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LACTATION SUPPORT PROGRAM

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I. PURPOSE

This document describes the Centers for Disease Control and Prevention (CDC)^[1] policy and procedures for the agency's nationwide (headquarters and field sites) Lactation Support Program which provides education and support to CDC employees who are pregnant or breastfeeding. Guidance from the U.S. Office of Personnel Management provides agencies the authority to establish employee health programs that foster healthy lifestyles and support a healthy working environment.

II. ACRONYMS AND DEFINITIONS

A. For the purposes of this policy, the following acronyms apply:

1. AHRC – Atlanta Human Resources Center
2. CDC – Centers for Disease Control and Prevention
3. FDA – Food and Drug Administration
4. FPMO – Facilities Planning and Management Office
5. HHS – Department of Health and Human Services
6. MSDS – Material Safety Data Sheets

B. For the purposes of this policy, the following definitions apply:

1. **Contractor** – Personnel performing specific contractual services on-site or off-site in the furtherance of CDC's mission.
2. **Employees** – Persons who are employed by CDC, including both civil servants and Commissioned Corps officers.
3. **Lactation program coordinator** – Human resource specialist responsible for coordinating the agency's nationwide lactation support program.
4. **Lactation consultant** – Person certified by the International Board of Lactation Consultant Examiners and is contracted to support various components of the lactation support program. Please refer to Section VI., paragraph F., for a list of responsibilities.



5. **Material Safety Data Sheets (MSDS)** – MSDS are required by Federal law to be provided to users of chemicals by their manufacturers and distributors. They provide necessary information about precautions for protecting against chemical hazards as well as information on chemical, physical, and toxicological properties, along with suggestions for storing, transporting, and disposing of chemicals.

III. INTRODUCTION

As a leader in public health, CDC recognizes the importance of breastfeeding and promotes optimal nutrition for pregnant women and young children. Exclusive breastfeeding is recommended for the first 6 months. According to the HHS [Blueprint for Action in Breastfeeding](#) a large proportion (70%) of working mothers with children under three years of age work full time. Approximately one-third of these mothers return to work within three months and approximately two-thirds within six months after the baby is born. Given these statistics, it is important to ensure that the work environment permits mothers to continue breastfeeding, as long as mother and baby desire. Breastfeeding support in the workplace provides the agency benefits, such as increased productivity, decreased employee absenteeism, and decreased health care costs. Employee benefits include an easier transition back to work, breastfeeding support, an increased opportunity for mother-infant bonding, an increased chance of having a healthier baby, and a reduction in the chance of developing breast cancer.

The Workforce Relations Division of the AHRC administers this program as a component of CDC's Quality of Work Life programs to provide an environment that supports work life balance.

IV. POLICY

This section outlines the criteria for participation and lists all program components.

A. Criteria for Participation

1. CDC employees who are pregnant or breastfeeding are eligible to participate in the Lactation Support Program.
2. The prenatal breastfeeding class and use of the lactation room and breast pumps are available to pregnant or breastfeeding contractors and other staff if no additional cost is incurred by CDC.
3. Expectant fathers who are CDC employees may have their spouse/significant other attend the prenatal breastfeeding class.
4. Visitors at CDC on official business may use available lactation rooms and breast pumps.

B. Program Concepts

Participants will receive the following benefits:

1. **Prenatal breastfeeding class** – A class that provides instruction, information, and educational materials on breastfeeding will be conducted quarterly at the worksite by a lactation consultant. The class will cover topics such as initiating breastfeeding after delivery, health benefits, positioning, choosing and maintaining a breast pump,

and transitioning back to work. The class can be envisioned to field sites, where available, or a recorded version may be viewed on a CD-ROM.

2. **Breastfeeding counseling** – Unlimited phone counseling with a board-certified lactation consultant will be provided during the prenatal period, immediately postpartum, during leave for childbirth, and until nursing ceases. A toll-free number and e-mail address will be provided for access to the lactation consultant.
3. **Lactation rooms** – This is a nationwide program and provides benefits to all participants at their official duty station. Lactation rooms are provided for the exclusive use by program participants to express breast milk during the work day. Rooms will be identified by signage on the adjoining wall.

Space identified for use as a lactation room should be private (7' x 7' minimum) and include a lockable door and electrical outlet. A location with or in close proximity to a sink is required. The room should be equipped with a hospital-grade, FDA-approved, electric breast pump, table, chair, nursing stool, mid-size or compact refrigerator, and cleaning supplies.

Lactation rooms must be able to maintain a year-round temperature conducive to expressing milk. Temporary use of a room will be arranged for employees where permanent space cannot be identified. Participants may choose to use their private office in lieu of the lactation room. Lactation rooms should be placed in building locations that are accessible to all personnel in the proximate campus area. Laboratory buildings and other locations may have markedly diminished worker access and may, therefore, not be good locations for lactation facilities. Additionally, lactation rooms should not be located in high hazard areas such as laboratory suites; animal holding facilities or their support areas; or in mechanical, engineering, utility areas or other high hazard spaces. Eating, drinking and food preparation are not allowed in many locations within laboratory buildings. Similarly, lactation activities or the handling, processing and storage of breast milk should not occur in any location where these activities are prohibited. Use of bathrooms, open air cubicles, computer closets or shared space is not appropriate for this program.

Lactation room refrigerators are for the limited purpose and use of storing expressed breast milk during the work day. Stored milk will be labeled with the name of the mother, date and time milk was expressed, and the mother's work telephone number. Labels and a marking pen will be available in the lactation room. At the end of each work day, participants must remove stored breast milk from the refrigerator. Participants may choose to store breast milk in a personal cooling kit.

4. **Breast pump** – A hospital-grade, FDA-approved, electric breast pump will be provided by the program for each lactation room for the purpose of expressing milk. In locations where space cannot be identified, a pump will be provided for use in the office.
For CDC employees whose spouse/significant other is breastfeeding, information on breast pump rental can be obtained by contacting the lactation consultant.

5. **Return-to-work consultation** – Approximately two weeks prior to the breastfeeding mother's return to work, a consultation with the lactation consultant will be provided to develop familiarity with the lactation room and its location, equipment, instruction and cleaning requirements, pumping schedule, milk supply issues and other common concerns.
6. **Educational materials** – An educational packet will be provided to each program participant. A reference library providing books, videos, and other educational media on breastfeeding will be maintained by the AHRC lactation program coordinator and available for review by employees.
7. **Breastfeeding discussion groups** – Three forums will be conducted each year by the lactation consultant to invite open discussion by mothers who are breastfeeding. The goal of these discussion groups is to create a nursing mothers network to share information and best practices.

V. PROCEDURES

This section outlines procedures for enrolling in the lactation support program and participating in the various program components.

- A. **Program enrollment** – Participants must request enrollment in the program and/or prenatal breastfeeding class by contacting the AHRC lactation program coordinator via phone or e-mail. Eligibility for participation will be verified based on criteria listed in Section IV., paragraph A., and the participant will be notified of level of participation. The AHRC lactation program coordinator will forward enrollment information to the lactation consultant. The AHRC lactation program coordinator will notify supervisors via e-mail of employee participation. Contractors and those employed under other staffing arrangements should notify their supervisor of program enrollment.
- B. **Breastfeeding counseling** – Participants must contact the lactation consultant after delivery to initiate counseling services. The lactation consultant will continue to provide counseling services as needed via telephone and/or e-mail until nursing ceases.
- C. **Return-to-work consultation** – During leave for childbirth, the participant will notify the lactation consultant of the return to work date. The lactation consultant will work with the participant to schedule a time and date to conduct the consultation.
- D. **Use of lactation room** – At CDC facilities where a lactation room is established, the participant will receive the code for entrance to the room and check the sign-in sheet for available times to use the room and/or pump. Participants will use a broad spectrum chemical sanitizer as instructed to disinfect the table surface and pump after each use. Visitors should contact the AHRC lactation program coordinator to access the lactation rooms.
- E. **Breastfeeding discussion group** – The lactation consultant will notify program participants via e-mail announcement of date, time, and location of discussion groups.

Participants will indicate discussion group attendance by e-mail response to the lactation consultant. Participants will also notify their supervisors of their participation.

VI. RESPONSIBILITIES

Responsibilities for adhering to this policy are outlined in this section.

A. Responsibilities of the AHRC lactation program coordinator in the Lactation Support Program are to:

- provide promotion and administration of the program
- provide new employees with information at orientation
- announce upcoming classes via e-mail
- provide enrollment intake and determine eligibility
- notify supervisor of enrollment in the program via e-mail
- work with the centers to identify space for lactation rooms
- provide cleaning supplies for the lactation rooms
- provide a copy of this policy to each program participant at the class or return-to-work consultation and post in each lactation room
- provide chemical sanitizer and MSDS in lactation rooms

B. Responsibilities of center^[2] and staff offices in the Lactation Support Program are to:

- work with the AHRC lactation program coordinator to assess and designate space for a lactation room in the buildings occupied by their center
- assign a liaison to ensure room maintenance and cleaning is performed and work with the AHRC lactation program coordinator to resolve any issues relative to the lactation rooms in their space
- seek Financial Management Office approval for purchase of lactation room furnishing and appliances

C. Responsibilities of FPMO in the Lactation Support Program

As CDC constructs new office buildings, FPMO will coordinate with the AHRC lactation program coordinator to identify the need for a lactation room to be established.

For leased space, after the need is identified by the AHRC lactation program coordinator, FPMO will be notified to secure private, permanent space for a lactation room to be established.

D. Responsibilities of supervisors/managers in the Lactation Support Program are to:

- provide support of the program participants by allowing excused time to participate in the prenatal breastfeeding class (one two-hour session) and the breastfeeding discussion groups (one hour sessions)

- ensure employees are aware of the program and its benefits through internal communication

E. Responsibilities of employees in the Lactation Support Program are to:

- apply via e-mail or contact the AHRC lactation program coordinator to enroll
- contact the lactation consultant to begin support counseling
- provide the personal kit to be used with the pump at the worksite
- follow proper hand washing techniques before and after the expression of breast milk
- clean the table and breast pump as well as any spills of breast milk after each use
- certify receipt of return to work consultation and instruction on cleaning techniques and maintenance of room
- review and sign the MSDS for use of chemical sanitizer
- label the expressed breast milk with name, time, and date and remove the milk from lactation room refrigerators at the end of each work day
- accept full responsibility for the security and integrity of breast milk placed in the lactation room refrigerator
- seek supervisor approval of use of lactation room outside breaks
- notify lactation consultant when nursing/pumping ceases
- notify supervisor of discontinuation in program

F. Responsibilities of lactation consultants in the Lactation Support Program are to:

- provide encouragement and assistance to program participants
- provide hospital-grade, FDA-approved, electric breast pumps
- conduct quarterly classes to provide information on the basic techniques of breastfeeding
- provide educational materials to participants
- provide breastfeeding counseling to participants during the prenatal period, immediately postpartum, during leave for childbirth, and until nursing ceases
- provide return to work consultations as scheduled and to give instruction on use of the pump, establishing pumping schedules, collection and storage of milk, and answering general questions/concerns
- provide MSDS for chemical sanitizer and obtain participant signature
- provide instruction on sanitation techniques of pump and lactation room
- conduct breastfeeding discussion groups three times each year

VII. REFERENCES

- A. [Health Service Programs, 5 U.S.C., Section 7901](#), January 6, 2003.
- B. [Leave and Excused Absence, HHS Personnel Instruction 630-1](#), July 26, 1996.
- C. [Employee Health Programs: Authorities and Agency Responsibilities. Office of Personnel Management guidance, as of August 4, 2005.](#)
- D. Breastfeeding and the use of human milk. American Academy of Pediatrics Work Group on Breastfeeding. Pediatrics, Volume 115, No. 2, February 2005.

- E. [Breastfeeding Best Bet for Babies, Williams, RD, U.S. Food and Drug Administration Statement.](#)
- F. Helping Moms Breastfeed is Good Business. Cigna Press Release. June 15, 2000.
- G. [Blueprint for Action in Breastfeeding, HHS](#), October 25, 2000.
- H. The Impact of Two Corporate Lactation Programs on the Incidence and Duration of Breastfeeding by Employed Mothers. Cohen R, Mrtek, MB. American Journal of Health Promotion. Volume 8; pages 436-41, July-August 1994.
- I. Policy for Visitors in the Workplace at CDC, May 23, 2002.

^[1] References to CDC also apply to the Agency for Toxic Substances and Disease Registry (ATSDR).

^[2] Center refers to CDC's national centers, institute, the National Immunization Program, the Office of Genomics and Disease Prevention, and the Agency for Toxic Substances and Disease Registry.

EXAMPLE