



Breastfeeding Support and Facilities for Mothers in the Workplace

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Abstract

Exclusive breastfeeding is a form the fulfillment of infants and mothers' rights. However, the coverage of exclusive breastfeeding remained low. This study aimed explore the breastfeeding support and facilities in the workplace in the implementation of exclusive breastfeeding among working mothers. This study was conducted in companies in the area of Bantul District. Design in this study was qualitative design with phenomenological approach. Participants were selected by using purposive sampling methods. Based on the interview, participants received breastfeeding support from employers but it was not supported by written policy on the management of exclusive breastfeeding at the workplace. This might affect on the availability of lactation room and the facilities provided in the lactation room, maternity leave which was considered inadequate, no break time for lactating or pumping the breastmilk, and neither child care at the workplace or child care that was near to the workplace. In conclusion, breastfeeding support and facilities at the workplace would give benefits in the implementation of exclusive breastfeeding among working mothers.

Key words: *support, facility, exclusive breastfeeding, breastfeeding, workplace*

Article info:

Article submitted on November 02, 2017

Articles revised on December 07, 2017

Articles received on December 11, 2017

DOI: [http://dx.doi.org/10.21927/jnki.2017.5\(3\).200-208](http://dx.doi.org/10.21927/jnki.2017.5(3).200-208)

INTRODUCTION

Government Regulation No. 33 of 2012 stated that exclusive breastfeeding is the provision of breast milk to infants during the first six months of life without additional food or other beverages, except drugs, vitamins and minerals (1). Breastmilk has a standardized composition for the infant's nutritional needs, including bioactive components that can support baby's growth and development. Overall, the nutritional quality in breast milk is high when compared to formula milk (2).

In 2013, the coverage of exclusive breastfeeding in Indonesia reached 30.2%, while in Yogyakarta Special Region (DIY) was 67.9% (3). Based on the health profile of Bantul District, exclusive breastfeeding coverage in Bantul Regency was 74.7% (4). This figure tended to overestimate because the exclusive breastfeeding indicator used was breastfeeding alone without any additional food and beverages during the last 24 hours. Therefore, it is important to know the definitions and survey methods used in interpreting the coverage of exclusive breastfeeding (5).

Further analysis of the 2013 Basic Health Research (Riskesmas: 2013) on the definition of exclusive breastfed in accordance with the World Health Organization (WHO) definition shows that exclusive breastfeeding coverage for children aged 6-23 months in Indonesia was 25.9% (6). Based on the type of work, the proportion of exclusive breastfeeding to mothers who work as private employees and civil servants was 23.9%, laborers and farmers was 25.9%, whereas in non-working mothers is 26.1% (7). This suggested that the exclusive breastfeeding coverage of employed mothers tended to be lower than for unemployed mothers not working, especially if the type of work was private employees or civil servants.

The success of exclusive breastfeeding can be done by providing breastfeeding support by both health and non-health professionals (8). The forms of support that can be provided include information, certainty / confidence, praise and opportunities to discuss and respond to questions of mother. The support provided should also match the setting and population groups of breastfeeding mothers (9). In working mothers, support such as maternity leave policies, the availability of daycare centers around the workplace and workplace lactation programs, as well as physically existing lactation facilities in the workplace can help to succeed exclusive breastfeeding programs (10).

The results of previous research indicated that support of colleagues and leaders in the workplace improved mothers confidence in providing exclusive breastfeeding. Working mothers especially in the formal sector can make efforts such as breastfeeding pumps. In Bantul, district mothers working in government hospitals had the support and facilities to pump breast milk (11). This can be caused by the high health awareness in the agency. In fact, there were still many workplaces in Indonesia that had not provided breastfeeding facilities or inadequate

breastfeeding facilities. Social support given in the work environment was also still limited (12). Therefore, this study aimed to explore breastfeeding supports and facilities at the workplace in the implementation of exclusive breastfeeding among working mothers in companies in Bantul District.

MATERIALS AND METHODS

A qualitative study design with phenomenology approach was conducted to identify the description of supports and breastfeeding facilities at the workplace in the application of exclusive breastfeeding. The purpose of this approach was to explain more specifically and identify phenomena through what the actor feels in a situation. This phenomenology is concerned with the study of experience from an individual perspective (13).

The sampling technique used was purposive sampling. Participants were selected based on the sampling in frame a quantitative study entitled Factors Affecting the Success of Exclusive Breastfeeding on Working Mothers, where one of his articles had been published elsewhere (14). In this study, participants female workers in medium and large provided companies (minimum number of workers 51 people) that lactation room facilities and located in Bantul District.

Data source triangulation done by interviewing multiple sources which were working mothers and human resources and health offices from the companies. All information was obtained through in-depth interviews to each participant. Interviews were conducted continuously until the data becomes saturated. In analyzing the data there were several steps that were done including making transcription process of interviews, analyzing transcripts, coding, and sorting data to produce the data sorted according to the formulation of the problem by verifying participants answers from various sources.

RESULTS AND DISCUSSION

Characteristics of Respondents

Table 1 participants showed the characteristics of participants consisted of eight breastfeeding mothers including two women who were exclusively breastfeeding and six other mothers were not. More than half of participants achieved a minimum senior high school level of education. Most of the participants worked at the production unit in the company.

Characteristics of key Informants from Companies

The company is also involved in this research as an informant and also undergoes an in-depth interview, which is called informant company 1 (IP1), corporate informant 2 (IP2), company informant 3 (IP3), company informant 4 (IP4), company informant 5 (IP5), company informant 6 (IP6), company informant 7 (IP7).

Key within the company informants in the study consisted of company staff and clinic staff. Each informant had different levels of education. The number of informants in this study were seven informants from six companies.

Company Support in the Implementation of Exclusive Breast Milk Breastfeeding policies in the company

Existing policy within the company is the form of company support for workers. In this study all companies did not have written policies related to breastfeeding. This can be proven by the respondent's statement as follows:

... "about policy, if eeee maybe the company do not have the policy. But the company supports us to providing exclusive breastfeeding. In fact, member of midwifery association were involved here. Behind the office, there were posters promoting the use of lactating room and also refrigerator. So indirectly the company is supporting us. But no eee... written regulations or policies but at least with those facilities, means that the company support the program" ..(R4)

Key informants also explained that there were no written breastfeeding in the company, but only in the form of appeals to female workers.

... "Not yet, if there is no written policy yet.." "No, every Wednesday morning there is regular meeting with production

Table 1. Characteristics of Respondents

Participants	Age/years old	Level of Education	Work unit	Exclusive Breastfeeding History
R1	35	Senior high school or above	Production	No
R2	23	Senior high school or above	Production	No
R3	32	Senior high school or above	Production	No
R4	29	Senior high school or above	Staff	Yes
R5	35	Junior high school or below	Production	No
R6	35	Junior high school or below	Production	No
R7	34	Junior high school or below	Production	No
R8	26	Senior high school or above	Production	Yes

Table 2. Characteristics of key Informants

Key Informants	Age/years old	Human resources Position	Level of Education
KI 1	36	HRD Staff	Graduated From High School
KI 2	36	Nurse	Graduated Higher Education
KI 3	27	Counselor	Graduated from high school
KI 4	39	K3 Supervisor	Graduated Higher Education
KI 5	28	HRD Staff	Graduated Higher Education
KI 6	35	Nurse	Graduated Higher Education
KI 7	37	Clinic Officer	Graduated Higher Education

staffs, we always remind each other there, for example this. Also, we talk to the head of the unit, the leader, to give permission, to provide time, like that.”(IP2)

Breastfeeding mothers who are working require different legal approach than mothers who are not working. Policymakers should consider adopting policies elsewhere that have proven to be effective. In addition, it is also necessary to evaluate the effectiveness of breastfeeding policies or through what mechanisms such policies may affect breastfeeding policies (15). Regardless of the unavailability of evidence on the effectiveness of breastfeeding policies on the success exclusive of breastfeeding, the existence of a written policy on breastfeeding in the workplace is expected to be the foundation in regulating the rights of working mothers in exclusive breastfeeding.

Regulation of Maternity Leave in the Company

Maternity leave is also included as a form of support for working mothers in the practice of exclusive breastfeeding. The results of this study indicate that all respondents were given three months leave time. There were some companies that already have certain time for maternity leave, meanwhile others gave freedom to the employee to take maternity leave. From the results of interviews conducted, most of the participants stated the time of leave given is not enough (5 out of 8 participants). This can be seen from the statement of participants as follows:

...”1,5 monts before delivery. 1,5 months after delivery. It’s not enough (smilling).”(R2)

...”3 months”..not certain ,, 1,5 months before delivery ,,right..”...”Yeah, if sufficient, maybe it’s not sufficient, it is not enough (laughing) he’eh right hehehe ”.(R3)

While a small part (3 of 8) stated maternity leave is enough. This can be proven in the following statement:

...”If maternity leave is 3 months, but it depends to us if we feel fit after 2 months, then the time is enough. For me it’s enough. Actually, if 1,5 months before and 1,5 months after it is regulation here. But I took maternity leave after delivery, just before the delivery I took the day of . so yeah it’s really enough”.(R4)

Regarding the maternity leave given by the company informants stated that maternity leave was given to employees for 3 months. There was one company that gave flexibility to employees for when leave time is taken. However also one company that had determined the maternity leave time which should be taken unless there were special things related to pregnancy (1.5 months before estimated birth date and 1.5 months after estimated birth date). The company informant also stated that the time of maternity leave given was enough. This can be proved in the informant statement as follows:

...”As in e...regulation 1,5 months before estimated birth date, we refer to the estimated birth date, e... and 1,5 months after it. For me? If for me, maybe it’s enough, but maybe if according to other friends maybe it’s enough. Because e.... yeah maybe almonst 50%, 50% of them returned to work, 50% of them continue that (maternity leave) e... so e... maybe they felt 3 months is not enough, so they preferred, “oh, I’m focusing on my baby first“(IP1).

The participants statements above revealed the variations on the maternity leave. For mothers who think that maternity leave enough, they will return to work as usual. For mothers who feel the time off is less, then will not return to work with the reason of caring for the baby. As stated in Law

Number 13 Year 2003 concerning Manpower, the period of maternity leave on working mother is 1.5 months before and 1.5 months after delivery according to doctor / midwife diagnosis (16).

The return of working mothers after the maternity leave was associated with the tendency of the mother to wean her baby (17). A quantitative study showed that if the mother had longer maternity leave time, then the duration of breastfeeding would be longer (18). In this case, the leaders in the workplace have an important role in the success of breastfeeding on working mothers full-time. On the other hand, the government should consider extending the time off work and encourage leaders in the workplace to advocate for extended paid postpartum leave (wage) (19).

The Use of Lactating Room and Break Time for Breastmilk Pumping

From the interviews, it was known that all working mothers who were breastfeeding got support to pump breastmilk at work either from support from colleagues or from the company. These could be seen from the following statement of respondents:

"...give the support for sure, such as we are allowed to eee pump. I don't know about the production unit. If from me, during the work hour from 08.00 – 16.00 althouh it is not a break time, I am still allowed to pump breastmilk. No certain schedule, free because we don't know when the breastmilk is produced a lot." (R7).

"...oh yeah, means that ooh providing facility and time. So, at least, they give chances" (R8).

All of the company informants also stated to provide support to nursing mothers in the workplace. This can be seen from the statement of informants as follows:

"...yes brother, for example the lactating room is a form of our supports. Yes, that is, lactating room,

breastfeeding education from medical professional especially for pregnant women who attend the clinic. Also, the time hour for pregnant women, we reduce the working hour. For pregnant women, we reduce their work tasks as they can..." (IP4).

There was no specific time associated with working mothers who want to milk in the lactation room that has been provided by the company. The company provides flexibility of time to working mothers related to it. This can be evidenced from the statement of respondents and informants as follows:

"...if special time, there's no special time sister, as I said before, if we want to pump, it is tolerated..." (R4)

'...ehem ehem ehem, the most important is to ask permission to the security staff, so it can be 2-3 times a day, it is okay..." (IP5)

Low breastfeeding desire in working mothers is associated with lack of breastfeeding due to long working hours, difficulty in breastfeeding because of the unavailability of clean lactation chamber, and shift work. In support of exclusive breastfeeding success in working mothers, flexibility should also be provided in the working environment for breastfeeding mothers (19). This includes the flexibility to give time for breastfeeding and pumping.

Breastfeeding Facility at Work Availability of Lactation Room and Supporting Facilities and Benefits

All companies have a variety of facilities to enhance the performance of employees, one of which is a breastfeeding facility that is useful as a support of exclusive breastfeeding. In this study most companies have special lactation chamber facilities and a few companies have lactation chambers that still join the mosque so the size was too narrow. This can be proved by the following respondents' statements.

"...yes, there is. Besides the musholla, it is not effective. The size is too small, I mean eee no special room. This should be a part of musholla but it is sealed like this." (R8)

Most (5 of 6) the company also explained that the lactation room at the company has been provided for the employees who are breastfeeding her child. This is evidenced from the revelation of the following company informants.

"...yes brother, since 2004 or else, it has been there, I forget 2004 or 2006 first we had the clinic then lactation room. It was a room for resting but now it is lactating room. The location is near to musholla, sterile, far from noise and pollution or smell from the toilet, hygiene, the location is also near to musholla so it is quiet. The location is strategy bro because the flow is from production room, door, wash hands there, then if they want to pray or else... it is near from the lactating room. Then, if they want to go home, it is also near to the locker, means that it is appropriate. The size is 6x4 if I am not mistaken, maybe more. It is closed area, has ventilation and fan, the lighting, thanks God, is enough. About poster, yes there is also..." (IP4)

Inside the lactation room in the facilities adequate facilities by the company among them there is a refrigerator, chairs, wastafell, and some are already using Ac. This can be proven by the following statement of respondents.

"...if there, has air conditioner. The chair is sofa, chairs are 2. The table one, also sink, and refrigerator..." (R5)

From the company also explains the facilities available in the room lactation refrigerator, chairs, wastafell and some are already using the air conditioner. This can be proved by the following statement of the company.

"...there is a long sofa, also bed is still there, hehehe for resting, sofa can be used by 3 persons, if 4 it is not fit. Table, thanks God, it is there, emmm it is 1, there is ventilation and fan..." (IP4)

The existence of lactation space makes employees become comfortable to pump breast milk. The lactation room is felt to be very useful by female employees to pump breast milk. This is proved by the following statement.

"...Yes there is, it is used for pumping right. If not, then where they should pump (smiling)..." (R1)

In this research, most of the respondents (5 of 8 respondents) stated that the existing lactation support facilities are already comfortable to use and have adequate facilities, the shortcomings of the respondents are only a few rooms that are not slightly wide so it can not accommodate many mothers who flush Breast milk, nobody keeps breastfeeding space, and also a breastfeeding pump that does not exist, but respondents prefer to pump breast milk by manual (by hand). The comfort of the lactation room makes the respondent feel at home inside the lactation chamber to pump breast milk. While a small part (3 of 8) states the room is less comfortable with very less facilities such as the size is too small, no refrigerator, less chairs, no table, no milk pump and less clean room, of course this will make respondents feel not comfortable and less interested in using the lactation room that has been provided.

The availability of lactation chambers in the workplace has been regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 15 Year 2013 on Procedures for the Provision of Special Facilities for Breastfeeding and / or Pumping Facility for Breast Milk. The special needs of breastfeeding facilities include a special room of 3x4m² size or adjusted to the

number of female workers, lockable doors, tile or cement floors or with carpets, adequate air circulation, safe from harm, away from noise, adequate lighting, good humidity, and a sink with running water. In addition, breast milk storage facilities include breastfeeding refrigerators, gel or ice coolers, bags for carrying dairy milk, and sterilizing bottles of breast milk storage (20).

Daycare in the Company

Child care is very important to make it easier for the mother to breastfeed her child, but from the company and around the company does not have a daycare. This is evidenced by the following statement of respondents and informants.

One of the interventions that can be done to support breastfeeding programs for working mothers is to provide a place for child care at work or close to the workplace. In addition, the child care center should also be equipped with training and guidance on breastfeeding management in the workplace (21).

In this study the support of employers showed an important role to the exclusive breastfeeding. Based on interviews conducted, respondents get support from employers or employers in providing exclusive breastfeeding in the workplace. The form of support given according to the respondent's statement is the availability of lactation space in the company, the freedom of time making it easier for the mother to use the lactation room facilities. This will certainly make it easier for mothers to work to keep exclusive breastfeeding to their babies. So it can be concluded that support, either support from family, or support from the company, work environment influential in the success of working mother in giving exclusive breastfeeding to her child (14,21).

CONCLUSIONS AND SUGGESTIONS

Most of the respondents who are working mothers do not give exclusive breastfeeding to

their children (75%). This is due to the lack of support and facilities in the workplace, such as the absence of written policies in the company related to exclusive breast feeding of working mothers, lactation room and time given to mothers is not sufficient, the time of maternity leave is considered inadequate, and not there is a special schedule for breastfeeding or using lactation chamber during work. In addition, the company where the mother works is also not providing and most are not close to the location of child care.

Policy and implementation of exclusive breastfeeding policies on working mothers should be implemented in accordance with the applicable rules. The local health office is expected to conduct monitoring and training related to the management of exclusive breastfeeding in the workplace on a regular basis to companies that have female workers. For educational institutions are expected to work together to provide education for working mothers and the company about exclusive breastfeeding management in working mothers. In addition, support from superiors and workplaces should also be strengthened by providing facilities and work environments that support breastfeeding mothers in providing exclusive breastfeeding to their babies. Further research should be directed to assessing the implementation of exclusive ASI policies at workplaces in other cities or districts, as well as assessing the effectiveness of education and cross-sectoral cooperation in support of exclusive breastfeeding of working mothers.

REFERENCES

1. Indonesia PR. Peraturan Pemerintah Republik Indonesia Nomor 33 Tahun 2012 tentang Pemberian Air Susu Ibu Eksklusif [Internet]. 2012 [cited 2017 Dec 1]. Available from: [http://www.hukor.depkes.go.id/uploads/produk_hukum/PP No. 33 ttg Pemberian ASI Eksklusif.pdf](http://www.hukor.depkes.go.id/uploads/produk_hukum/PP%20No.%2033%20ttg%20Pemberian%20ASI%20Eksklusif.pdf)

2. Ballard O, Morrow AL. Human Milk Composition. *Nutrients and Bioactive Factors*. *Pediatr Clin North Am* [Internet]. 2013;60(1):49–74. Available from: <http://dx.doi.org/10.1016/j.pcl.2012.10.002>
3. Kementrian Kesehatan RI. Laporan Riset Kesehatan Dasar 2013 [Internet]. Jakarta; 2013 [cited 2017 Sep 11]. Available from: [http://www.depkes.go.id/resources/download/general/Hasil Riskesdas 2013.pdf](http://www.depkes.go.id/resources/download/general/Hasil_Riskesdas_2013.pdf)
4. Dinas Kesehatan Kabupaten Bantul. Profil Kesehatan Kabupaten Bantul 2016 [Internet]. Buku Profil Kesehatan Kabupaten Bantul. 2016 [cited 2017 Oct 9]. Available from: [http://dinkes.bantulkab.go.id/filestorage/dokumen/2016/08/narasi profil 2016.pdf](http://dinkes.bantulkab.go.id/filestorage/dokumen/2016/08/narasi_profil_2016.pdf)
5. Widodo Y. Cakupan Pemberian Asi Eksklusif: Akurasi Dan Interpretasi Data Survei Dan Laporan Program. *Gizi Indones*. 2011;34(2):101–8.
6. Paramashanti BA, Hadi H, Gunawan IMA. Pemberian ASI eksklusif tidak berhubungan dengan stunting pada anak usia 6 – 23 bulan di Indonesia. *J Gizi dan Diet Indones*. 2015;3(3):162–74.
7. Paramashanti BA, Hadi H, Gunawan IMA. Timely initiation of breastfeeding is associated with the practice of exclusive breastfeeding in Indonesia. *Asia Pac J Clin Nutr*. 2016;25(October):52–6.
8. Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers (Review). *Cochrane Database Syst Rev* [Internet]. 2007;1(4):1–101. Available from: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001141/frame.html>
9. Renfrew MJ, McCormick FM, Wade A, Quinn B, Dowswell T. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database Syst Rev* [Internet]. 2012;5:CD001141. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3966266&tool=pmcentrez&rendertype=abstract%5Cnh>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3966266/>
10. Marinelli KA, Moren K, Taylor JS. Breastfeeding Support for Mothers in Workplace Employment or Educational Settings: Summary Statement. 2013 [cited 2017 Dec 1]; Available from: http://www.bfmed.org/Media/Files/Documents/pdf/Statements/ABM_position_on_mothersinworkplace_2013.pdf
11. Anggraeni IA, Nurdiati DS, Padmawati RS. Keberhasilan ibu bekerja memberikan ASI eksklusif. *J Gizi dan Diet Indones (Indonesian J Nutr Diet)*. 2016;3(2):69–76.
12. Rahadian AS. Fulfilling the Right for Exclusive Breastfeeding Among Working Women : Opportunities and Challenges. 2014;1(November):26–8.
13. Lester S. An introduction to phenomenological research [Internet]. 1999 [cited 2017 Dec 1]. Available from: <http://www.rgs.org/nr/rdonlyres/f50603e0-41af-4b15-9c84-ba7e4de8cb4f/0/seaweedphenomenologyresearch.pdf>
14. Ratnasari D, Paramashanti BA, Hadi H, Yugistyowati A, Astiti D, Nurhayati E. Family support and exclusive breastfeeding among Yogyakarta mothers in employment. *Asia Pac J Clin Nutr* [Internet]. 2017 [cited 2017 Dec 1];26:31–5. Available from: http://apjcn.nhri.org.tw/server/APJCN/26/Suppl_1/S31.pdf
15. Murtagh L, Moulton AD. Strategies to Protect Vulnerable Populations Working Mothers, Breastfeeding, and the Law. *Am J Public Health* [Internet]. 2011 [cited 2017 Dec 2];101(2):217–23. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3020209/pdf/217.pdf>

16. Kementerian Sekretariat Negara RI. Undang-Undang Republik Indonesia Nomor 13 Tahun 2003 tentang Ketenagakerjaan. 2003;77.
17. Tan KL. Factors associated with exclusive breastfeeding among infants under six months of age in peninsular malaysia. *Int Breastfeed J* [Internet]. 2011;6(1):2. Available from: <http://www.internationalbreastfeedingjournal.com/content/6/1/2>
18. Ogbuanu C, Glover S, Probst J, Liu J, Hussey J. The effect of maternity leave length and time of return to work on breastfeeding. *Pediatrics* [Internet]. 2011 Jun [cited 2017 Dec 2];127(6):e1414-27. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21624878>
19. Tsai S-Y. Impact of a breastfeeding-friendly workplace on an employed mother's intention to continue breastfeeding after returning to work. *Breastfeed Med* [Internet]. 2013 Apr [cited 2017 Dec 2];8(2):210–6. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23390987>
20. Kementrian Kesehatan Republik Indonesia. Peraturan Menteri Kesehatan Republik Indonesia Nomor 15 Tahun 2013 tentang Tata Cara Penyediaan Fasilitas Khusus Menyusui dan/atau Memerah Air Susu Ibu [Internet]. 2013 [cited 2017 Dec 2]. Available from: [http://www.hukor.depkes.go.id/uploads/produk_hukum/PMK No. 15 ttg Fasilitas Khusus Menyusui dan Memerah ASI.pdf](http://www.hukor.depkes.go.id/uploads/produk_hukum/PMK_No._15_ttg_Fasilitas_Khusus_Menyusui_dan_Memerah_ASI.pdf)
21. Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC Guide to Breastfeeding Interventions [Internet]. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2005 [cited 2017 Dec 7]. Available from: https://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf