



## Promoting Breastfeeding in Workplaces: Experiences with the Crèche at the University of Port Harcourt Teaching Hospital, Southern Nigeria

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### **Authors' contributions**

*This work was carried out in collaboration between both authors. Author ARN designed and managed the statistical analysis of the study. Author GKE acquired the data, wrote the first draft of the manuscript. Both authors read and approved the final manuscript.*

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### **ABSTRACT**

**Background:** The Baby Friendly Hospital Initiative (BFHI) aims to promote, protect and support optimal infant and young child feeding (IYCF) practices among all women, irrespective of their employment status. Consequently the University of Port Harcourt Teaching Hospital (UPTH), a Baby Friendly Hospital, has provided free Crèche services since 1996 to enable working mothers breastfeed their babies while at work, as they resume after 4 months of maternity leave.

**Aims:** To appraise attendance and use of the Crèche by health workers for the promotion, protection and support of breastfeeding at the UPTH.

**Study Design:** Retrospective study.

**Place and Duration of Study:** Department of Paediatrics, UPTH, Nigeria.

**Methodology:** Personal data and data on Crèche attendance were extracted from the Registers of children cared for at the Crèche between November 2006 and October 2016, entered into Excel Spreadsheet and analysed with SPSS version 20. Simple statistics were used to analyse and present data.

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**Results:** One thousand and sixty-two children utilised the Crèche during the 10 years review period with total of 10,490 attendances. The children consisted of 604(57%) males and 458(43%) females, aged 6 weeks to 48 months (mean-6.44±2.54 months). An average of 93.6 children were cared for each month, with attendance showing a declining trend and they spent 2 to 9.5(mean-4.68) hours daily. The children attended the Crèche for 1 to 22(mean-7.35) days each month, while 32% of them attended only 1-3 days a month. Mothers from all clinical and non-clinical departments utilised the Crèche with nurses constituting 37%.

**Conclusion:** Utilisation of the Crèche services was sub-optimal. Its provision alone is insufficient to promote and support optimal IYCF practices among working women. User education and support for optimal IYCF practices are required. Access to Crèche services in all shifts and on all days should be guaranteed. Improved record keeping is required.

*Keywords: Breastfeeding; workplace; Crèche; Southern Nigeria.*

## 1. INTRODUCTION

Breastfeeding is an integral element of child survival strategies and has been recognised as a preventive intervention with potentially the single largest impact on reducing under-five mortality [1]. Studies carried out in the 1960s and 1970s brought out some unique advantages of breastfeeding among which are anti-infective properties, nutritional superiority over animal milk, low cost, freedom from contamination, contraceptive and psychological effects. Recently, there has even been growing knowledge about the complex importance of breastfeeding for both mothers and children [2]. It has been found that if scaled up to near universal levels, breastfeeding could avert 13.8% of the deaths of children under 2 years of age as well as 20,000 breast cancer deaths every year [2].

Despite overwhelming evidence in favour of exclusive breastfeeding, the exclusive breastfeeding rate for the first 6 months of life in Nigeria is still 28.7% and this, in spite of the persistently high Infant mortality rate of 67 per 1,000 live births [3].

In 1990, in recognition of the importance of breastfeeding, all governments were mandated to develop national policies to promote, protect and support of breastfeeding [4]. Subsequently, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) launched the Baby Friendly Hospital Initiative (BFHI), a global effort for improving the role of maternity services to support mothers to breastfeed for the best start in life. The initiative has since grown, with thousands of hospitals in 156 countries around the world having been designated Baby Friendly and are all expected to practice the "Ten Step to Successful breastfeeding" which have recently been revised

[5]. The BFHI gives such hospitals the necessary backing to have Crèches located on their premises where babies can be cared for and their mothers can breastfeed them at intervals while at work and be supported when they have chosen to continue breastfeeding.

The University of Port Harcourt Teaching Hospital (UPTH) was designated Baby Friendly Hospital in 1993 with the mandate of promoting, protecting and supporting breastfeeding, ensuring the implementation of the National Breastfeeding Policy, and supporting optimal infant and young child feeding (IYCF) practices among all women, irrespective of their employment status.

The optimal IYCF guidelines recommends exclusive breastfeeding for the first 6 months of life, then addition of complementary feeds while continuing breastfeeding until 2 years or beyond [6]. However, completing 6 months of exclusive breastfeeding has remained a challenge for many breastfeeding mothers, especially those who work outside their homes and have to resume work after their maternity leave, which most often is far less than 6 months. On the other hand, supporting employed women to continue breastfeeding has been found to have the potential to impact such critical issues as the health of mothers and children, employee retention and productivity, and cost savings to business and society [7]. In addition, in its IYCF policy, the Nigerian Federal Ministry of Health recommends that places of employment be actively encouraged to provide Crèches to allow nursing mothers continue breastfeeding even at their workplaces [6,8]. In line with this, the establishment of structures that provide opportunities to support the breastfeeding mother, including provision of Crèches at the workplace, has been reported [8,9].

To ensure that breastfeeding is promoted, protected and supported, the UPTH established a Crèche in 1996 where staff who resume from their 4 months paid maternity leave are supported to ensure optimal IYCF practices. They leave their babies at the Crèche before resumption of duty each day but come to breastfeed and/or express breastmilk every 3 hours. This study was conducted to appraise attendance and use of the Crèche by health workers for the promotion, protection and support of breastfeeding at the UPTH.

## 2. MATERIALS AND METHODS

This retrospective study was carried out at the University of Port Harcourt Teaching Hospital, one of the two tertiary care hospitals in Rivers State which has a population of 5,198,716 [10]. It is an 800-bedded facility and serves as a general/referral center for patients from within the State and its environs. It is located in Port Harcourt, the capital of Rivers State, which is a cosmopolitan city that hosts major indigenous and multinational companies in the oil and gas, manufacturing, banking, telecommunications, construction and health sectors.

Since its inception in 1996, the running of the Crèche is supervised by the BFHI committee, and some nurses and ward maids are assigned to the unit, with a nurse and a maid on duty from 8 am to 2 pm each working day. Mothers bring in their babies before work resumption daily and are allowed to come and breastfeed and/or express breast milk for their babies every 3 hours or less if need be. They sign the attendance register each day as they keep their babies as well as when picking them at the close of work.

They are allowed to come with their personal maids to care for their babies, however these are supervised by the unit's nurse to ensure adequate care and optimal IYCF is practiced. Attendance at the Crèche is free and exclusively for staff of the hospital and medical/ nursing students.

The Crèche closes for services during the weekends, public holidays and industrial actions that involved the nurses. Mothers from all clinical and non-clinical departments utilise the facility. Although the Hospital maintains the Crèche, mothers sometimes donate toys and cleaning materials, and recently the Association of Resident Doctors sponsored its renovation.

The Crèche's attendance from November 2006 to September 2016 was reviewed. Information extracted from the attendance registers included the mother's department, baby's personal data, attendance at the Crèche and duration of stay each day.

Approval for the study was obtained from the Ethics Committee of the UPTH. Data were entered into Excel Spread Sheet and analysed with SPSS version 20. Simple statistics were used to analyse and present the data.

## 3. RESULTS

One thousand and sixty-two children utilised the Crèche during the 10 year-review period with a total of 10,490 attendances. The children consisted of 604 (57%) males and 458 (43%) females, aged 6 weeks to 48 months (mean:  $6.44 \pm 2.54$  months) (Fig. 1).

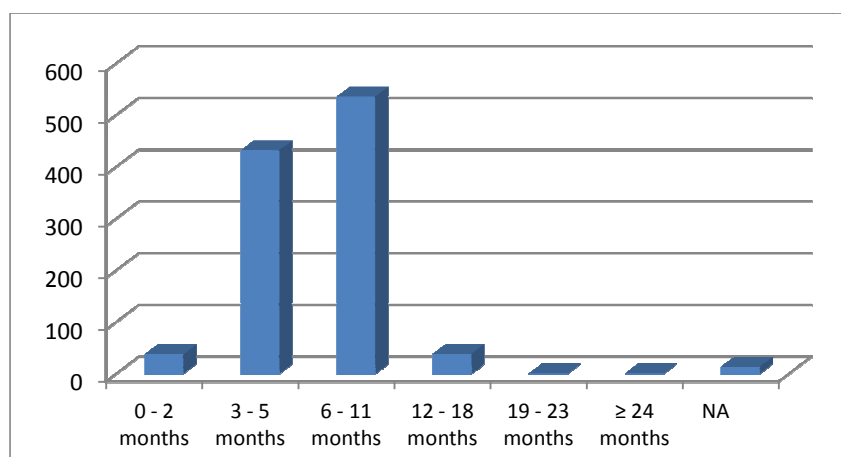


Fig. 1. Age distribution of children who attended the Crèche during the period under review

Crèche attendance showed a downward trend over the years, with the highest attendance in the year 2008 (Fig. 2). The year 2011 recorded the lowest number of babies who were brought to the facility. Mothers from all clinical and non-clinical departments utilised the Crèche with nurses constituting 37%, followed by staff of administration (10.6%) and pharmacy (9%) departments.

Each month, an average of 93.6 children were cared for at the Crèche. The months of June recorded the highest attendances and December had the lowest (Fig. 3).

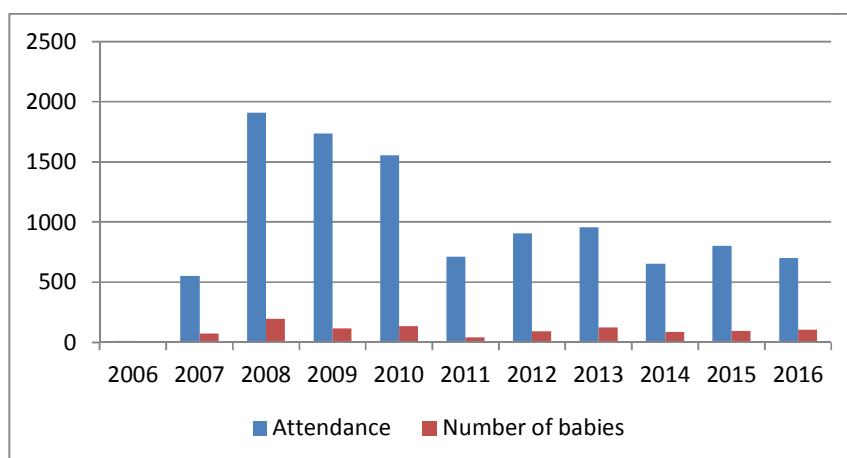
The children attended the Crèche for 1 to 22 (mean- 7.3) days each month, one third of them attended for 1-3 days only (Fig. 4).

Babies spent 2 to 9.5 hours (mean- 4.6) daily at the facility, with the majority of them staying up to

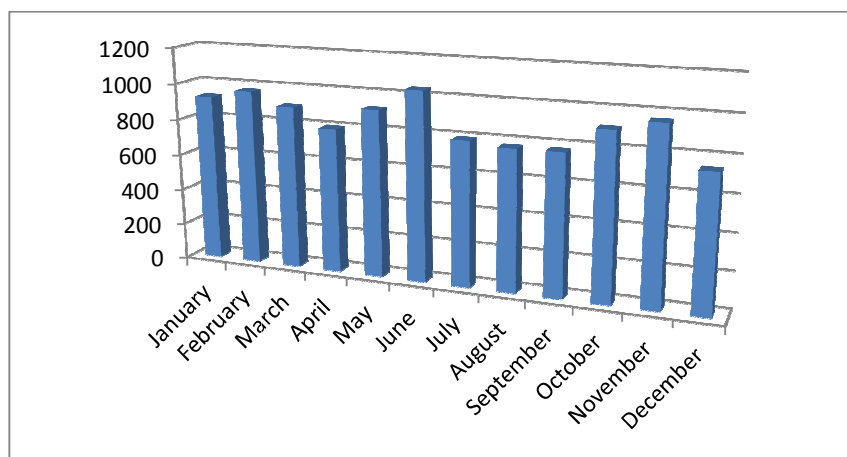
6 hours per day. Incomplete documentation was observed as 375(35.3%) children did not have records of when they were picked from the Crèche (Table 1).

**Table 1. Mean hours spent per day at the Crèche**

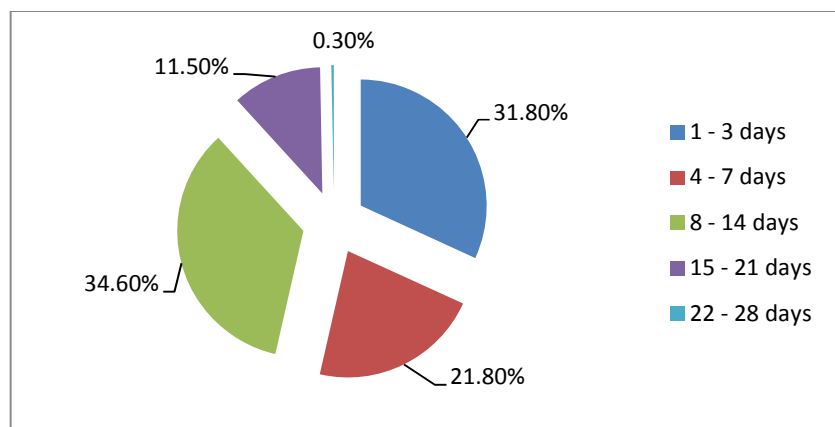
Mean hours	Frequency	Percentage
1.00 - 1.99	2	0.2
2.00 - 2.99	7	0.7
3.00 - 3.99	22	2
4.00 - 4.99	102	9.6
5.00 - 5.99	195	18.4
6.00 - 6.99	255	24
7.00 - 7.99	81	7.6
8.00 - 8.99	19	1.8
9.00 - 9.99	4	0.4
No record of time out	375	35.3
<b>Total</b>	<b>1062</b>	<b>100</b>



**Fig. 2. Yearly distribution of children and attendance at the Crèche**



**Fig. 3. Summary of the total monthly attendance for the 10 year-review period**



**Fig. 4. Total number of days babies attended the Crèche in a month**

#### 4. DISCUSSION

Nursing mothers at the UPTH are entitled to 16 weeks paid maternity leave, after which they resume work. It is therefore not surprising that up to 40% of babies who attended the Crèche were in the age range of 3 to 5 months, when they are still being exclusively breastfed. This is at variance with the report of Agbedeyi, et al. [11], who found that 29% of day care attendees in Port Harcourt Metropolis were enrolled at the centres between the ages of 1 to 5 months, while at the time of their survey, 1.4% of babies at the day care facilities were less than 6 months of age and none was being exclusively breastfed.

Poor feeding practices including lack of exclusive breastfeeding for the first 6 months of life have also been reported by several authors, and were attributed to lack of appropriate maternity leave with day care centres being located away from mother's work premises [12,13]. This brings out one of the major advantages of having a Crèche at the workplace, to help support and promote the National Guidelines on IYCF and besides to breastfeed in the workplace has been identified as a legal right of female employees [14]. Longer paid maternity leave of at least 6 months has also been advocated as a way to protect and increase the rate of exclusive breastfeeding in the first 6 months of life [15]. These are important and cost effective strategies for the attainment of one of the six major global targets set by the United Nations Decade of Nutrition- To increase the rate of exclusive breastfeeding to 50% in the first six months of life, which is essential to achieve the sustainable development goal of eradicating hunger and ending malnutrition by 2030 [16].

A gradual decline in attendance over the years was however recorded. Although the reasons for this were not documented, it is worth mentioning that in recent years several strike actions by health workers necessitated temporary closures of the Crèche. On the other hand, the high prevalence of a single to 3 days use of the Crèche, with half of the population utilising the facility for 7 days or less in a month, shows poor utilisation of the facility. These findings are of great concern, as they may be a reflection of mothers' dissatisfaction with services offered and/or poor maintenance of the facility, causing mothers to seek for alternatives. These negative trends may represent important barriers to breastfeeding with great impact on both the employer and the employee. Respondents in Omotosho's study claimed that they patronised the Crèche at the workplace because it enabled them concentrate on their work while performing their official duties [9]. Besides, several studies have indicated that support for lactation at work benefits not only families but employers as well by improving productivity; enhancing the employer's public image; and decreasing absence to work, improving the health of mother and baby, increasing employee morale and retention [17-19]. This brings to light the need to create awareness among hospital managers on the importance and gains of promoting, protecting and supporting breastfeeding for their employees as well as their institutions.

Moreover, returning to work after maternity leave has been shown to be a barrier to optimal breastfeeding practices [20,21]. This is a call to explore means of encouraging patronage of the Crèche, which would include among others increasing awareness of the advantages of a

Crèche at the workplace to all stakeholders, and the need to ensure the unit remains a truly breastfeeding-friendly environment with increasing employees' satisfaction and subsequent increased utilisation. On the other hand, Bisi-Onyemaechi, et al. in Enugu [22] found that the presence of Crèches at the workplace did not significantly influence the practice of exclusive breastfeeding in the first 6 months of life. In this study however, the reasons for the minimal utilization of the Crèche were not explored, and may constitute the subject of a future survey.

The Crèche opening for 7 hours, 7 am to 2 pm, on working and week days only for a hospital where service delivery is 24 hours /7 days a week, is a worrisome factor, and denies shift workers of its potential benefits. This shows that there is an urgent need to engage with stakeholders to increase access to Crèche services in all shifts and on all days, to ensure compliance with our mandate to promote, protect and support breastfeeding at the workplace as well as optimize its benefits to the institution [17,19].

Incomplete documentation at the Crèche is also of great concern as it was observed that up to one-third of crèche's attendees did not have records of when they were picked from the Crèche. This is an important limitation for this study, and brings to the fore the need to train and retrain the staff minding that unit on the importance of record keeping and safety measures that must be observed as part of child care.

## 5. CONCLUSION

This study brought to light several factors that are associated with the risks of early stoppage of breastfeeding with its resultant effects on child health. The provision of a Crèche alone, is insufficient to ensure its patronage. User education, support for optimal IYCF practices and maintenance of a friendly environment are also required. Access to Crèche services in all shifts and on all days should be guaranteed, and improved record keeping is required.

## ETHICAL APPROVAL

Approval for the study was obtained from the Ethics Committee of the University of Port Harcourt Teaching Hospital.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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