



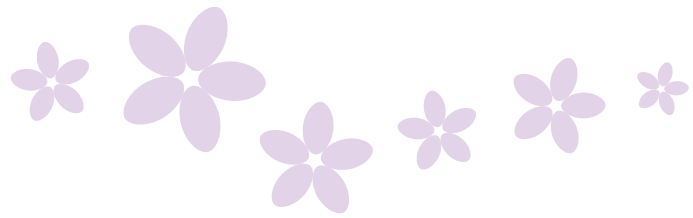
Philips Mother & Child Care report – global outlook on breastfeeding 2011

Study conducted by The Philips Center for Health and Well-being

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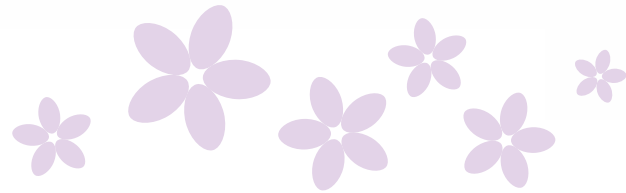
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I. Introduction



Philips is a pioneer in developing and bringing to market innovations that shape our healthcare, our lighting environment, our lifestyle, and who we are as a society. Doing so means we need to understand the trends in society.

During 2010, The Philips Center for Health and Well-being conducted the Philips Index on Health and Well-being that looked at how people in different countries approach health and well-being issues, and where we are similar and different across the globe. This research was carried out in 23 countries.

We believe that this understanding will enable us to continue to pioneer products, services and game-changing innovations that will help people, communities, healthcare systems, governments, and future generations address the critical issues surrounding how we live, how content we are, and our own roles in those dimensions of our lives.

Globally, Philips is introducing a number of initiatives to improve healthcare and well-being throughout the world. Mothers, the newborn and children represent the well-being of a society and its potential for the future. Consequently, Philips is focusing on addressing the challenges facing the future of women and children's health and well-being. This study is a continuation of the Philips Index for Health and Well-Being study^[1] and addresses specifically challenges around breastfeeding. The survey is part of a wider study looking at the challenges surrounding early parenthood. The study has been conducted in Brazil, China, Egypt, India, South Africa, UK and the US.

¹ The full report for the Philips Health and Well-being Index report can be requested via The Philips Center for Health and Well-being: <http://www.philips-thecenter.org/>. The M&CC Index was commissioned by Philips AVENT

II. Executive summary

To address the key topics affecting the breastfeeding experiences and related well-being of mothers and children globally, this special report focuses on the responses of a sample of 3,994 mothers in South Africa, Egypt, the UK, the US, Brazil, China and India regarding their experiences breastfeeding. The report aims to answer the following questions:

- * For how many months do mothers breastfeed?
- * What are the top reasons mothers stop breastfeeding when they do?
- * What are key barriers to breastfeeding longer?
- * Overall are mothers getting the breastfeeding support they need before and after labor?
- * What drives mothers to want to breastfeed?
- * How do mothers balance breastfeeding with returning to work?

Summary of key findings

More than nine in ten mothers want or wanted to breastfeed their child (94%) largely because they believe it is healthier for the child. In addition, most mothers indicate they would like or would have liked to breastfeed their child as long as possible (76%). In reality, most mothers do not make it past the 12 month mark (61%). Further, nearly a third stop breastfeeding by the time the child is six months old – the World Health Organization's recommended minimum for healthy development. These findings indicate that on a global level, many mothers are experiencing challenges when it comes to their breastfeeding experience.

The findings of this research highlight two common challenges keeping mothers from breastfeeding their children longer – decreased milk supply and time management / transition back to work.

Supply challenge

The top reason mothers with children commonly cite for not breastfeeding longer is decreased milk supply (40%). This is true of mothers who stopped breastfeeding before

three months as well as those who continued breastfeeding after their child was a year old. Also, breastfeeding becoming painful is an important reason for mothers to stop breastfeeding in the first three months, in particular in the US and the UK. To improve the health and well-being of children worldwide, there is an opportunity to help mothers to understand and prevent as well as address issues around painfulness of feeding. Helping mothers to overcome breastfeeding challenges may be aided by offering more support and resources during early breastfeeding experiences, something for which mothers have a great desire. In fact, nearly half of mothers with at least one child zero to five years old say there was not adequate support at the hospital to help them get started breastfeeding (40%).

A resource some mothers turn to for help is a lactation consultant. Mothers who use lactation consultants are generally satisfied with the support provided (66%). However, access to this resource is not universal. Globally, two in five mothers don't have access to a lactation consultant (40%). Lack of access to the guidance provided by a lactation consultant may be deterring mothers from breastfeeding longer. The number of months a mother ends up breastfeeding is longer among those who have access to lactation consultants as well as who participate in breastfeeding classes. Only 54 percent of those who breastfed 0-3 months have access to a breastfeeding consultant, compared to those who breastfed 4-6 months (64%) or 7-12 months (68%). This finding highlights the potentially crucial role of one-on-one breastfeeding support for mothers in improving the healthy development of children.

A resource for learning proper breastfeeding techniques are breastfeeding classes. However, many mothers do not know this resource exists. Increasing awareness of breastfeeding classes and the benefits of the classes might increase the number of months during which mothers breastfeed, and contribute to the overall health and well-being of young children.

Time management and returning to work challenge

In addition to supply, many mothers also see time as a barrier to breastfeeding, with two in ten indicating they did not or do not plan to breastfeed longer because of the time commitment overall and / or for pumping (21%) or because of going back to work (10%). Work is especially a barrier among mothers who stop or plan to stop breastfeeding when the child is four to six months old. Breastfeeding mothers face challenges when they go back to work. Many indicate their workplace does not or did not make it easy for them to breastfeed. Half do not/ did not feel supported by their employer to breastfeed longer (50%). In addition, about half say they do not/did not have good facilities to pump at work (45%), feel/felt embarrassed to pump their breasts at work (45%) and do not/did not feel supported by colleagues to breastfeed (41%). Among those who stopped working after giving birth, fewer report feeling supported by their employer to breastfeed longer (50%) compared to those that went back to working normal hours (62%). Taken together, these factors point to a theme – mothers are lacking the support to balance their careers and breastfeeding. By fostering work environments that make it possible to balance the demands of breastfeeding and work, mothers will be able to continue their career pursuits and children will benefit directly in improved health and well-being.

Looking forward

This survey reveals that mothers are facing difficult challenges in breastfeeding. It also supports the further development and implementation of adequate support, tools and understanding to help make mothers feed longer, as well as facilitate a better transition back to work. Taking these steps will ensure mothers are well-positioned to breastfeed their children longer than they could have otherwise.



III. Mother and child care survey breastfeeding findings

Part A: breastfeeding experiences

Globally, about nine out of 10 mothers have breastfed, but nearly a third stop breastfeeding by the time their child is six months old

Most mothers indicate they would like or would have liked to breastfeed as long as possible (76%). However, the majority of mothers who already have one or more children stopped or plan to stop breastfeeding their youngest child by the time he or she is 12 months old (61%). Further, nearly a third stop by the time the child is six months – the World Health Organization's recommended minimum for healthy growth and development.

Reasons mothers with children commonly cite for not breastfeeding longer are decreased milk supply (40%) and the child no longer wanting to nurse (24%). Regardless of the age at which the mother says she will stop or did stop

breastfeeding her youngest child, decreased supply is the top barrier to breastfeeding longer. In addition to supply, many mothers also see time as a barrier to breastfeeding, with two in seven indicating they did not or do not plan to breastfeed longer because of the time commitment overall and and/or for pumping (21%) or because of going back to work (10%). Work is especially a barrier among mothers who stop or plan to stop breastfeeding when the child is four to six months old and mothers in China. It is less of a barrier in Brazil.

Also of note, breastfeeding becoming painful is a key reason women stop feeding within three months and is particularly a challenge in the US and the UK.

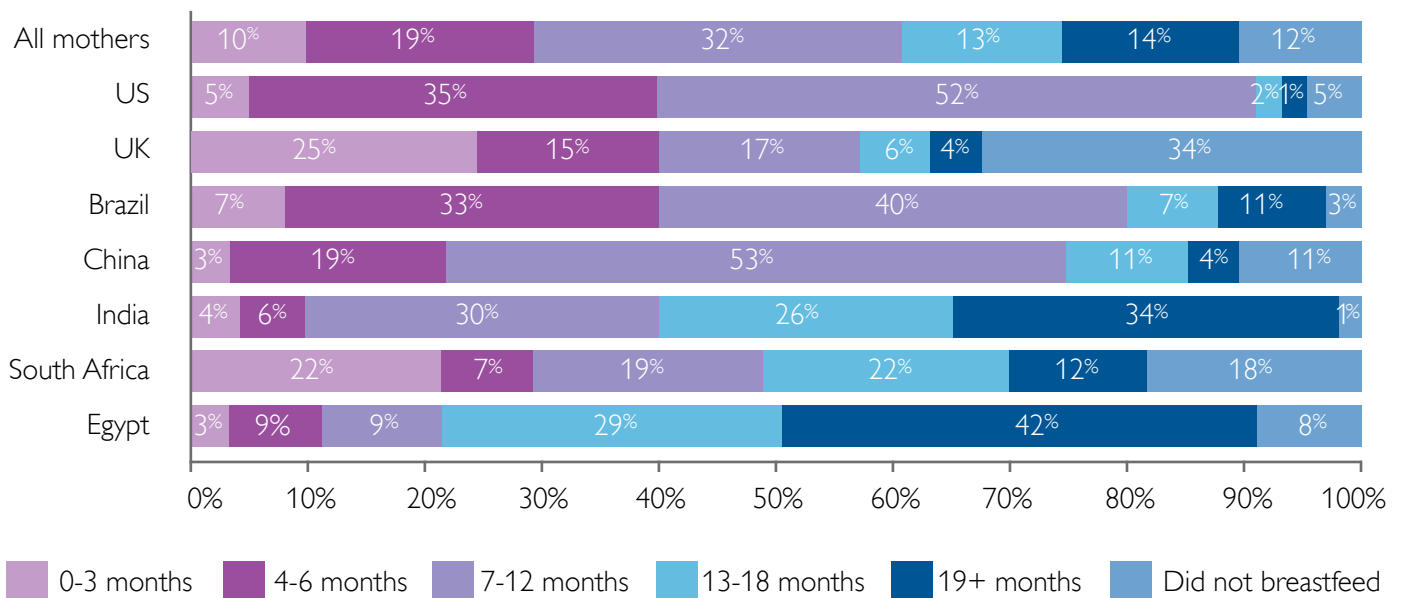


Figure 1 (Mothers with children 0-5): Thinking about your youngest child, what was the age of your child when you stopped/plan to stop breastfeeding?
Mothers in US/UK/Brazil/China/India/South Africa/Egypt
Note: in Africa, the question was instead worded: ... what was the age of your child when you stopped breastfeeding?

	Among those that breastfed only				
	All breastfeeding mothers	Breastfed 0-3 mths	Breastfed 4-6 mths	Breastfed 7-12 mths	Breastfed 13-18 mths
Supply decreased	40%	34%	47%	47%	24%
Child no longer wanted to nurse	24%	14%	17%	24%	29%
It became painful	15%	23%	12%	15%	13%
The time commitment needed to breastfeed	14%	14%	8%	8%	19%
I needed to go back to work	10%	6%	16%	13%	6%
It is / was awkward to breastfeed outside of home	9%	12%	5%	8%	13%
It is / was difficult to find time to pump throughout the day	7%	8%	4%	6%	10%
I wanted to get pregnant again	5%	5%	2%	3%	8%
It is / was harder to regain my figure while breastfeeding	4%	4%	2%	3%	2%
My spouse is / was not supportive generally	2%	4%	2%	2%	2%
Impact on intimacy with my spouse	2%	2%	1%	3%	2%
I am / wasn't able to drink alcohol	1%	3%	1%	1%	1%
Other (please specify)	11%	18%	14%	8%	12%

Table 1 (Mothers with children 0-5): Thinking about your youngest child, what will stop/stopped you breastfeeding longer? Mothers in US/UK/Brazil/China/India/South Africa/Egypt

	Among those that breastfed only							
	All breastfeeding mothers	US	UK	Brazil	China	India	S. Africa	Egypt
Supply decreased	40%	70%	32%	34%	58%	50%	9%	17%
Child no longer wanted to nurse	24%	5%	24%	35%	31%	20%	21%	33%
It became painful	15%	30%	20%	4%	9%	14%	12%	19%
The time commitment needed to breastfeed	14%	3%	16%	7%	12%	9%	14%	39%
I needed to go back to work	10%	5%	13%	18%	30%	1%	–	–
It is / was awkward to breastfeed outside of home	9%	2%	16%	1%	10%	28%	7%	5%
It is / was difficult to find time to pump throughout the day	7%	2%	10%	1%	6%	16%	13%	7%
I wanted to get pregnant again	5%	3%	4%	–	0%	7%	4%	17%
It is / was harder to regain my figure while breastfeeding	4%	2%	4%	0%	6%	4%	1%	9%
My spouse is / was not supportive generally	2%	2%	3%	–	4%	4%	3%	2%
Impact on intimacy with my spouse	2%	2%	4%	–	1%	3%	7%	–
I am / wasn't able to drink alcohol	1%	1%	3%	0%	1%	0%	1%	–
Other (please specify)	11%	3%	6%	14%	1%	8%	24%	22%

Table 2 (Mothers with children 0-5): Thinking about your youngest child, what will stop/stopped you breastfeeding for longer? Mothers in US/UK/Brazil/China/India/South Africa/Egypt

Part B: breastfeeding and prenatal care

More than a third of mothers do not have access to a lactation consultant

Overall, mothers who use lactation consultants are satisfied with the support provided (66%). However, globally, two in five mothers don't have access to a lactation consultant (40%). In particular, more than half of those in Egypt, the UK and China do not have access to a lactation consultant. Mothers with access to a lactation consultant are more likely to breastfeed their child for longer. Only 54 percent of those who breastfed 0-3 months have access to a breastfeeding consultant, (compared to those who breastfed 4-6 months (64%) or 7-12 months (68%)). Although mothers without access to

lactation consultants may be turning to other resources, this trend highlights the importance of a designated consultant.

In addition, access to a lactation consultant and breastfeeding accessories are important to most mothers in developing markets when it comes to choosing a healthcare facility. The importance many mothers place on hospitals providing these attributes further suggests a need to increase the availability of lactation consultants and breastfeeding support in general.

	Availability of lactation consultant			Satisfaction with lactation consultant (among those who have used one only)	
	Total availability	State	At a cost	Satisfied	Dissatisfied
All mothers	60%	35%	26%	66%	34%
India	68%	45%	23%	83%	17%
US	91%	40%	51%	63%	38%
South Africa	72%	39%	33%	79%	21%
Brazil	72%	61%	11%	75%	25%
China	45%	21%	24%	32%	68%
UK	42%	35%	7%	73%	27%
Egypt	34%	2%	32%	73%	27%

Table 3 (Mothers): Which of the following healthcare facilities/experts are available to you in your local community or within easy access?... Lactation consultant total availability/available from state/available at a cost. How satisfied are you with each of these healthcare facilities/experts?... Lactation consultant satisfied/completely satisfied and somewhat satisfied/not satisfied at all. Mothers in US/UK/Brazil/China/India/South Africa/Egypt

Importance in choosing a healthcare facility

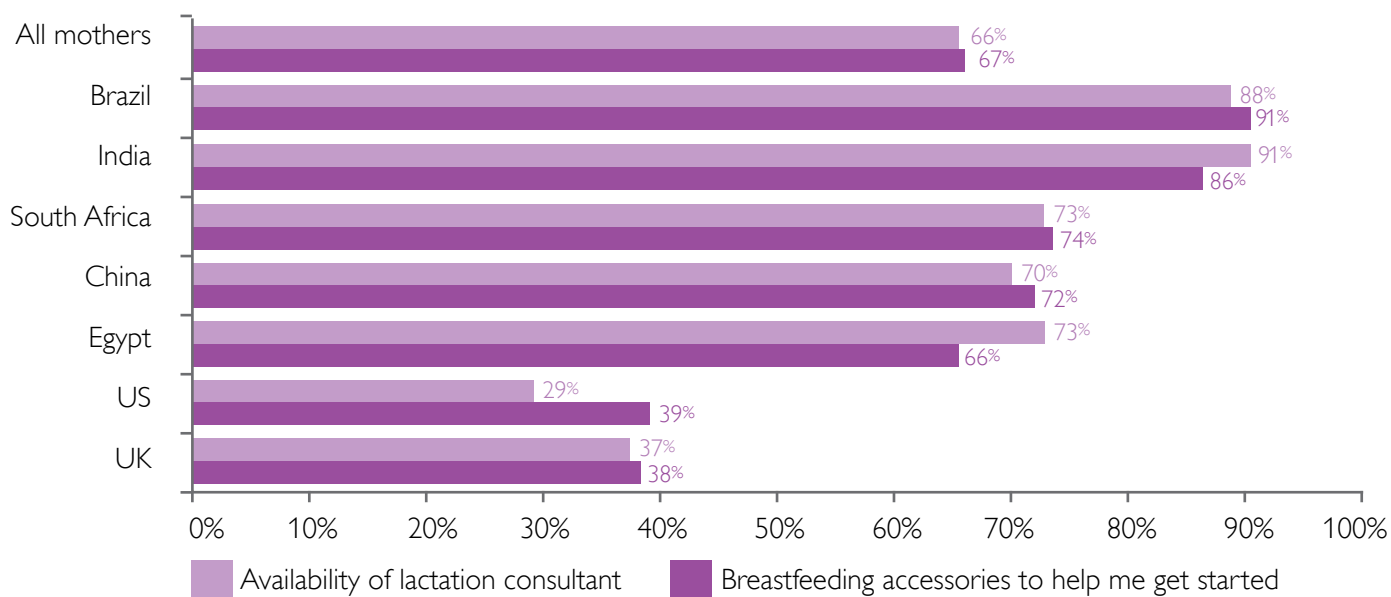


Figure 2 (Mothers): How important were the following to you when choosing the hospital or healthcare facility where you did/will give birth? Important/very important.
Mothers in US/UK/Brazil/China/India/South Africa/Egypt

Nearly half of mothers feel that their healthcare facility did not provide adequate support to start breastfeeding

Globally, almost half of mothers with at least one child zero to five years old say there was not adequate support at the hospital to help them get started to breastfeed after giving birth (40%). This is especially the case in South Africa (55%) and China (53%). Mothers in Brazil had the most support. Since Chinese mothers also indicate the least access to and satisfaction with lactation consultants, this could be facilitating this perception.

On the other hand, Brazil and the US have among the most access to and satisfaction with lactation consultants and are less likely than other countries to say they did not get the support they needed at the hospital to get started breastfeeding. These findings indicate that many mothers are likely looking for personal support in their early breastfeeding experiences.

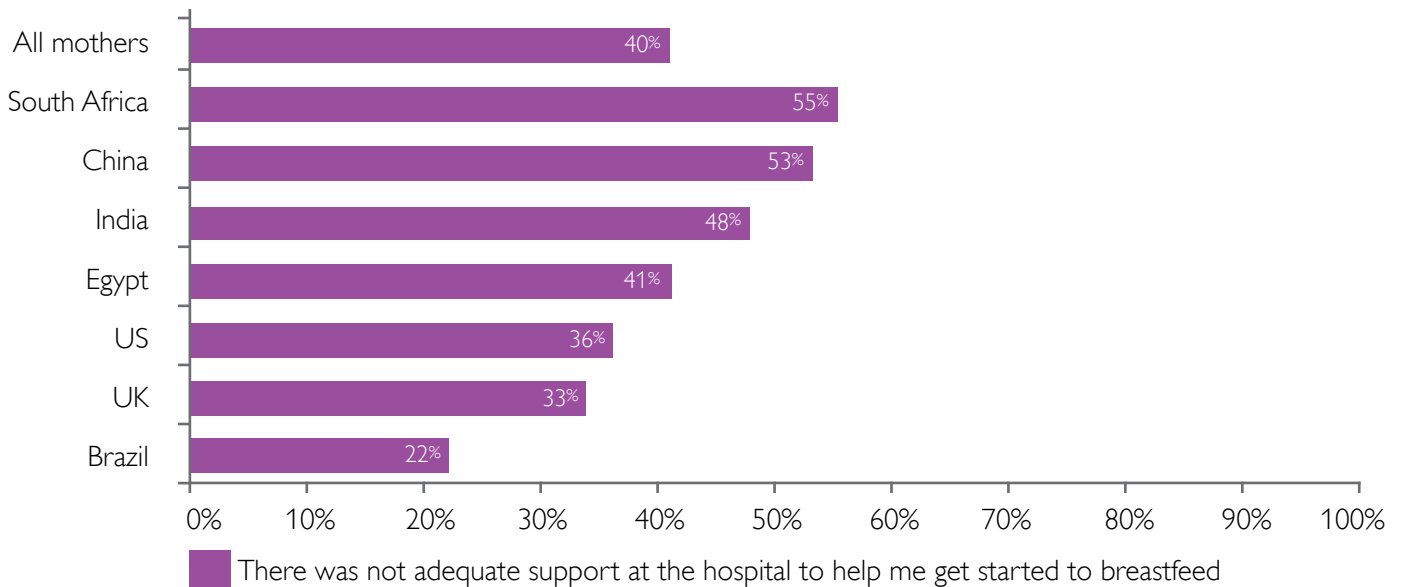


Figure 3 (Mothers with children 0-5): Thinking about your experiences during labor for your most recent pregnancy, how much do you agree or disagree with the following statements? Somewhat agree/completely agree. Mothers in US/UK/Brazil/China/India/South Africa/Egypt

Pregnant mothers, particularly those in developing countries, are concerned about whether breastfeeding will be easy

During pregnancy, expectant mothers are concerned about near-term fears such as how to breastfeed and whether the breastfeeding experience will be easy (46%). This concern is ahead of such factors as work-life balance, adjusting to parenthood and career progression. Uncertainty related

to breastfeeding is especially worrisome to mothers in developing countries such as Egypt (73%) and Brazil (61%), and less concerning to mothers in the US (23%) and the UK (28%).

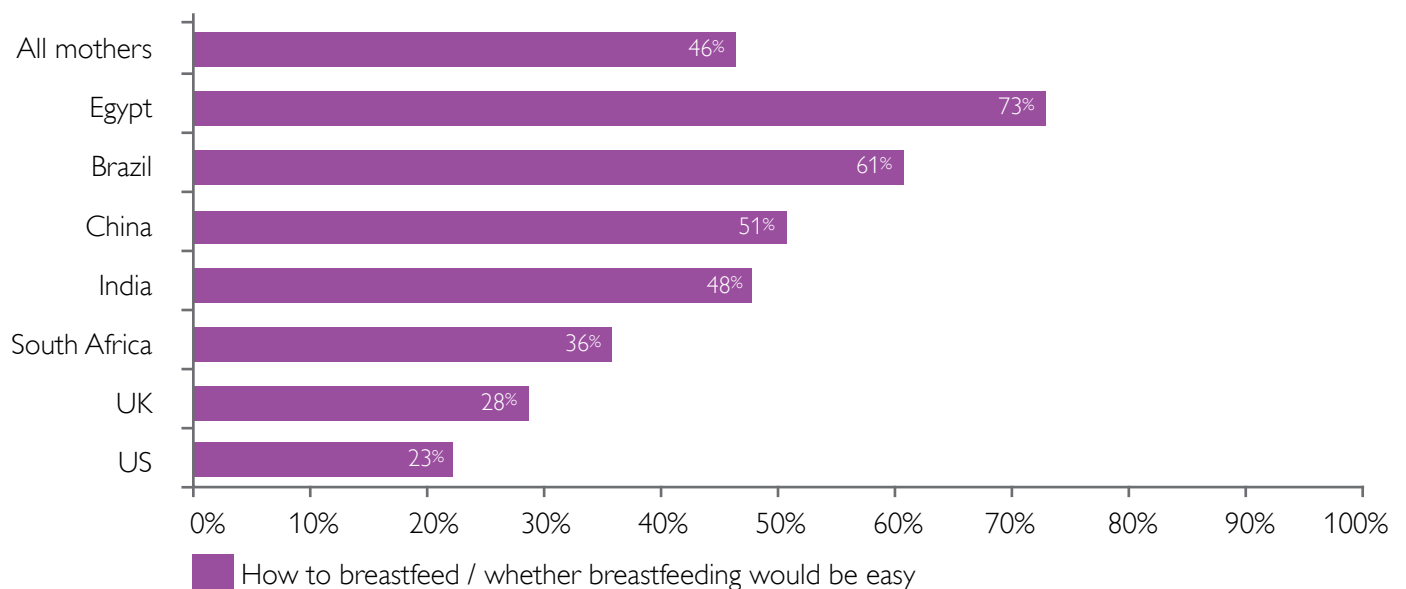


Figure 4 (Mothers): During your current or most recent pregnancy to what extent are/were you worried about the following... very worried/worried Mothers in US/UK/Brazil/China/India/South Africa/Egypt¹

¹ See appendix

Breastfeeding class attendance varies greatly from country to country

A little less than half of mothers globally have completed breastfeeding classes (41%). Countries with the highest rate of participation are China and the US. Mothers who say they breastfed zero to three months are less likely to have taken breastfeeding classes than mothers who breastfed longer. This suggests that classes would have provided them information and support to continue longer. Mothers who have not taken a breastfeeding class most often provide the explanation that they did

not think it was necessary. This applies across all the markets investigated. Lack of awareness of the classes themselves is also a key barrier, particularly in Brazil and India. In addition, being too busy or work-related demands are obstacles, especially in the US and China. Increasing awareness of breastfeeding classes and the benefits of the classes might increase the number of months during which mothers breastfeed.

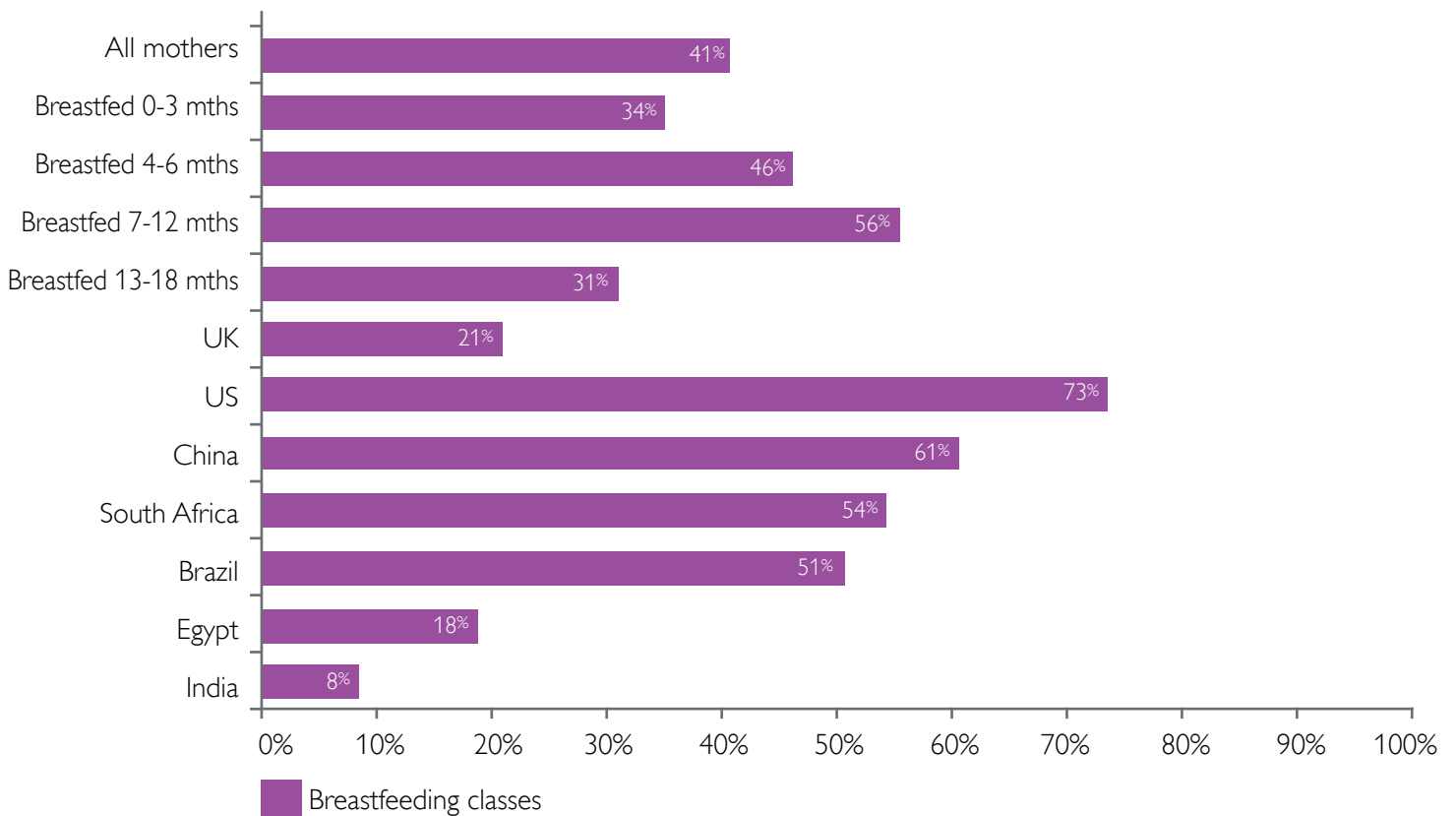


Figure 5 (Mothers): During your current or most recent pregnancy, have you completed/did you complete the following... completed

Mothers in US/UK/Brazil/China/India/South Africa/Egypt

	I was too busy	I didn't feel comfortable taking time out of work	It wasn't available to me	I wasn't aware about this	The cost was too high	It was too far to get there	I didn't think it was necessary	Other (please specify)
All mothers	10%	3%	13%	23%	2%	4%	38%	7%
US	46%	5%	1%	2%	2%	1%	39%	5%
South Africa	17%	4%	33%	4%	5%	6%	27%	6%
China	14%	10%	6%	13%	2%	5%	47%	3%
Egypt	6%	-	13%	21%	3%	7%	50%	-
Brazil	4%	5%	23%	42%	1%	3%	20%	2%
UK	3%	2%	16%	19%	1%	1%	37%	20%
India	1%	2%	8%	38%	3%	5%	39%	2%

Table 4 (Mothers who did not complete...): Why did you not complete... Breastfeeding classes.
Mothers in US/UK/Brazil/China/India/South Africa/Egypt

Part C: reasons for breastfeeding and common challenges

Mothers breastfeed because they typically believe it's healthier for their child

Overall, mothers breastfeed for the health of their child (63%), with more saying this was their reason for doing so than those indicating alternative reasons, such as, "it's the most natural thing to do." Interestingly, the health reason is cited more in emerging markets than other countries investigated. In the US, mothers say they want or wanted to breastfeed because they believe breast milk is safer than formula milk (28%), more than mothers in other countries.

Of interest, in the UK, mothers are more likely than mothers in other countries to say they want or wanted to breastfeed because it is the natural thing to do. Still, UK mothers overall are also most likely to say they did not or do not want to breastfeed at all. This highlights a potential dichotomy in the country, among mothers who are proponents of the "natural act" of breastfeeding and those who do not want to breastfeed.

	It's healthier for my child	It's the most natural thing to do	It's cheaper than	It's safer than formula	For my own health	I do not / did not want to breastfeed
All mothers	63%	16%	3%	10%	2%	6%
US	43%	12%	8%	28%	5%	3%
UK	42%	27%	5%	3%	3%	21%
China	70%	18%	1%	8%	1%	2%
Brazil	88%	10%	0%	0%	-	1%
India	81%	10%	1%	7%	2%	0%

Table 5 (Mothers): Thinking about your youngest child, which of the following best describes why you want/wanted to breastfeed. Mothers in US/UK/Brazil/China/India²

² In Africa, response options provided to mothers were different and thus Africans responses could not be included in the global total.

Employers of working mothers often do not facilitate breastfeeding longer

Many mothers indicate their workplace does not or did not make it easier for them to breastfeed. Half do not / did not feel supported by their employer to breastfeed longer (50%). Additionally, about half say they do not / did not have good facilities to pump at work (45%), feel / felt embarrassed to pump their breasts at work (45%), and that they do not / did not feel supported by colleagues to breastfeed (41%). Among those who stopped working after giving birth to their child, fewer report feeling supported by their employer to breastfeed longer (50%) compared to those that went back to working

normal hours (62%).³ Overall, Brazilian mothers feel most supported.

As far as returning to work after having a baby, mothers who breastfeed / fed are just as likely to say they decided to stop working as mothers in general. It is possible that mothers who stop working are not driven to do so by the prospect of breastfeeding, but by other parenting concerns. Mothers who breastfeed are most likely to say that what would help them to continue working is more help from family (31%).

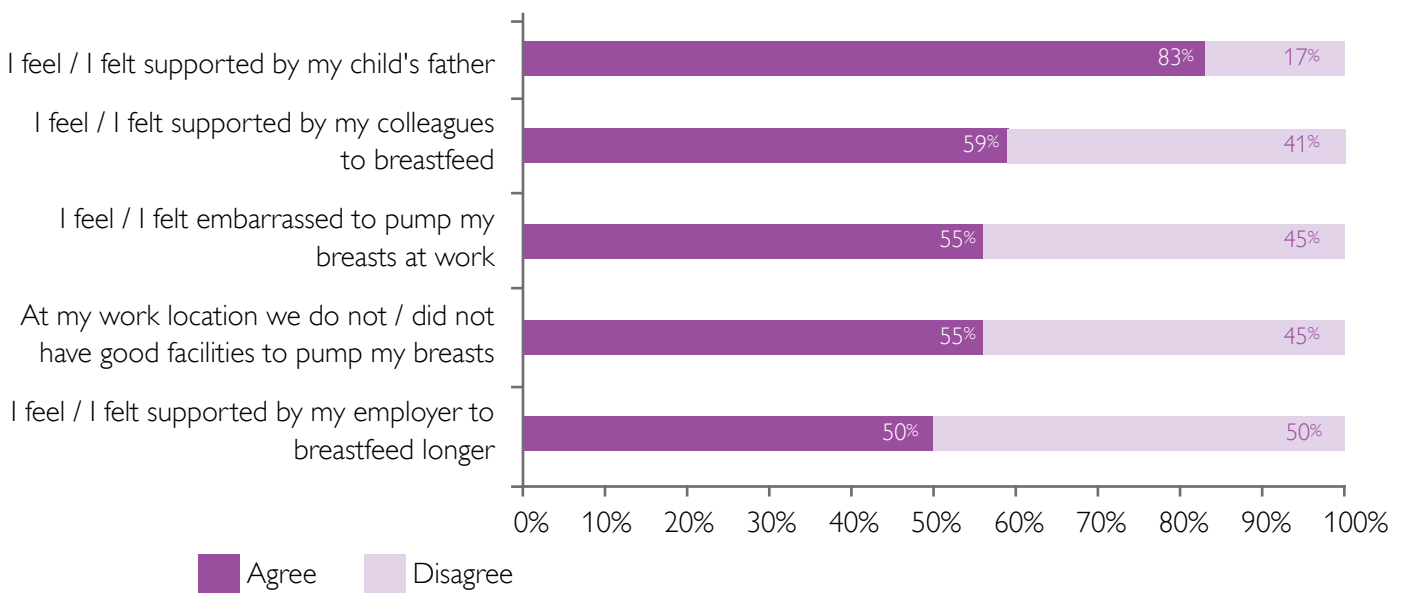


Figure 6 (Mothers): Thinking about your experiences breastfeeding, how much do you agree or disagree with the following statements? Somewhat agree/completely agree and somewhat disagree/completely disagree – excludes n/a responses

³ Excludes n/a responses.

	US	UK	China	Brazil	India	Egypt	South Africa
I feel / I felt supported by my employer to breastfeed longer breastfeed longer	76%	49%	38%	79%	74%	43%	24%
At my work location we do not / did not have good facilities to pump my breasts	45%	77%	81%	80%	56%	34%	40%
I feel / I felt embarrassed to pump my breasts at work	64%	69%	80%	63%	56%	39%	31%
I feel / I felt supported by my colleagues	80%	67%	55%	92%	73%	39%	36%
I feel / I felt supported by my child's father	87%	83%	84%	92%	91%	80%	68%

Table 6 (Mothers): Thinking about your experiences breastfeeding, how much do you agree or disagree with the following statements? Somewhat agree/completely agree – excludes n/a responses. Mothers in US/UK/Brazil/China/India/South Africa/Egypt

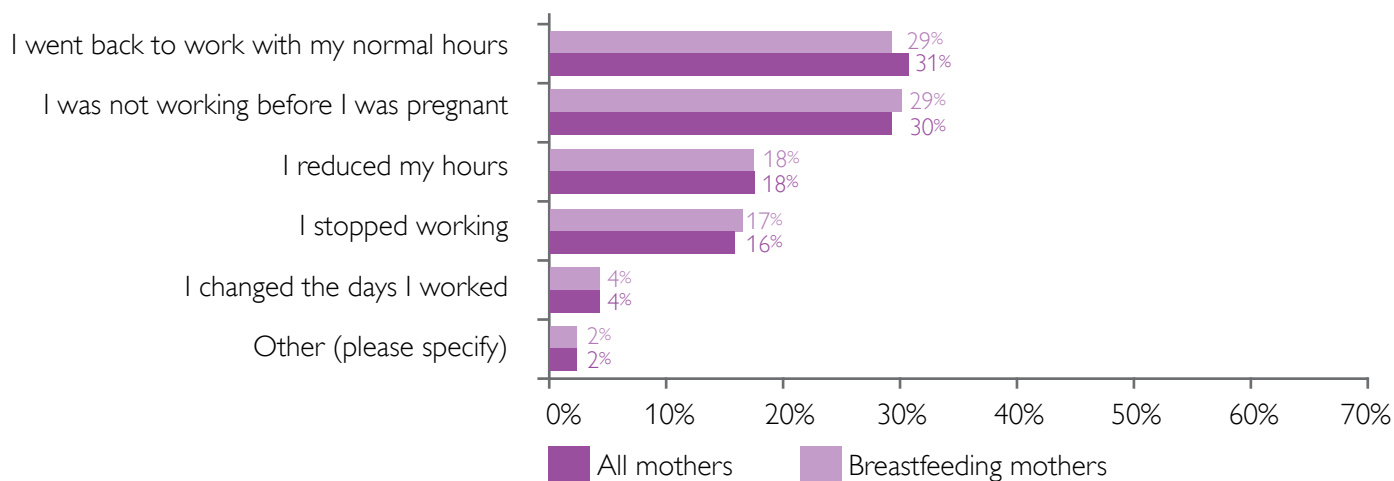


Figure 7 (Mothers with children 0-5): Thinking about your youngest child, did you change your work schedule after they were born? Mothers in US/UK/Brazil/China/India/South Africa/Egypt⁴

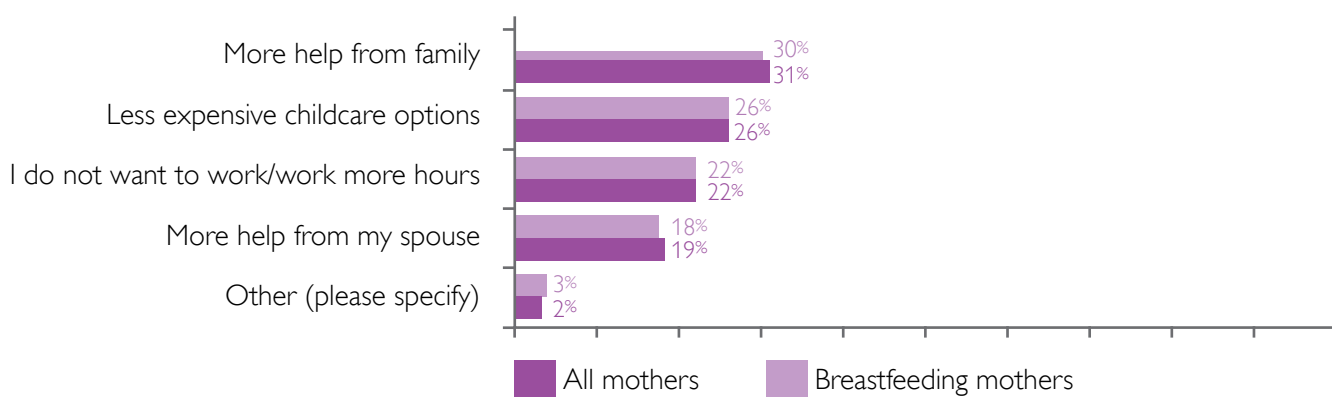


Figure 8 (Mothers with children 0-5): What would help you to work/continue working? Mothers in US/UK/Brazil/China/India/South Africa/Egypt⁵

⁴ In Africa, this question was only asked among those currently working. See appendix for country breakouts.

⁵ In Africa, this question was only asked among those currently working. See appendix for country breakouts.



IV. Conclusion

As part of the Philips Mother and Child Care Index, which surveyed 3,994 mothers in Egypt, South Africa, UK, Brazil, China, India and the US, this special report seeks to address challenges for the future of women and children's health and well-being by taking a deeper look at mothers' experiences with breastfeeding.

The World Health Organization recommends that mothers breastfeed until a child reaches at least six months old to promote healthy growth and development. However, the data from this study reveals that mothers

encounter several challenges when attempting to breastfeed, including the need to return to the workplace. These challenges may prevent mothers from breastfeeding their child longer.

Findings from this survey highlight a need for additional education and support to help mothers breastfeed longer, as well as facilitate an easier transition back to work. There is an opportunity for Philips to further promote the health and well-being of mothers and children globally.

V. Survey methodology

The Philips Mother and Child Care Index was conducted among seven countries globally (Egypt, South Africa, UK, Brazil, China, India and the US). The final sample consisted of 5,596 men and women ages 18 or older (with emphasis on those 18-40) who are / were pregnant (or whose spouse is / was pregnant) or have one or more children ages zero to five years old (or both).

The study was administered by Braun Research and Hansa (India). Fieldwork was conducted from May 2011 – July 2011. Sample sizes, methodology, and weighting were determined on a country-by-country basis to best reflect the demographic make-up in that country.

This global breastfeeding report is based upon responses of 3,994 mothers. Data for “all mothers” recorded in figures and tables throughout the report refers to the average response of mothers across all the countries. To calculate, “all mothers”, data were weighted so that each country equally contributes to the combined global average.

**Please note, don't know / other / no answer categories are generally not shown in this report and percentages are rounded. As a result, do not always add to 100 percent.

Country	Methodology	Field dates	Sample size	Margin of error at the 95% confidence level
The Americas				
Brazil	Phone	June/July 2011	500 w=400 m=100	4.4 w=4.9 m=9.8
US	Phone	July 2011	503 w=401 m=102	4.4 w=4.9 m=9.8
Europe				
UK	Online	June 2011	1,585 w=789 m=796	2.5 w=3.5 m=3.5
Africa				
South Africa	Phone	May 2011	250 women only	6.2
Egypt	Phone	May 2011	250 women only	6.2
Asia				
China	Phone	June/July 2011	506 w=403 m=103	4.4 w=4.9 m=9.8
India	Phone/in-person	June/July 2011	2,002 w=1,501 m=501	2.2 w=2.5 m=4.4
Total sample			5,596 w=3,994	1.3 w=1.6

Table 7

Demographic breakdown – women only

Combined total ⁶	Women	% who work	Age 18-24	Age 25-34	Age 35-40
The Americas					
Brazil	400	67%	22%	52%	26%
US	401	55%	20%	70%	10%
Europe					
UK	789	55%	6%	61%	33%
Africa					
South Africa	250	52%	32%	43%	24%
Egypt	250	17%	28%	51%	21%
Asia					
China	403	69%	9%	82%	8%
India	1,501	7%	26%	68%	7%

Table 8

Notes on data within the report

- The combined total sample and country comparisons are provided throughout this report. The combined total is an un-weighted average of all markets that asked a question and / or response option.
- Please note that not all questions and answer options were included in all markets. Accordingly, N/As have been added to figures and tables when this is the case.
- Any differences in questions or responses have been notated throughout the report.
- It should be noted that one should be careful when drawing firm hypotheses due to slight differences in sampling across markets included in this report.

⁶ The sample is large enough to allow for sub-group analysis.

VI. Appendix

		Rank
Competent doctors	91%	1
Cleanliness	90%	2
Equipment to handle an emergency situation	88%	3
Access to intensive care for newborns	85%	4
Pleasant birthing room	84%	5
A nice hospital room to stay in	81%	6
Privacy	80%	7
Options for pain medication	78%	8
Ability for my spouse / partner to be present during childbirth	78%	9
Scanning equipment	76%	10
Ability for my spouse / partner to stay overnight in the hospital	72%	11
Options for drug-free childbirth	67%	12
Breastfeeding accessories to help me get started	66%	13
Availability of a lactation consultant	66%	14
Availability of Midwife / Doula	58%	15

Table 9 (Mothers): How important were the following to you when choosing the hospital or healthcare facility where you did/will give birth? Very important/important

Mothers in US/UK/Brazil/China/India/South Africa/Egypt

		Rank
The health of your child	63%	1
Financial stability	59%	2
Access to good education for your child	55%	3
Your physical health	51%	4
Availability of healthcare for you	49%	5
Your weight	47%	6
Getting enough sleep	47%	7
Suitable childcare options	47%	8
What to eat	46%	9
How to breastfeed / whether breastfeeding would be easy	46%	10
Not knowing how to be a parent	43%	11
Finding a work-life balance	42%	12
How I would adjust to parenthood	41%	13
How my spouse / partner would adjust to parenthood	41%	14
Whether you would have / will have enough time to get everything ready for the baby	40%	15
Post-natal depression (depression post delivery)	40%	16
Affect on relationship with my spouse / partner	39%	17
Your career progression	38%	18
Any other things you are / were worried about (please specify)	38%	19
How much caffeine you could safely consume	28%	20
How much alcohol you could safely consume	20%	21

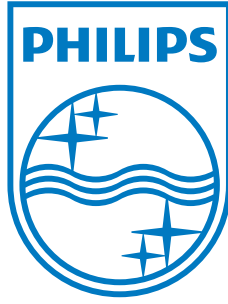
Table 10 (Mothers): During your current or most recent pregnancy to what extent are / were you worried about the following: worried / very worried
Mothers in US/UK/Brazil/China/India/South Africa/Egypt

	US	UK	China	Brazil	India	Egypt	South Africa
I stopped working	20%	24%	30%	8%	2%	9%	21%
I reduced my hours	26%	25%	19%	7%	2%	55%	16%
I changed the days I worked	9%	6%	4%	2%	0%	-	4%
I was not working before I was pregnant	16%	27%	12%	24%	93%	10%	15%
I went back to work with my normal hours	27%	18%	34%	56%	2%	22%	38%
Other (please specify)	3%	1%	-	3%	0%	5%	6%

Table 11 (Mothers with children 0-5):Thinking about your youngest child, did you change your work schedule after they were born?
Mothers in US/UK/Brazil/China/India/South Africa/Egypt

	US	UK	China	Brazil	India	Egypt	South Africa
More help from my spouse	18%	19%	7%	25%	3%	37%	47%
More help from family	30%	30%	12%	54%	12%	48%	33%
Less expensive childcare options	26%	21%	47%	9%	46%	2%	12%
I do not want to work / work more hours	22%	27%	32%	8%	36%	13%	
Other (please specify)	3%	2%	2%	3%	2%	0%	7%

Table 12 (Mothers with children 0-5):What would help you to work/continue working?
Mothers in US/UK/Brazil/China/India/South Africa/Egypt



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