While most countries now offer at least some paid maternal leave, many provide less than the 6 months recommended for exclusive breastfeeding,

# Amamantar merece la pena, pero...

Derechos  
humanos...



**Joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breast-feeding**

**States should do more to support and protect breastfeeding, and end inappropriate marketing of breast-milk substitutes**

Galtry J. Strengthening the human rights framework to protect breastfeeding: a focus on CEDAW. *International Breastfeeding Journal* 2015;10(1):1.

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Meier BM, Labbok M. From the Bottle to the Grave: Realizing a Human Right to Breastfeeding through Global Health Policy. *Case W. Res. L. Rev.* 2009;60:1073.



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... amamantar no es 'gratis'



**Extinción de las madres...**

- **Amamantar merece la pena, pero no está libre de costes!**
- **Los mercados compiten con la LM**
- **Debemos dar valor y dotar de recursos a las madres para proteger a los bebés y la LM**
- **Existen brechas en las políticas y en la financiación importantes para poner en marcha la Estrategia global de la OMS/UNICEF en LM**
- **Las madres invierten, los demás también deberían**



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- Australian Research Council (ARC) funding
- International Baby Food Action (IBFAN Asia)/Breastfeeding Protection Network India (BPNI) team (Radha Holla, JP Dadhich, Arun Gupta)
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- ARC Linkage team on ‘best practice support for breastfeeding in workplaces and childcare’ (Ellen McIntyre, Sarah Javanparast, Lyn Craig, Lyndall Strazdins, Dorothy Broom) and research partner Australian Breastfeeding Association (Mortensen), and the participant employers, childcare services and mothers
- Co-authors including David Ellwood, Jane Thompson, Peta Harvey, Robert Forrester, Phil Baker & Libby Salmon (Australian National University), Mark Ellwood, Alex Iellemo, Miranda Blake, Virginia Thorley, Megan Elliot-Rudder