Implementation and Preliminary Assessment of Workplace Post-Natal and Breastfeeding Support for Working Mothers

Francoise Cardoso¹, Erika Wasito², Tonny Sundjaya², Ray Wagiu Basrowi^{2,3}, Mikhael Yosia³

- ¹ Danone Nutricia Research, Paris, French
- ² Medical Science Affairs, Danone Specialized Nutrition Indonesia
- Occupational Medicine Master Study Program, Department of Community Medicine, Faculty of Medicine, Universitas Indonesia

Corresponding address: Mikhael Yosia Email: mikhael.yosia@ui.ac.id

Abstract

Breastfeeding is undoubtedly the best nutrition for infants. Even throughout the COVID-19 pandemic, more pregnant mothers intend to breastfeed their babies. Despite this desire, not all of them succeed in initiating breastfeeding. One of the overlooked challenges in breastfeeding is that working mothers need to return to work, increasing hesitancy to continue breastfeeding due to numerous inconveniences, leading to full breastfeeding cessation. Systematic changes are needed following simple and practical changes: giving access to knowledge on breastfeeding while working, sharing advice and support from employers and colleagues, and providing a breastfeeding-friendly workplace, all of which can increase breastfeeding rates in many countries. Improvement in breastfeeding habits would also bring greater impact as increases in working mothers' wellbeing will increase their work performance. Danone has done several breastfeeding initiatives and post-natal support in workplaces which has shown a positive impact through preliminary evaluation included in this study. The corporate world has not fully supported breastfeeding, but some best practices and learning points shed from this study could become an example that would lead to better commitments from other companies.

Keywords: breastfeeding; post-natal; workplace; working women

Abstrak

Air susu ibu (ASI) merupakan nutrisi terbaik untuk bayi. Bahkan selama pandemi COVID-19, semakin banyak ibu hamil yang berniat untuk menyusui bayinya. Terlepas dari keinginan ini, tidak semua dari mereka berhasil menyusui. Salah satu tantangan yang diabaikan dalam menyusui adalah bahwa ibu yang bekerja harus kembali bekerja, meningkatkan keragu-raguan untuk melanjutkan menyusui karena berbagai ketidaknyamanan yang menyebabkan mereka berhenti menyusui. Perubahan sistematis diperlukan mengikuti perubahan sederhana dan praktis seperti: memberikan akses ke pengetahuan tentang menyusui saat bekerja, berbagi saran dan dukungan dari badan usaha dan rekan kerja, dan menyediakan tempat kerja yang ramah menyusui. Semuanya poin tersebut dapat meningkatkan tingkat menyusui di banyak negara. Perbaikan kebiasaan menyusui juga akan membawa dampak yang lebih besar karena peningkatan kesejahteraan ibu bekerja akan meningkatkan kinerja mereka. Danone telah melakukan beberapa inisiatif menyusui dan dukungan pasca melahirkan di tempat kerja yang telah menunjukkan dampak positif melalui evaluasi awal yang termasuk dalam penelitian ini. Dunia usaha belum sepenuhnya mendukung pemberian ASI, tetapi beberapa praktik terbaik dan poin pembelajaran yang diperoleh dari penelitian ini dapat menjadi contoh dan mengarah pada komitmen yang lebih baik dari perusahaan lain.

Kata kunci: menyusui; setelah kelahiran; tempat kerja; pekerja wanita

Introduction

Despite its established health and social benefits, awareness around breastfeeding is not enough communicated in many communities, especially in modern countries. A woman that has chosen to breastfeed needs the appropriate support and environment to initiate and prolong her breastfeeding journey. Mothers would also need supportive measures at many levels, based on multifactorial determinants: from regulation (i.e. legal and policy directives, especially maternity leave duration) to society (i.e. social attitudes and values, support from close ones and peers), healthcare systems and services (i.e. maternity protection) as well as women's work and breastfeeding friendly workplace that will enable women to breastfeed in acceptable conditions.

Furthermore, for parents, breastfeeding is still the best option (in terms of both health and economic) for infant feeding human capital and future economic benefits for young children, their mothers and countries. The new Cost of Not Breastfeeding tool, based on open access data, was developed to help policy-makers and advocates have information on the estimated human and economic costs of not breastfeeding at the country, regional and global levels. The results of the analysis using the tool show that 595 379 childhood deaths (6 to 59 months. Numerous study had shown that around 70% to 93% of mothers intend to breastfeed their babies because they believe it is healthy and 60% had the intention to continue breastfeeding when they returnto-work (RTW), yet it had been noted in a systematic review that RTW is a major reason that women had stopped breastfeeding (accounting to more than 20% of women)2-5. This shows that RTW is a crucial time for breastfeeding women and most had to stop citing a lack of support and a lack of conducive breastfeeding environment in the workplace⁵.

The challenge between breastfeeding and going back to work followed by possible cessation of breastfeeding has many implications on the child's health while also leading to mothers with less confidence, impacting their well-being and performance at work⁶. It is the responsibility of employers in private companies, the public sector, NGOs, start-ups to look and act upon this issue as it directly impacts our workforce's health and children. It should be noted that the benefit of tackling the conundrum upon breastfeeding at work

will also affect companies' business and its productivity.

The workplace can reconcile breastfeeding and work by increasing awareness, education, practicalities, policies, and support to mothers and parents. Danone has taken several steps to ensure that its worker and their child are supported in terms of breastfeeding; this includes creating policies, programs, and infrastructures in the workplace that support breastfeeding. This study aims to look upon the implementation of Danone's breastfeeding and post-natal initiatives and ensure that its workplace truly supports breastfeeding and employees' post-natal working experience with hopes that the support model can become a lesson learned and a starting point for other companies.

Methods

Creation of Breastfeeding and Pre-Natal Support Program

Breastfeeding and Pre-Natal Support Model from Lancet Breastfeeding Series

Breastfeeding is influenced by many factors that will enable an appropriate environment for breastfeeding success. A possible model has been designed by Rollins et al. from a systematic review of available studies to identify the determinants of breastfeeding8. These determinants, which operate at multiple levels, affect breastfeeding decisions and behaviors over time. We know that nearly all women are biologically capable of breastfeeding but very few with severely limiting medical disorders. However, breastfeeding practices are affected by many historical, socioeconomic, cultural, and individual factors.

Workplace and employment are one determinant for breastfeeding success. Although nearly all countries have maternity protection legislation, only 98 (53%) of 185 countries meet the International Labour Organization's 14-week minimal standard, and only 42 (23%) meet or exceed the recommendation of 18 weeks' leave⁹.

Consequently, hundreds of millions of working women have no or inadequate maternity protection, with the overwhelming majority (80%) living in Africa and Asia. The few available data suggest that maternity leave policies effectively increase exclusive breastfeeding. Breastfeeding can be continued after RTW in settings

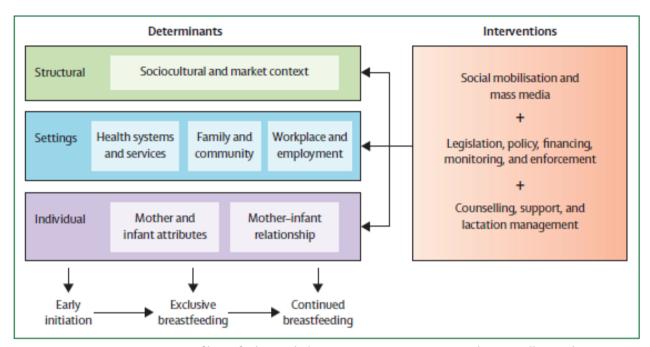


Figure 1. Determinant of breastfeeding and it's appropriate intervention according to Rollins et al.

where maternity leave or childcare is available, and breastfeeding is supported. The reduction of barriers for working mothers to breastfeed, provision of lactation rooms, and nursing breaks are low-cost interventions that can reduce absenteeism and improve workforce performance, commitment, and retention. An analysis of national policies in 182 countries showed that paid breastfeeding breaks were guaranteed in 130 countries (71%), unpaid breaks were offered in seven countries (4%), and 45 countries (25%) had no policy. In different models, paid break guarantees for at least six months were associated with an 8.9% point increase in exclusive breastfeeding. Findings from a study in the USA showed that lactation rooms and breaks to express breastmilk increased breastfeeding at six months by 25%¹⁰.

Danone's Workplace Breastfeeding and Post-Natal Support Model

In order to promote breastfeeding in the workplace, Danone had looked at several breastfeeding promotion models. One of which has shown that to promote breastfeeding in the workplace, there is a need first to create specific policies followed by increasing awareness and education through lactation counsellors and the creation of dedicated facilities for breastfeeding (Figure 1)⁹. In the view of experts, this model was proven to be effective and applied by Danone since 2017 in its Global Parental Policy (GPP).

The GPP had been implemented in all countries (58 countries) where Danone operates and is based on three key elements:

- 1. **Pre-Natal Support:** Focused on improving and protecting the health of mothers and their babies, Danone will offer all expectant mothers adapted working conditions, allocated time-off for a pre-natal medical appointment, and nutritional advice.
- 2. Extended Parental Leave: Irrespective of gender, all Danone parents will be offered full-paid time off to bond as a family and adjust to new responsibilities. The package includes 18 weeks of primary caregiver leave for a birth parent, 14 weeks for an adoptive parent, and ten working days for the secondary caregiver.

3. Post-Natal Supports: Danone will support breastfeeding practices by providing lactation rooms for mothers at offices that employ more than 50 women. In addition, to ensure the health and happiness of all parents and their children, Danone will offer job protection policies, back-to-work programs, and flexible working conditions in all markets worldwide.

In concurrent with the GPP, Danone had also done breastfeeding support in the workplace; this includes programs such as:

- Provision of lactation rooms and facilities in the workplace (Figure 2)
- Nutrition programs for pregnant or lactating women
- Communication material on the F1000D
- Peer to peer coaching (employees, experts, scientists)
- Other services: lactation consultancy, psychological follow-up

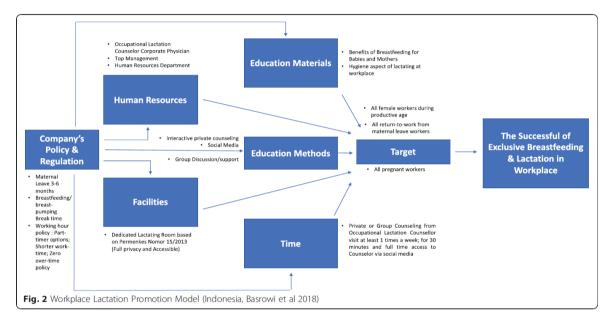


Figure 1. Workplace Lactation Promotion Model based on Basrowi et al.



Figure 2. Lactation room available in Danone's office worldwide

Methods

This study is a cross-sectional survey using a simple questionnaire with five different questions to assess women's experience on breastfeeding and post-natal support in the workplace. The questions include: [Q1] In which country are you working from? [Q2] How many babies did you breastfeed while coming back to work? [Q3] How old was your baby when you went back to work? [Q4] Using the lactation room and facilities, did you pump your breast milk at work? [Q5] If yes to Q4, how long did you breastfeed your baby thanks the lactation room and the facilities? The questionnaire was sent to Danone's female country-headquarters employees worldwide through internal communication networks between March and June 2021.

The study aims to recruit samples representing Danone's breastfeeding workers' experience under Danone's breastfeeding and post-natal support initiatives. Employees will be eligible to participate if they meet all the following inclusion criteria: [1] Active employee of Danone, [2] Had previous breastfeeding experience between 2017-2021 OR is currently actively breastfeeding, this includes multiple breastfeeding periods regardless of total time for each breastfeeding period. The operational definition of breastfeeding used in this study is: "the action of feeding a baby with milk from the breast," which includes feeding the baby with breast milk obtained from breast pumping.

Before accessing the questionnaire, each participant will be directed to a Participant Information Sheet (PIS) page filled with information regarding the study's aim, confidentiality of their answers, and that their participation is optional. If the participant is willing to consent, they can proceed to the next section and answer the questions. The researcher ensures that there is be no attempt to coerce potential participants to give consent, and all participants are free to withdraw anytime during the questionnaire completion.

Questionnaire Distribution and Data Collection

Convenience and snowball sampling methods were used for this study. Starting from the first week of March 2021 until June 2021, the online survey will be distributed through Danone's internal communication system. Visual aid in the form of virtual posters and memos will also be produced and deployed to help

attract attention. As for data on the implementation of GPP, the researcher will ask representative from each country who is responsible for implementation of GPP with questions and request for data.

Data Analysis

After the end of data collection period, all responses will be downloaded as Microsoft Excel file. Data will be cleaned to exclude duplicates and invalid responses. Files pertaining answers to the questions will be encrypted with a password that can only be accessed by the research team. The data sets will then be transferred to SPSS version 24 software for statistical analysis.

Confidentiality

The responses collected through the online questionnaire are designed to be confidential and anonymous. Participants will not be asked for personal information (such as name, address, date of birth) that may be traceable. However, the only exception is phone numbers; this is not part of the study's interest and will only be used as the participant's unique identifier to remove duplicate responses. It will not be used for other purposes or published anywhere. There will be no attempt to identify the individuals to which data belong. All collected data will be stored in cloud storage that the research team can only access. Data backup will also be made and stored in the primary investigator's personal computer.

Results

Danone's breastfeeding and post-natal support programs were implemented at different levels in several countries, with France and Malaysia implementing nearly all the proposed programs (Figure 2). This figure is by no means a final representation of the ongoing programs in each country, as nearly all of Danone's branches are continuously developing breastfeeding and post-natal services in their workplace. Key performance indicators on how the GPP perform in 2021 can be seen in table 1. The total investments allocated for the policy are split between parental leave costs (Figure 3 and 4) and setting up the lactation rooms and facilities in the offices.

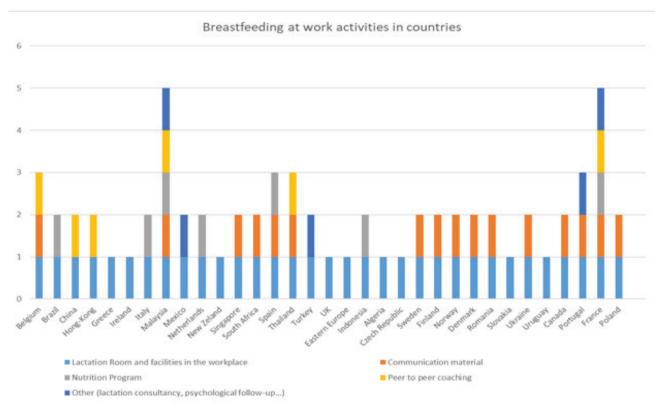


Figure 2. Implementation of breastfeeding and postnatal care program at work in different countries.

Table 1. Key Performance Indicators for GPP	' in 2021
--	-----------

GPP Key Performance Indicator	2021 (n)
Number of employees who took paid Primary Caregiver Leave this year	1415
Number of employees who took unpaid Primary Caregiver Leave this year	418
Number of employees who took paid Secondary Caregiver Leave this year	1903
Number of employees who took unpaid Secondary Caregiver Leave this year	48
Number of employees who took Adoption leave this year as a Primary Caregiver	9
Number of mothers who returned back from a parental leave between 1st January and 31st of December	920
Total number of mothers who took parental leave in 2021	1247
Retention rate of mothers in 2021	74%
Number of mothers who used the lactation rooms in the office in 2021	200
Number of pregnant mothers & employees who requested adapted working conditions before/ or after parental leaves	171
Number of pregnant mothers & employees who requested flexible working schedules before/ or after parental leaves	265
Number of lactation rooms worldwide	139
Number of countries where Danone provide nutritional breastfeeding products	17
Number of employees who attend a F1000D program and receive a pre- and post-natal support	996

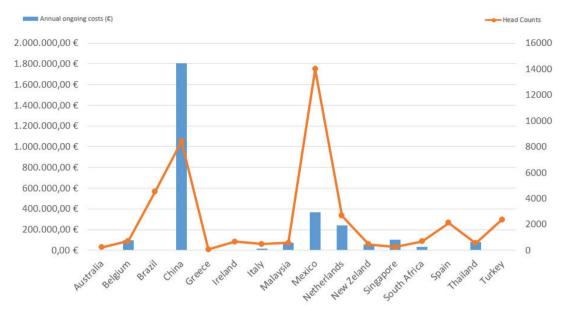


Figure 3. Annual ongoing cost of parental leave in several countries, these are covered through the GPP investment.

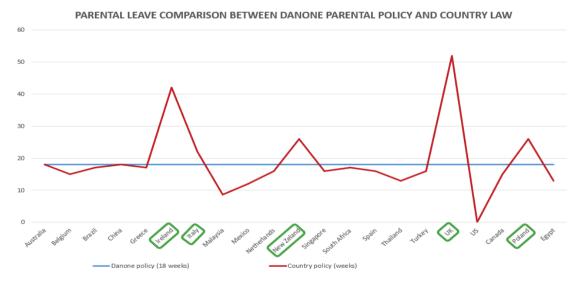


Figure 4. Comparisons of parental leave between GPP and countries' law.

As for the questionnaire, in the end, a total of 56 respondents from 6 countries (France, Italy, Malaysia, Greece, Australia, South Africa) matched the eligibility criteria and completed the questionnaire that was distributed between March – June 2021. There are no duplicate found, and all the respondents were included in the study. The mean age of the respondent was 27.7±6.4. Summary of answers to the questionnaires are available in Table 2.

The questionnaire found that globally 30% of all respondent breastfeed during the first 6 months and the rest breastfeed until 12 months or more. In nearly all the countries, the respondent had higher exclusive breastfeeding rate and longer period of breastfeeding compared to the general population of their respective countries' rate. Out of all the mothers who breastfeed for more than 4 months, 66% use the lactation room available in their respective countries (Figure 3).

Table 2. Summary of respondent's answer to the questionnaire.

Questions	Answers	n	%
Q1. In which country are you working from?	France	19	33.9
	Italy	8	14.4
	Malaysia	12	21.4
	Greece	6	10.7
	Australia	6	10.7
	South Africa	5	8.9
Q2. How many babies did you breastfeed while coming back to work?	1 kid	31	55.4
	2 kids	21	37.5
	4 kids	4	7.1
Q3. How old was your baby when you went back to work?	Less than 3 months	36	64.2
	Between 3 months and 6 months	3	5.4
	More than 6 months	17	30.4
Q4. Using the lactation room and facilities, did you pump your breast milk at work?	Yes	40	71.4
	No	16	28.6
Q5. If yes to Q4, how long did you breastfeed your baby thanks the lactation room and the facilities?	Until 6 months	6	15.0
	Between 6 months and 12 months	14	35.0
	More than 12 months	20	50

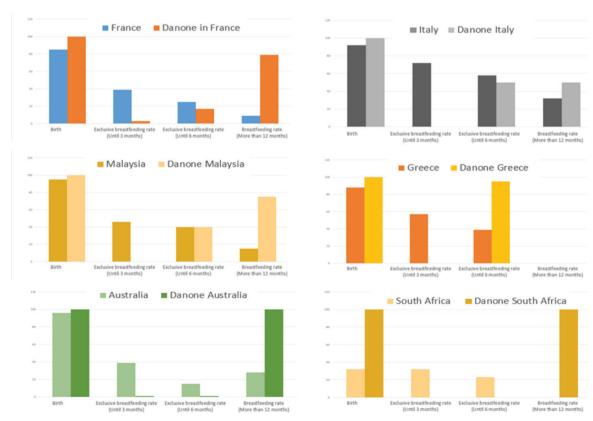


Figure 4. Breastfeeding comparison between respondent and general population of each country in 2021 (data gathered from multiple resources).

Discussion

Breastfeeding and the Sustainable Development Goals (SDGs)

Breastfeeding is a critical first step on a child's path to a healthy future¹⁰. However, as a foundation for a child's future health and well-being, breastfeeding is also a critical element of worldwide development efforts to create a more healthy, prosperous, and sustainable planet¹¹. As a practical step towards protecting the survival and health of babies and women, breastfeeding is a central part of the 2030 Agenda for Sustainable

Development and is linked to many of the SDGs. One of them is "Gender equality," including workplaces rights and support (Figure 5)^{12,13}breastfeeding also is a critical element of worldwide development efforts to create a more healthy, prosperous and sustainable planet. As a practical step towards protecting the survival and health of babies and women, breastfeeding is a central part of the 2030 Agenda for Sustainable Development and is linked to many of the Sustainable Development Goals (SDGs. With very high emphasize on breastfeeding in the SDGs, it should be obvious that breastfeeding and post-natal support in the workplace plays a pivotal role in ensuring that mother can continue to breastfeed.



Figure 5. Breastfeeding as an essential part of the SDG.

Rating agencies are bringing the topic of breastfeeding to the forefront

One of the key driving forces on supporting breastfeeding in the workplace are rating agencies, which inevitably leads to more incentives for breastfeeding support in companies. The Access to Nutrition Index (ATNI) and Workforce Nutrition Alliance (WNA) is some rating agencies that took breastfeeding in the workplace to the forefront. ATNI considers supporting breastfeeding and, more specifically, supporting breastfeeding mothers at work is crucial. Today, this topic of "Supporting breastfeeding mothers in the workplace" is included in a global Lifestyles category that scores 2,5% of the global ATNI score. The expectations of ATNI for companies are as follows: "Offer supportive maternity leave policies including paid maternity leave of ideally six months or more, flexible working arrangements and appropriate workplace facilities for breastfeeding mothers when they return to work."

The WNA is a coalition of retailers and industries, supported by Global Alliance for Improved Nutrition (GAIN) and NewForesight, that plans to provide the employers with an online implementation program on four themes (see below). The objective is to co-create a scorecard under the expertise of GAIN that will first help companies adopt nutrition programs and then help them improve existing ones (i.e. adopt all programs, improve the quality of programs, improve the reach of the programs). The first step is to assess companies' situation to become members of the Alliance. Breastfeeding support is part of the four themes and counts for a high score (30 points), which shows that supporting breastfeeding at work is seen as a strategic topic.

More specifically, the scorecard on breastfeeding support assess different criteria, all of which had been covered in implementation and assessment of GPP in Danone¹⁴. The scorecard measures:

- If an employer has set an operationalized strategy and Key Performance Indicators that are being measured over time
- The amount of investment for such program
- the coverage of the beneficiaries (availability and accessibility to all employees)
- the longevity of such program
- The level of employees' engagement (i.e. level of interactions, participation to the program design)

Implementation of GPP

As had been previously mentioned, investment on the GPP are split between parental leave costs (Figure 3 and 4) and setting up the lactation rooms and facilities in the offices. The investments in the parental policy are supporting breastfeeding in the sense that:

Danone offers longer maternity leave (18 weeks) than the country legislation in some countries. However, in others, Danone needs to increase the maternity leave to more than 18 weeks due to the local regulations. Today, five countries out of 16 have more than 18 weeks of maternity leave (Figure 4).

Implementing an entire environment for breastfeeding at work will allow mothers to return to work while continuing breastfeeding.

With only data from the 2021 KPIs available (Table 1), it is challenging to gauge how GPP had progressed through the years in numbers. However, the retention



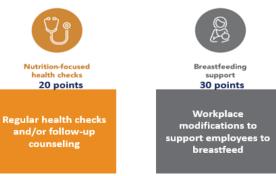


Figure 6. Four themes by NewForesight which includes support to employees breastfeeding.

rate of mothers in Danone had reached 74% in 2021. The retention of women is of note because retention of valuable talents may pose as one of the indicators of success for the GPP. Nevertheless, it should be noted that women whom RTW after childbirth usually resigns not long after. It is uncertain why women choose to leave their jobs or what a company can do to increase the retention of these talents. Childbirth may be a significant turning point that may lead working mothers to reevaluate their work choice and resign¹⁵. Even though there's very little to indicate the main reason why mother resigns after childbirth, the provision of post-natal and breastfeeding support, however, may ease women into their new role as a mother while retaining their current job.

Regarding the policy's implementation, 44% of the respondent had breastfed two or more children while RTW; this somewhat shows that their RTW experience after pregnancy may have been conducive for breastfeeding. For 48% of the respondents, the breastfeeding facilities had increased their breastfeeding length to more than 12 months. Comparing the national breastfeeding rates and the respondent's breastfeeding rates shows that respondents in most countries have longer breastfeeding rates (Figure 4)¹⁶⁻²⁰. This difference demonstrates that settings in the workplace may be a driver for continuing breastfeeding. Combining this driver with other determinants such as maternity protection, employee knowledge capacity building and community support programs can surely cause a further impact on increasing worker's breastfeeding rates²¹⁻²².

Study's Limitation

The main purpose of this study is to present the breastfeeding and post-natal support (GPP) model that had been implemented worldwide by Danone. The simplified questionnaire were meant to be used to show descriptive data on how the programs had been utilized by breastfeeding workers – yet, the researcher thought that in deep comparison and further follow-up on the initiative should be done to ensure that the model applied truly is effective and sustainable. Further observation cohort study (both quantitative and qualitative) may shed more light on the flaws and benefits of the models that had been applied by Danone worldwide.

Conclusion

Ensuring continuation of breastfeeding by returning to work mothers are essential for child's health, mothers wellbeing, and company's performance. Applications of breastfeeding and post-natal support model in the workplace may be one means to achieve continuation of breastfeeding and retention of working mothers.

References

- Walters DD, Phan LTH, Mathisen R. The cost of not breastfeeding: Global results from a new tool. Health Policy Plan. 2019:
- Dutheil F, Méchin G, Vorilhon P, Benson AC, Bottet A, Clinchamps M, et al. Breastfeeding after returning to work: A systematic review and meta-analysis. Int J Environ Res Public Health. 2021;18(16).
- Kamath SP, Garg D, Khan MK, Jain A, Baliga BS. Perceptions and Practices regarding Breastfeeding among Postnatal Women at a District Tertiary Referral Government Hospital in Southern India. Scientifica (Cairo). 2016;2016.
- Hentges M, Pilot E. Making it "work": mothers' perceptions of workplace breastfeeding and pumping at Dutch universities. Int Breastfeed J. 2021;16(1).
- Weber D, Janson A, Nolan M, Wen LM, Rissel C. Female employees' perceptions of organisational support for breastfeeding at work: Findings from an Australian health service workplace. Int Breastfeed J. 2011;6.
- Alimoradi F, Javadi M, Barikani A, Kalantari N, Ahmadi M. An overview of importance of breastfeeding. Vol. 5, Journal of Comprehensive Pediatrics. 2014.
- 7. Ross E, Woszidlo A. Breastfeeding in the Workplace: Attitudes Toward Multiple Roles, Perceptions of Support, and Workplace Outcomes. Breastfeed Med. 2022;17(1):38–45.
- 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? Vol. 387, The Lancet. 2016. p. 491–504.
- 9. Basrowi RW, Sastroasmoro S, Sulistomo AW, Bardosono S, Hendarto A, Soemarko DS, et al. Developing a workplace lactation promotion model in Indonesia using Delphi technique. Arch Public Heal. 2018;76(1).
- Sankar MJ, Sinha B, Chowdhury R, Bhandari N, Taneja S, Martines J, et al. Optimal breastfeeding practices and infant and child mortality: A systematic review and meta-analysis. Vol. 104, Acta Paediatrica, International Journal of Paediatrics. 2015. p. 3–13.
- 11. Stuebe A. #WBW2020: Support Breastfeeding for a Healthier Planet. Vol. 15, Breastfeeding Medicine. 2020. p. 546–7.
- 12. UNICEF. Breastfeeding and the Sustainable Development

- Goals. UNICEF 70Years for every child [Internet]. 2018;9(3):1–4. Available from: https://worldbreastfeedingweek.org/2016/pdf/BreastfeedingandSDGsMessaging WBW2016 Shared.pdf
- Seyedsayamdost E. Sustainable development goals. Essent Concepts Glob Environ Gov. 2020;251–3.
- 14. de Groot E, van der Kaaji A, Kneepkens M, Douma A, Bushra S, Cashin J. Breastfeeding Support: A practical guide for employers to create breastfeeding-friendly workplaces [Internet]. 1.1. Ferguson-Mitchell J, editor. Geneva: Workforce Nutrition Alliance; 2021. 27 p. Available from: https://workforcenutrition.org/webapi/public/guidebook_breastfeeding_support.pdf
- 15. Lee TW, Mitchell TR. An Alternative Approach: The Unfolding Model of Voluntary Employee Turnover. Acad Manag Rev. 1994;19(1):51–89.
- Courtois F, Péneau S, Salanave B, Andreeva VA, Roland-Cachera MF, Touvier M, et al. Trends in breastfeeding practices and mothers' experience in the French NutriNet-Santé cohort. Int Breastfeed J. 2021;16(1).
- Milinco M, Cattaneo A, MacAluso A, Materassi P, Di Toro N, Ronfani L. Prevalence of breastfeeding in a baby-friendly

- pediatric practice: An experience in Trieste, Italy. Int Breastfeed J. 2019;
- North K, Gao M, Allen G, Lee AC. Breastfeeding in a Global Context: Epidemiology, Impact, and Future Directions. Clin Ther. 2021 Dec 29;
- UNICEF. India Unicef Data [Internet]. 2017 [cited 2021 Dec 12]. Available from: https://data.unicef.org/country/ind/#
- Basrowi RW, Sulistomo AB, Adi NP, Vandenplas Y. Benefits of a dedicated breastfeeding facility and support program for exclusive breastfeeding among workers in Indonesia. Pediatric Gastroenterology, Hepatology & Nutrition. 2015 Jun 1;18(2):94-9.
- Basrowi RW, Sulistomo AW, Adi NP, Widyahening IS, Vandenplas Y. Breastfeeding knowledge, attitude, and practice among white-collar and blue-collar workers in Indonesia. Journal of Korean medical science. 2019 Nov 25;34(45).
- 22. Basrowi RW, Sastroasmoro S, Sulistomo AW, Bardosono S, Hendarto A, Soemarko DS, Sungkar A, Khoe LC, Vandenplas Y. Challenges and supports of breastfeeding at workplace in Indonesia. Pediatric gastroenterology, hepatology & nutrition. 2018 Oct 1;21(4):248-56.