Breastfeeding Facilities: FM Can Make a Change!

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ABSTRACT

Breastfeeding has important long-term health consequences, not only for infants, but also for mothers. Researchers have calculated that scaling up breastfeeding could annually prevent 823,000 child deaths and 20,000 breast cancer deaths worldwide. Because of the important effects of breastfeeding, the World Health Organization advises mothers to breastfeed for minimally 2 years. However, breastfeeding rates are low, especially in the western parts of the world. One of the most important reasons to discontinue breastfeeding is the often-difficult combination of breastfeeding and work. Research shows that many mothers don’t have access to a suitable space to express milk at work. For FM professionals it is crucial to realize that the availability of breastfeeding facilities is important for organizations too. Breastfeeding improves the health and well-being of infants and mothers, which leads to reduced sick leave and health care costs. Moreover, breastfeeding support at work can lead to higher job satisfaction, a better work-life balance, and can reduce staff turnover. Therefore, offering good breastfeeding facilities creates a win-win situation, benefitting mothers, babies, and organizations. Facility managers are in a unique position to secure a healthier work environment that makes combining work and breastfeeding easy and feasible. FM can make a change!

Type of paper – Position paper.

KEYWORDS

Breastfeeding, facilities, gender, space, work.

HEALTHY WORKPLACES FOR WOMEN

In recent years, facility management (FM) has made substantial progress in creating healthier workplaces. Indeed, facility managers and FM scientists have paid more attention to preventive measures to boost workers’ health and wellbeing (i.e., offering healthy food choices, exercise programs, a healthy indoor climate, and stress-relief and relaxation programs). Such actions are considered to be beneficial not only to employees, but also to organizations as a whole (for instance, because of increased productivity). However, one topic that has frequently been neglected concerns measures that could be taken to facilitate the labor participation of women. The topic is highly relevant, not only to respect diversity and stimulate inclusiveness, but also to foster a healthier workplace. Realizing breastfeeding facilities may be the best example in this context. Good breastfeeding facilities are still often lacking, even though, in the past decades, labor participation of women has increased, and more increases are expected.

IMPACT OF BREASTFEEDING ON WORKERS’ HEALTH AND WELLBEING

Breastfeeding has important long-term health consequences, not only for infants, but also for mothers. In a 2016 meta-analysis (Victora et al., 2016), it was shown that for infants, breastfeeding protects against infections (e.g., gut, respiratory, middle ear), SIDS, childhood leukemia, dental malocclusions, overweight and, diabetes. For mothers, breastfeeding protects against breast cancer, ovarian cancer and diabetes and improves birth spacing. In addition, recent research shows possible protection against high blood pressure, heart disease, and an early onset of menopause (Kirkegaard et al., 2018; Langton et al., 2020; Peters et al., 2017). Researchers have calculated that scaling up breastfeeding to near-universal levels could annually prevent 823,000 child deaths worldwide and

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20,000 breast cancer deaths worldwide (Victora et al., 2016). In addition, breastfeeding has effects on an array of psychological outcomes for mother and child. Breastfeeding impacts children’s brain, cognitive, and socio-emotional development, influences mothers’ mood, affect, stress, and maternal care, and can contribute to positive mother-infant relationships (Krol & Grossmann, 2018; Liu, Leung, & Yang, 2014; Peñacoba & Catala, 2019; Weaver, Schofield, & Papp, 2018). Clearly, this host of consequences indicates that increased attention and care from the FM domain is warranted.

LOW BREASTFEEDING RATES

Because of the important effects of breastfeeding on health and well-being, the World Health Organization advises mothers to breastfeed for minimally 2 years. (World Health Organization, 1995). It is advised to breastfeed exclusively (so without any other foods or drinks) for the first six months, and then continue for up to 2 years of age or longer in combination with other foods and drinks, for as long as mother and child want to. However, breastfeeding rates are low in most countries of the world (Victora et al., 2016). The percentage of children that still receive any breast milk at 12 months is already low in most countries of the world, and especially in the western parts of the world (see figure 2). In the Netherlands, 80% of mothers start with breastfeeding, but only 39% is still breastfeeding exclusively at 6 months (Peeters, Lanting, & Van Wouwe, 2015). These mothers often stop breastfeeding because they experience difficulties with the breastfeeding process. Specifically, one of the most important reasons to discontinue breastfeeding is the often difficult combination of breastfeeding and work (Odom, Li, Scanlon, Perrine, & Grummer-Strawn, 2013; Rollins et al., 2016).

LACK OF ADEQUATE BREASTFEEDING FACILITIES

When a mother is breastfeeding, she needs to express breast milk regularly during a workday (usually two or three times per day). This is important to avoid a build-up of milk that can lead to medical problems and to keep up milk production to be able to continue breastfeeding. In order to express breast milk, a woman needs time and a suitable space to do so. Legislation in most countries of the world already stipulates paid breastfeeding breaks; however, provisions on nursing facilities are present in the legislation of only one third of the countries (International Labour Organization, 2014). Moreover, such provisions are no guarantee that nursing facilities will actually be present. For example, in the Netherlands an employer should provide a suitable, lockable, and private space for breastfeeding by law. However, research shows that 32% of Dutch workers who breastfeed do not have access to a lactation room at all (Commissie Gelijke Behandeling, 2012) and 24% have access to a lactation room that cannot be locked (Inspectie Sociale Zaken en Werkgelegenheid, 2015). These percentages are similar in other countries. For example, 55% of US nursing mothers don’t have access to a private space to express milk.
This means that many mothers have to either stop breastfeeding prematurely, or express milk in spaces that were not designed for this purpose and that are often not suitable and hygienic, for example, storage closets, empty conference rooms, or even toilets (see Figure 2).

![Figure 2 Photograph from the series ‘Melk in de meterkast’ about lactation rooms of 23 Dutch women (Floor Fortunati, 2019)](image)

**THE POWER OF FM: WE CAN MAKE A CHANGE!**

For professionals in the field of FM it is important to realize that a lack of adequate breastfeeding facilities does not only have a negative impact on mothers and infants, but also on organizations. Indeed, breastfeeding improves the health and well-being of infants and mothers, which leads to reduced sick leave and health care costs. Moreover, breastfeeding support at work can lead to higher job satisfaction, a better work-life balance (Jantzer, Anderson, & Kuehl, 2018), and it can even reduce staff turnover (Ortiz, McGilligan, & Kelly, 2004). This means that offering good breastfeeding facilities creates a win-win situation, benefitting mothers (as workers), baby’s (as new generations of healthier workers), and organizations (health, productivity, corporate image). So, FM can play a key role in advancing health for organizations and societies. A first step in creating good breastfeeding facilities is naturally to make sure that the existing guidelines are followed and that every breastfeeding mother has a suitable, lockable, private space for breastfeeding. Furthermore, a new study indicates that not only functional features, but also psychological features, such as aesthetics and possibilities for relaxation and recreation, play an important role in creating good breastfeeding facilities (van Dellen, Wisse, Mobach, Casper, & Dijkstra, in preparation). In Groningen, other studies are currently carried out on the effects of design features that promote relaxation, and the possibility to employ mindfulness as a tool for breastfeeding mothers to improve breastfeeding outcomes. As a final thought, it is important to underscore that facility managers are in a unique position to guard the interests of the whole workforce, so also of female employees, by securing a healthier work environment that makes the combination of work and breastfeeding easy and feasible. The benefits are many, start now. FM can make a change!

**REFERENCES**


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Deltapremie
The ‘Deltapremie’ or Delta Prize is a new leading research prize in the Netherlands focusing on practice-oriented research by professors. The prize is developed for professors who have managed to repeatedly make a special difference with the social impact of their research over the years. It shows where practice and research can come together in an innovative way. Practice-oriented research has acquired a solid place in Dutch society. Almost 700 professors and more than 3,000 teacher-researchers are currently involved. The starting point of the research is always to find solutions for practice-based problems, also by partnering with practice. In this way, practice-oriented research provides applicable solutions to societal challenges.

An independent selection committee selected the winners. The committee consisted of six experts from Erasmus University Rotterdam, Innofest, Delft University of Technology, Netherlands Study Centre for Technology Trends, and the Association of Netherlands Municipalities. In the report the selection committee tributes Mark Mobach and his research group for the impact that they have on the crossroads of various domains from public transport to mental health. Mobach: “We see the prize as enormous encouragement to continue our research into space and organisation in healthcare, education, offices, and cities together with our partners. We extend our research to areas where there are perhaps fewer financial possibilities, such as research with the arts and frailty.”

Research focus area
With his research group, Prof. Mobach wants to contribute to the best buildings for people and organisations. He does so by devising better space and services in a multidisciplinary setting together with students, lecturer-researchers, Ph.D.-students, and postdocs. Better spaces and services for education, offices, and even cities that stimulate healthy behaviour, better healthcare buildings that reduce stress, but also prisons and stations that better meet the needs of society.