Support for Breastfeeding in the Workplace

Definition
Support for breastfeeding in the workplace includes several types of employee benefits and services,\textsuperscript{20,21} including writing corporate policies to support breastfeeding women; teaching employees about breastfeeding; providing designated private space for breastfeeding or expressing milk; allowing flexible scheduling to support milk expression during work; giving mothers options for returning to work, such as teleworking, part-time work, and extended maternity leave; providing on-site or near-site child care; providing high-quality breast pumps; and offering professional lactation management services and support.

Rationale
Mothers are the fastest-growing segment of the U.S. labor force. Approximately 70\% of employed mothers with children younger than 3 years work full time.\textsuperscript{22} One-third of these mothers return to work within 3 months after birth and two-thirds return within 6 months.\textsuperscript{22} Working outside the home is related to a shorter duration of breastfeeding, and intentions to work full time are significantly associated with lower rates of breastfeeding initiation and shorter duration.\textsuperscript{23} Low-income women, among whom African American and Hispanic women are overrepresented, are more likely than their higher-income counterparts to return to work earlier and to be engaged in jobs that make it challenging for them to continue breastfeeding.\textsuperscript{24} Given the substantial presence of mothers in the work force, there is a strong need to establish lactation support in the workplace.

Barriers identified in the workplace include a lack of flexibility for milk expression in the work schedule, lack of accommodations to pump or store breast-milk, concerns about support from employers and colleagues, and real or perceived low milk supply.\textsuperscript{25–27}
Evidence of Effectiveness

Cohen et al.28 examined the effect of corporate lactation programs on breastfeeding behavior among employed women in California. These programs included prenatal classes, **perinatal** counseling, and lactation management after the return to work. About 75% of mothers in the lactation programs continued breastfeeding at least 6 months, although nationally only 10% of mothers employed full-time who initiated breastfeeding were still breastfeeding at 6 months. Participants in the Mutual of Omaha's lactation program breastfed an average of 8.26 months, although nationally only 29% of mothers were still breastfeeding at 6 months.29 Both of these programs are promising but may represent unique populations that may not be generalizable to all working mothers.

Indicators of satisfaction and perceptions related to workplace programs have been evaluated, as have assessments of the use of resources for breastfeeding support, services provided, and perceived impact on success. Measures of participant satisfaction and perceptions show a positive impact of workplace support programs on the mother's work experience.30 Further, several studies indicate that support for lactation at work benefits individual families as well as employers via improved productivity and staff loyalty; enhanced public image of the employer; and decreased absenteeism, health care costs, and employee turnover.31,32

Description and Characteristics

Support programs in the workplace have several components. Many factors, such as how many women need support and the resources available, help determine the most appropriate components for a given setting. An outline document developed by the United States Breastfeeding Committee discusses “adequate,” “expanded,” and “comprehensive” support for breastfeeding in the workplace.21

According to Bar-Yam,33 essential elements of a successful workplace program are space, time, support, and gatekeepers. Ideally, a Nursing Mother Room (NMR) is centrally located with adequate lighting, ventilation, privacy, seating, a sink, an electrical outlet, and possibly a refrigerator.33 Employers can use many different strategies to ensure time for breastfeeding or milk expression, including flexible work schedules and locations, break times for pumping, and job sharing.
Mothers who continue breastfeeding after returning to work need the support of their coworkers, supervisors, and others in the workplace. Individual employers can do a great deal to create an atmosphere that supports employees who breastfeed. Such an atmosphere will become easier to achieve as workplace support programs are promoted to diverse employers. Workplace support programs can be promoted to employers, including managers of human resources, employee health coordinators, insurers, and health providers serving many of a particular organization’s employees.

**Program Examples**

**Employer Recognition**

In 1998, the Oregon Department of Human Services Health Division developed the Breastfeeding Mother Friendly Employer Project to recognize employers who are already breastfeeding friendly and to encourage other Oregon employers to support breastfeeding in the workplace. The division gives a certificate to all employers who document that they meet Breastfeeding Mother Friendly Employer criteria and publishes a list of these employers each year.

**Employer Incentives and Resources**

The U.S. Health Resources and Services Administration Maternal and Child Health Bureau has launched a national workplace initiative that includes developing a resource kit for employers. *The Business Case for Breastfeeding*, developed to address barriers and the educational needs of employers, includes materials for upper management, human resource managers, and others involved in implementing on-site programs for lactation support. Also included is a tool kit with reproducible templates that can be adapted to the work setting. An outreach marketing guide helps local breastfeeding advocates and health professionals effectively reach out to employers.

**Support and Accommodation in the Workplace**

In 2002, the Arizona Department of Health Services adopted a breastfeeding policy for all of its employees. The goal is “to provide a positive work environment that recognizes a mother’s responsibility to both her job and her child when she returns to work by acknowledging that a woman’s
choice to breastfeed benefits the family, the employer, and society.”

New mothers returning to work at the Department may be initially authorized
to bring their infants to work until the child is 4 months old. This period
may be extended in 1-month increments, depending on job performance
and the infant’s activity level. The policy provides for the privacy of mother
and infant, requires the mother to maintain her performance on the job,
and seeks to prevent disruption of other employees’ work. A designated
breastfeeding coordinator informs employees of the policy, provides educa-
tional materials, and gives support to any employee expressing an interest
in breastfeeding her infant.

The California Public Health Foundation WIC (Special Supplemental
Nutrition Program for Women, Infants, and Children) agencies provide
a breastfeeding support program for their employees, most of whom are
paraprofessionals. The program includes encouraging and recognizing
breastfeeding milestones and providing training on breastfeeding, monthly
prenatal classes, postpartum support groups, and a supportive work site
environment. The work site environment includes pumping facilities, flex-
ible break times, and access to a breast pump. A program hallmark is access
to an experienced colleague known as a Trained Lactation Coach, or TLC,
who breastfed her own children after returning to work. An evaluation of
the California program revealed that more than 99% of employees returning
to work after giving birth initiated breastfeeding, and 69% of those employ-
ees breastfed at least 12 months. Access to breast pumps and support groups
were significantly associated with the high breastfeeding duration rates.

Over the past decade, many companies and organizations have imple-
mented lactation programs. For example, Mutual of Omaha provides a
series of classes on breastfeeding for its pregnant employees. Prenatal
classes are designed to support the company’s strategic objectives of health
and wellness for all its pregnant employees and their families. Support of
the postpartum employee is tailored to assist breastfeeding employees as
they transition from maternity leave to work.

Legislation
Several states have enacted legislation that encourages support for breast-
feeding in the workplace. The United States Breastfeeding Committee has
made available an inventory and analysis of state legislation on breastfeed-
ing and maternity leave that includes legislation related to employment.
This inventory can be viewed online or downloaded free of charge from http://www.usbreastfeeding.org. La Leche League International has compiled a searchable summary and state-by-state information about state legislation in five major areas related to breastfeeding, including employment. Go to http://www.lalecheleague.org/LawBills.html for more information.

As of April 2004, five states had specific legislation requiring employers to accommodate breastfeeding mothers who return to work, and Illinois had similar legislation pending. Five more states had legislation or resolutions encouraging members of the public and private sectors, including employers, to support breastfeeding mothers. The legislation of two states included recommendations to complete demonstration projects on standard policies and practices for employers to support breastfeeding and to report findings back to the respective state legislatures.

In 1998, California passed the Breastfeeding at Work law, which encourages all employers to ensure that employees are provided with adequate facilities for breastfeeding or expressing milk. In 2002, the state passed Lactation Accommodation, which expands prior workplace provisions to require adequate break time and space for breastfeeding or milk expression, with a violation penalty of $100.

Texas set forth legislation in 1995 to standardize basic components of workplace support for breastfeeding. Employers that ensure these components are in place are eligible to receive Mother-Friendly Workplace designation from the Texas Department of Health. The major components are as follows:

- Flexible work schedules to provide time for milk expression.
- Access to a private location for milk expression.
- Access to a nearby clean and safe water source and sink for washing hands and rinsing out any breast-pump equipment.
- Access to hygienic storage options for the mother to store her breast-milk.
Potential Action Steps

- Provide educational materials to employers about how supporting their employees who breastfeed benefits employers.

- Establish a model lactation support program for all state employees.

- Promote legislation to support work site lactation programs through mandates or incentives.

- Create work site recognition programs to honor employers who support their breastfeeding employees.

Resources


Oregon Department of Human Services Health Division Breastfeeding Mother Friendly Employer Project: http://www.dhs.state.or.us/publichealth/bf/working.cfm

Arizona Department of Health Services Office of Human Resources: http://www.azdhs.gov/oed/personnel/index.htm

Texas Department of State Health Services Texas Mother-Friendly Worksite Program: http://www.dshs.state.tx.us/wichd/lactate/mother.shtm