

HB

1900

AMENDMENT

OFFERED IN THE HOUSE

TO: SSHB 190

BY REPRESENTATIVE CISSNA

- 1 Page 1, line 14, through page 2, line 2:
- 2 Delete all material.
- 3
- 4 Page 2, line 3:
- 5 Delete "(d)"
- 6 Insert "(c)"

25-LS0537E.5
Wayne
3/10/08

AMENDMENT

OFFERED IN THE HOUSE
TO: SSHB 190

BY REPRESENTATIVE CISSNA

- 1 Page 1, line 11:
- 2 Delete ", secure, and"

HB 190

Fairclough

Conceptual Amendment

Pg 1 Line 5 after "unpaid break
time"

INSERT: once
twice

Page 1, line 5 after "nursing mother
of a child"

INSERT: Up to six months
of age

2
Pg. 1
Line 10-11

Delete: all of line 10, ^{Delete line 11} employer,

Capitalize A

Delete Page 2, Line 7-9

HB 190

FAIRCLOUGH

CONCEPTUAL AMENDMENT.

Pg 1, Line 11

after the word shall . . . INSERT

make a reasonable attempt to

Alaska State Legislature
House of Representatives

Alaska State Capitol
Juneau, Alaska 99801-1182
1-800-922-3875 (toll free)
1-907-465-4588 (fax)



Interim Address
716 West Fourth Avenue
(phone) 1-907-269-0190
(fax) 1-907-269-0193

Representative Sharon Cissna
District 22

List of Individuals Who Plan to Testify:

- Dr. Erin Mc Arthur, American Academy of Pediatrics
- Coleen Turner, Resource Center for Parents and Children
- Debbie Golden, DHSS Division of Public Health

Others Who May Testify:

- Representative from Alaska Breast Feeding Coalition
- Representative from SEARHC
- Representative from WIC
- Sarah Grosshuesch, for self

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Representative Sharon Cissna
District 22

April 19, 2007
Sponsor Statement
HB190 – Nursing Mothers in Workplace

Infant and childhood nutrition has been of major concern in the State of Alaska. Numerous studies have shown that infants who are breast fed have significant health, growth and developmental advantages, as well as decreased risk of acquiring acute and chronic diseases. From 2000-2003, 42% of Alaskan mothers of newborn infants reported that they were currently in school or working outside of their home. In addition, of the mothers who stopped breastfeeding their infants, 21.9% reported that one reason they did so was because they were returning to work or school. Young mothers are often responsible for supplementing household income. The health of their children can be a critical factor in the mother's ability to succeed in the workforce.

HB 190 addresses this issue by requiring employers to provide reasonable, unpaid break time to nursing mothers for the purposes of breastfeeding or expressing breast milk. The bill also requires employers to provide a sanitary and safe place for the employee to do so, unless it creates an undue hardship for the employer. By allowing time for nursing mothers to continue breastfeeding, Alaskan employers can do their part in ensuring that the Alaskan workforce of tomorrow is healthy and strong enough to meet the challenges of our future. I urge your support for this important piece of health legislation.

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LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101


State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 20, 2007

SUBJECT: HB 190, an Act relating to break times for employees who nurse a child -- sectional analysis

TO: Representative Sharon Cissna
Attn: Christian Gou-Leonhardt

FROM: Dan Wayne 
Legislative Counsel

You have requested a sectional analysis of the above-described bill. This is a general analysis. If you would like me to address a specific set of facts in relation to the bill please call me.

AS 23.10.450(a), added by section 1, requires that employers provide reasonable unpaid breaks to an employee who is a mother nursing a child, so that the nursing mother can either breastfeed her child or express breast milk. The break may be at the same time as other break time provided to the employee, like a regular coffee break or lunch hour, but it must also be provided at times that reasonably ensure the health and comfort of mother and child, and that allow the employee to maintain a supply of breast milk.

AS 23.10.450(b) requires employers to provide a private, secure, and sanitary place, near the work area and not a toilet stall, for the employee to breastfeed or express breast milk. However, employers are exempt from this if the requirement would cause them to suffer a substantial and undue hardship.

AS 23.10.450(c) defines "employer" to include a wide range of employers in the public and private sector, and defines "undue hardship" to mean unreasonably difficult or costly, when considered in relation to factors including the size and type of business and the employer's financial resources.

If I may be of further assistance, please advise.

DCW:med
07-262.med



NEA-ALASKA

Affiliated with the National Education Association

March 12, 2007

NEA-Alaska has a long record of supporting child wellness related issues. During our recent Annual Meeting the body considered and passed Resolution #07-02 below, supporting the notion that breastfeeding, working mothers, ought to have time and access to a clean, private location to express breast-milk in order to facilitate the continuation of breastfeeding after returning to work.

The rationale for the resolution below refers to the Lactation Policy included as a medical benefit to members of the NEA-Alaska Health Trust. We have found through the Trust that there is no point for the insurer (in this case the NEA-Alaska Health Trust) to provide coverage for a commercial grade breast pump unless the employer will accommodate the need to provide time and access to a clean, private location for the mother to express breast-milk. I have included the NEA-Alaska Health Trust Lactation Policy for your consideration.

(Moved by Committee)

Move to ADOPT RES #R07-02:

#07-02: Breastfeeding Support: NEA-Alaska believes that education professionals who wish to express breast milk at work in order to facilitate the continuation of breastfeeding after returning to work should be provided with adequate break time and a clean, private space.

Rationale: -Breastfeeding significantly reduces the incidence of illness and disease in children who are breastfed. Lower incidence of disease/illness results in healthier persons and reduced claims. (NEA Health Trust)

-Legislation will be introduced this session in both the House and Senate requiring employers to provide time and space for expressing breast milk at work.

-In July 2006, the AEA Health Trust began offering a one-time pump benefit as part of its benefit package to support breastfeeding mothers.

Budget Cost: \$0

CARRIED.

NEA-Alaska supports SB 113 as a much needed benefit for working mothers to continue breastfeeding after returning to work. The benefits of this law will accrue to the next generation of our students. Please join NEA-Alaska supporting SB 113.

Sincerely,

Bill Bjork

NEA-Alaska President



NEA-Alaska Health Trust
Lactation Policy

Purpose:

The intent of the lactation policy is to provide a commercial grade breast pump to eligible dependents who are mothers returning to work committed to the benefits of continued breast feeding while working.

This benefit is designed to access support from the participant's employer to provide flexible work arrangements to ease both mother and baby into their new routines. Employer support is required in order to receive the breast pump and is accomplished by returning the attached (sample) lactation letter signed by the employer who agrees to participate by providing appropriate breaks to pump in a quiet, private place with access to an electrical outlet.

Procedure:

Eligible members should contact the NEA-Alaska Health Plan Office at (907) 274-7526 to receive the lactation letter for their employer to sign. Upon receiving the employer's signature the letter needs to be turned into the NEA-Alaska Health Trust at 4003 Iowa Drive, Anchorage, Alaska 99517. Upon receipt of the lactation letter, the Trust will provide the participant a Certificate of Redemption. The Certificate of Redemption is to be redeemed to:

Junior Towne
1017 W. Fireweed Lane
Anchorage, Alaska 99503
Phone (907) 279-2824
Fax (907) 276-6375

Junior Towne will provide the commercial grade breast pump after photo identification has been supplied. For individuals residing out of Anchorage and the Matsu Valley, the Certificate of Redemption may be mailed to Junior Towne with a copy of the participant's photo identification and shipping address. The breast pump will be packaged and shipped to the address given by the participant.

Any questions regarding the Lactation Policy should be directed to the Plan Manager at (907) 274-7526.



**Alaska Breastfeeding Coalition
P O Box 141034
Anchorage, AK 99514**

March 13, 2007

Dear Legislators,

The Alaska Breastfeeding Coalition supports bills SB 113 and HB 190, an act relating to break times for employees who nurse a child. As professionals, we see on a daily basis the dilemma of mothers as they return to work. We know that many women choose to quit breastfeeding sooner than they would like due to the difficulty they experience when trying to express their milk for their child during their work schedule.

The passage of bills SB 113 and HB 190 will not only benefit breastfeeding mothers and their infants, but employers as well. Breastfed babies generally develop fewer occurrences of ear infections, lower respiratory infections, and GI illnesses during infancy and childhood. This translates into fewer absences from work by the parent. In addition, healthier children have fewer doctor visits reducing health care costs.

As stated in a letter to the Editor of the New York Times by Dr Audrey Naylor, "A goal of the United States Breastfeeding Committee is that 'every woman, regardless of her employment status, will have the opportunity to provide breast milk for her child.' " By showing support for SB 113 and HB 190 you can protect breastfeeding mothers from discrimination and support their efforts to raise healthy babies. We find this legislation to be a step forward in reaching that goal.

Sincerely,

A handwritten signature in cursive script that reads "Catherine E Tapey".

Catherine E Tapey, IBCLC, RLC
President.

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MEMORANDUM

April 24, 2007

SUBJECT: Sponsor Substitute for House Bill 190, authorizing break times for employees who nurse a child -- sectional analysis (Work Order No. 25-LS0537AE)

TO: Representative Sharon Cissna

FROM: Jack Chenoweth
Assistant Reviewer

This measure requires an employer to provide reasonable unpaid daily break times to an employee who is a nursing mother of a child and prescribes limitations and penalties for violations of the Act's requirements.

The material is set out in one bill section, codified as AS 23.10.450:

-- Subsection (a) requires that employers provide reasonable unpaid breaks to an employee who is a mother nursing a child, so that the nursing mother can either breastfeed her child or express breast milk. The break may be at the same time as another break time provided to the employee, but it must also be provided at times that reasonably ensure the health and comfort of mother and child and that allow the employee to maintain a supply of breast milk.

-- Subsection (b) requires the employer to provide a private, secure, and sanitary place, near the work area and not a toilet stall, for the employee to breastfeed or express breast milk. Employers are exempt from this if the requirement would cause them to suffer a substantial and undue hardship.

-- Subsection (c) directs the Department of Labor and Workforce Development to enforce the section and to establish, by regulation, procedures to receive complaints alleging violations of the section. For each violation, the penalty authorized is a civil fine of not more than \$50.

-- Subsection (d) defines terms used elsewhere in the Act.

JBC:med
07-265.med

**HB190
(H) HESS**

Recommended Witnesses:

Sarah Grosshuesch, Alaska Breastfeeding Coalition, Anchorage

Kathy Perham-Hester, DHSS, Juneau

Jen Aist, IBCLC, Providence WIC, Anchorage

Cathy Tapey, IBCLC, Anchorage

Karen Allen, Juneau

Dana Kent, RD, LD, IBCLC, Juneau

Jeanine Wheeler RN, IBCLC, Eagle River

Lois Rockcastle, RNC, MS, FNP, IBCLC, Anchorage

Lynn Copoulos, RN, IBCLC, Anchorage

Sandra Frenier, CPNP, Anchorage

Erin McArthur, MD, Eagle River

Terriann Shell, IBCLC, ICCE, Big Lake

Jennifer Hadley, RN, Palmer

Marcy Custer, RN, MS, Anchorage

Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:47 PM
To: Anna Sorensen
Subject: Fwd: Bill to protect breastfeeding moms

Onni Tibor <kal.blanc@yahoo.com> wrote:

Date: Wed, 12 Mar 2008 14:39:43 -0700 (PDT)
From: Onni Tibor <kaleblanc@yahoo.com>
Subject: Bill to protect breastfeeding moms
To: msgreeman@yahoo.com

First of all, thank you for doing this, I really appreciated.

This is my testimony~

My name is Onni Tibor; my baby was 2.5 months old when I returned back to work. I worked at a local Engineering firm with men being dominated, in our office; we do not have a break room where we can go pumping. We have to go to the unisex Bath/Shower room to pump; sometimes it is very unpleasant especially in the morning after some one doing the #2 in there.

Also the closest outlet in the shower room has not been working in years! Some veteran pumpers at work told me that they had notified the management a few times; somehow nothing gets done, then no one said a thing anymore. So now we all use the extension cord to get power across the toilet and sink... I always think that the germs are going to jump to the power cord.

Well, it is my testimony about pumping at work, sometimes it is a drag to go pumping. And I hope the bill will sucessfully pass.

Onni

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Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:48 PM
To: Anna Sorensen
Subject: Fwd: HB190

"Rutzler, Kristiann" <RutzlerK@ci.anchorage.ak.us> wrote:

From: "Rutzler, Kristiann" <RutzlerK@ci.anchorage.ak.us>
To: "msgreeman@yahoo.com" <msgreeman@yahoo.com>
Date: Wed, 12 Mar 2008 11:05:35 -0800
Subject: HB190

Please pass on my testimony and support for HB 190.

I fully support the proposed bill HB 190. A 10-second jaunt on the internet reveals the myriad of reasons breast milk is better than formula. Our society in general is coming to support women when providing their offspring this valuable nutrition. The US Food and Drug Administration notes how the percentage of American mothers who breastfeed their newborns drops considerably by the time their baby reaches 6 months old. It states "government and private health experts are working to raise those numbers". (http://www.fda.gov/fdac/features/895_brstfeed.html) HB 190 Nursing Mothers in the Workplace will do just that.

Following the birth of my daughter, I continued to work full-time for the Municipality Of Anchorage, and had difficulty finding private, clean space in which to pump. My supervisor supported my decision to breastfeed and pump, but we had a tough time finding the space. I work in a cubicle, and at first I tried to pump there, by blocking the entrance, but abandoned that practice the first time a fellow stood on tip-toe and peeked over my cubicle wall (luckily, he was a new father, and wasn't too shocked to see me with suction cups attached to my body). Then I tried pumping in a storage room that had no lock on the door – a colleague who was also pumping built a wooden wedge to keep people from walking in while we were pumping. That area worked out well, but the space was soon needed for an office, so we were given the boot. The break rooms were not private enough. We hopped from office to office taking advantage of that space while others were on leave. Eventually, we had to use the conference rooms. It was sometimes difficult finding free time in the room schedule, for so many employees were rightfully using them for meetings. One time I pumped in the restroom, but was so disgusted by the fact that I was pumping while someone was defecating that I never did that again. I even tried pumping in my car, but felt too exposed to those walking by in the parking lot.

I'm hoping to have another child soon, and I'm already dreading the task of securing a safe, clean place to pump. I hope this bill helps bring this difficulty to light – so employers and building developers recognize this need and help provide a private, clean place to pump. We're not asking for much: a quiet room with a door, a table and a chair is all we need.

Please support HB 190 Nursing Mothers in the Workplace, so we can continue to raise our children to the best of our ability.

Kristiann Rutzler
Municipality of Anchorage
Planning Department

Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:48 PM
To: Anna Sorensen
Subject: Fwd: Bill to protect breastfeeding moms - testimony

Rachel Cruz <rachelacruz@gmail.com> wrote:

Date: Wed, 12 Mar 2008 10:15:16 -0800
From: "Rachel Cruz" <rachelacruz@gmail.com>
To: msgreeman@yahoo.com
Subject: Bill to protect breastfeeding moms - testimony

Hi Sarah,

I'm writing to provide you with a written testimony of my experiences with being a nursing mother in the workplace.

When I first came back from maternity leave (June 2007) I did not want to pump in the bathrooms, so I attempted to pump in my office. However, it was a bit challenging since I had a window with no blinds and a door that did not lock. I hunted around the office for some left over foam board that was large enough to put up in my window to block the view. I found a piece that wasn't a perfect fit, but was adequate. I then put a do not disturb sign on my door. I pumped in my office for about two weeks. I ended up finding a new location to pump because I always felt rushed and nervous that the board would fall out of my window (which it did once), someone could see through cracks that the board did not cover, or that someone would open the door. So I relocated to the bathroom. The bathroom is a very unpleasant place to sit for 20 minutes, let alone pump milk for your baby. I always tried to use the private handicap bathroom so that I at least had privacy, but many times the bathroom was in use when I needed to pump or the stench in the bathroom was too unbearable to stand. If I could not use the private bathroom, I would resort to the bathroom with multiple stalls and stand in a stall and pump. I can remember many times standing in the stall pumping breastmilk while someone later came into the bathroom to go number two. I certainly don't blame them, but it makes for a very unpleasant and unsanitary experience.

It would be nice if all companies were proactive and provided lactation rooms for their employees, but unfortunately this is not the case. For example, I work for a company that has young staff and for the last four years has consistently had a handful of pregnant and nursing moms. We also have many empty offices that could easily be used as a lactation room. Unfortunately the management sees nothing wrong with using the bathroom as a lactation room too. Why have a lunch room? ...we have a bathroom with plenty of space!

Thanks for all your efforts on this bill!

Rachel Cruz

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Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:48 PM
To: Anna Sorensen
Subject: Fwd: HB 190

Andrew Billings & Mia Costello <andrewmia@gci.net> wrote:

Date: Wed, 12 Mar 2008 10:53:55 -0800
From: Andrew Billings & Mia Costello <andrewmia@gci.net>
Subject: HB 190
To: msgreeman@yahoo.com
CC: chechako@alaska.net

To Whom It May Concern,

As a former working mother who returned to the office place following maternity leave from the State of Alaska as deputy director of communications for Governor Murkowski, I found my return to work and my choice to pump during working hours to be completely supported by every single person in the governor's office.

Almost immediately upon my return, my office was installed with a lock so that while I pumped I could have the privacy needed. This provided me both privacy and allowed me to avoid pumping in the bathroom, an option that I would not have chosen to exercise because of the obvious health and safety risk of contaminating the milk.

The support and acceptance that I experienced while I was a nursing mother to my infant is something that all working mothers should come to experience and expect.

That personal choice is one all mothers should be able to make and it should not be either dictated by or compromised by an employer's inability to offer a clean, safe and private area for working mothers who choose to provide breast milk to their infants.

I wholeheartedly support HB 190 and urge it's passage into law.

Sincerely,
Mia Costello
1570 Goldpointe Drive
Fairbanks, Alaska 99709

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Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:56 PM
To: Anna Sorensen
Subject: Fwd: breastfeeding bill

Anna Knapp <annapatknapp@yahoo.com> wrote:

Date: Tue, 11 Mar 2008 23:51:33 -0700 (PDT)
From: Anna Knapp <annapatknapp@yahoo.com>
Subject: breastfeeding bill
To: msgreeman@yahoo.com

Sarah,

I hear that you are a mother! It's amazing how quickly those months of pregnancy go by. I'd love to hear your birth story when you have a chance, but it looks like you are pretty busy with this house bill work. I'm so happy to see that you are doing this for moms...it's so important.

Here are my comments that I hope can help you out:

I am a new mom as of January 2008. I am happy to have a beautiful baby girl in my life now. She means everything to me. I want to make sure that she has a great start to her life, so I am planning on breastfeeding as long as she wants to in her life. I believe that providing breast milk to her will allow her to have a healthy start. I have talked with my healthy care provider as well as read research on this subject and found that kids who are breastfed do get significant health benefits.

I am not able to stay home with my daughter and have returned to work just 8 weeks after her birth. My employer has made it very easy for me to express my breast milk during work hours. A copy room with a comfy chair and an electrical outlet for the pump has been made available for me for the times that I need to pump during the work day. I simply put a sign on the door with the message "copy room will be available in 15 minutes" and my coworkers know that I am inside providing nourishment for my daughter. I take the milk home each night and my daughter eats it the next day.

Because I am able express milk during the day, I am able to keep my milk supply strong. This allows me to

nurse my daughter "in person" whenever we are able to be together. This time with her is so important to our bonding since I have to be away from her 40-50 hours a week.

I can not imagine a situation different from this. Often when I am expressing milk, I wonder what other mothers do who work in other places. How stressful it would be to express milk in a bathroom stall or even worse--to not be able to do it all!

This small action that my employer has taken allows my daughter to have a healthier start and allows me to be a happier employee. Even though I have to go back to work when I would rather stay home with my child, I know that I have the best of both worlds--a strong bond with my child and an employer that cares about both me and my child. I am a more productive employee because of it.

I know that I am lucky with this situation. Not all moms have a boss that is so understanding. It would be a much better situation in our state if all moms had the place to express breast milk like I do. This bill would allow this to happen; please vote yes on House Bill 190 Nursing Mothers in the Workplace.

Anna G. Knapp
Mother of Mellen Knapp
Anchorage AK

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<http://mail.yahoo.com>

Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Thursday, March 13, 2008 9:27 AM
To: Anna Sorensen
Subject: Fwd: testimony

Kristin Wognild <wognild_kristin@asdk12.org> wrote:

Date: Thu, 13 Mar 2008 09:26:08 -0900
Subject: testimony
From: Kristin Wognild <wognild_kristin@asdk12.org>
To: <msgreeman@yahoo.com>

Hello! Thank you for your efforts to support breastfeeding mom. I will do what I can to help. I hope this will suffice. Below is my written statement about my situation:

I am the mother of a ten-month old wonderful and spirited little girl. If you were to meet her, you'd probably find her demonstrating one of her many new tricks- crawling at the speed of lightening, dancing to the (off-key) tune of her mom's voice, or pulling herself to standing on anything and everything- all while showing off a big toothy grin. There is no doubt that she is a very happy baby.

But, this was not always the case. My daughter was very colicky- right from the start. I desperately wanted to nurse- knowing the benefits it provides both her and I. But, she and I both struggled in the beginning. She was easily frustrated, and I was overwhelmed, and despite frequent nursing sessions- she didn't gain weight as she should. Many mothers would stop, but I became a permanent fixture in the office of a lactation consultant- who helped my daughter and I learn what to do. I visited an accupuncturist- who helped my milk supply increase. I ate the right foods and took the suggested herbs- anything that would help with this process. And finally- we had it under control.

My daughter was "thriving," at least according to growth charts- but she remained extremely colicky. As a mother, I knew something wasn't right- and my daughter's pediatrician finally referred her to an allergist. Three months into her life, we found out that she had major food allergies. There were nine in all- and one was to corn. This was the most worrisome because if she or I (while nursing) ingested it- there was a possibility of an anyphylactic reaction. I was instructed on how to use an epi-pen, and told to carry it with my daughter at all times.

The news came- just weeks before I was to go back to work. I had spent months pumping every chance I could to stock up my freezer with milk. Now,

the doctor instructed me to dump everything I had pumped. He went on to explain that corn (or a corn derivative) was in every form of formula. (There was one that I could use if need be- but I would have to buy it special order, and was extremely pricey. \$10 a day to feed my daughter. And my insurance refused to fund ANY formula.)

Still- breast is best for your daughter- he had explained. And after everything I had been through TO breastfeed, I would keep going (minus the nine allergens from my diet.)

Still, the thought of going back to work loomed before me. Would I be able to pump as much as I would need to? It was imperative that my milk supply did not go down- both for my daughter's health and for our finances (we simply could not afford to feed her the formula.) I thought about staying home with my daughter- taking a leave of absence from the school district, where I work- but it wouldn't work. So- I set out to work with apprehension.

I am a teacher. So, my pumping options are limited. Fortunately, I am offered a planning time and a short duty-free lunch. During these times, you could find me, sitting on the floor, pressed against the only wall in my classroom where I can't be seen through windows from the outside. Still, I pump every chance I get- but unfortunately, chances are becoming more and more limited. I often miss lunch (which I know is imperative for my milk supply), and sometimes struggle with priorities (which kids' welfare comes first?) I have very little planning time left after pumping, and good teaching REQUIRES time. Needless to say, this experience has been overwhelming.

Still, despite the tears that have come while I sit on the floor, pressed for time, hungry, and fearful that the sticky lock on the door isn't working- I know that I have been lucky. Yes, my milk supply decreased, and I have had to give my daughter some formula. (How could it not when pumping is limited and stressful?) I am lucky because I am not in the bathroom pumping. I am lucky because I have SOME time to pump. I know there are other mother's out there that have it harder.

I believe that the state must protect these mothers, and more importantly, their children. We all know that breast is best. And just because a mother must or chooses to work- that child still deserves the best chance on life. For too long, it has been up to the employer, and that is not good enough.

Thank you for your time.

-Kristin Wognild



50 State Summary of Breastfeeding Laws

Updated January 2008

Health professionals and public health officials promote breastfeeding to improve infant health. Both mothers and children benefit from breast milk. Breastfeeding helps prevent diarrhea and infections in infants. It also provides long-term preventive effects for the mother, including an earlier return to pre-pregnancy weight, reduced risk of pre-menopausal breast cancer and osteoporosis. According to the *New York Times*, about 70 percent of mothers start breastfeeding immediately after birth, but less than 20 percent of those moms are breastfeeding exclusively six months later. Healthy People 2010 objectives for the nation include increasing the proportion of mothers who breastfeed their babies in the early postpartum period to 75 percent.

Thirty-nine states have laws with language specifically allowing women to breastfeed in any public or private location (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Utah, Tennessee, Texas, Vermont, and Wyoming).

- Twenty-one states exempt breastfeeding from public indecency laws (Alaska, Arizona, Arkansas, Florida, Illinois, Kentucky, Michigan, Mississippi, Montana, Nevada, New Hampshire, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington and Wisconsin).
- Fourteen states have laws related to breastfeeding in the workplace (California, Connecticut, Georgia, Hawaii, Illinois, Minnesota, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, and Washington).
- Twelve states exempt breastfeeding mothers from jury duty (California, Idaho, Illinois, Iowa, Kansas, Kentucky, Minnesota, Mississippi, Nebraska, Oklahoma, Oregon and Virginia).
- Four states have implemented or encouraged the development of a breastfeeding awareness education campaign (California, Illinois, Missouri, and Vermont).
- Virginia allows women to breastfeed on any land or property owned by the state.

First Letter of State A C D F G H I K L M N O R T U V W

Several states have unique laws related to breastfeeding. For instance,

- California and Texas have laws related to the procurement, processing, distribution or use of human milk.
- Louisiana prohibits any child care facility from discriminating against breastfed babies.
- Maine requires courts, when awarding parental rights and responsibilities with respect to a child, to consider whether the child is under age one, and being breastfed.
- Maryland exempts from the sales and use tax the sale of tangible personal property that is manufactured for the purpose of initiating, supporting or sustaining breastfeeding.
- Mississippi provides for regulations for child care facilities to promote breastfeeding by mothers of children being cared for in the facility.
- Rhode Island requires the Department of Health to prepare a consumer mercury alert notice, explaining the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children.

State

Summary of Statutes

Alabama

Ala. Acts of 2006-526 Allows a mother to breastfeed her child in any public or private location.

American Samoa

Alaska

Alaska Stat. § 29.25.080 (1998) prohibits a municipality from enacting an ordinance that prohibits or restricts a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. The law clarifies that "lewd conduct," "lewd touching," "immoral conduct," "indecent conduct," and similar terms do not include the act of a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. (SB 297)

Arizona

Ariz. Rev. Stat. Ann § 41-1443 (2006) Provides that indecent exposure does not include an act of breast-feeding by a mother and entitles a mother to breast-feed in any

Arkansas

public place where the mother is otherwise lawfully present.

Ark. Act No. 680 (2007) Allows a woman to breastfeed in any public or private location where other individuals are present. Also exempts breastfeeding women from indecent exposure laws.

California

Cal. Health and Safety Code § 1123360, 123361 & 1257.9 (2007) mandates the Department of Public Health to encourage breast-feeding training for mothers and infants in acute care and maternity care hospitals. The law only applies to hospitals with patient breast-feeding rates in the lowest twenty-five percent. The law also requires notification of hospital directors, improved access to lactation supports and breast pumps, and peer counseling, given that funds are available.

Cal. Lab. Code § 1030, 1031, 1032, 1033 (2001) Employers need to allow a break and a provide a room for a mother who desires to milk in private.

Cal. Civil Code § 210.5 (2000) allows the mother of a breastfed child to postpone jury duty for one year and specifically eliminates the need for the mother to appear in court to request the postponement. The law also provides that the one-year period may be extended upon written request of the mother. [Chap. 266 (AB 1814)]

Cal. Health and Safety Code § 1647 (1999) declares that the procurement, processing, distribution or use of human milk for the purpose of human consumption is considered to be a rendition of service rather than a sale of human milk. [Chap. 87 (AB 532)]

Cal. Assembly Concurrent Resolution 155 (1998) encourages the state and employers to support and encourage the practice of breastfeeding, by striving to accommodate the needs of employees, and by ensuring that employees are provided with adequate facilities for breastfeeding and expressing milk for their children. The resolution memorializes the governor to declare by executive order that all state employees be provided with adequate facilities for breast feeding and expressing milk.

Cal. Civil Code § 43.3 (1997) allows a mother to breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and the child are otherwise authorized to be present. (AB 157)

Cal. Assembly Concurrent Resolution 95 (1996) proclaims the week of August 1 through 7, 1996, as Breastfeeding Awareness Week.

Cal. Health and Safety Code § 123360, 123365 (1995) requires the Department of Health Services to include in its public service campaign the promotion of mother who breastfeed their infants. The law requires hospitals to make available a breastfeeding consultant or alternatively, provide information to the mother on where to receive breastfeeding information. (AB 973, AB 977)

Cal. Assembly Concurrent Resolution 41 (1995) proclaims August 1 through 7, 1995, Breastfeeding Awareness Week.

CRS 25-6-301, 25-6-302 (2004) recognizes the benefits of breastfeeding and encourages mothers to breastfeed. The law also allows a mother to breastfeed in any place she has a right to be. (SB 88)

Conn. Public Act § 01-182 (2001) requires employers to provide reasonable time each day to an employee who needs to express breast milk for her infant child and to provide accommodations where an employee can express her milk in privacy. (HF 5656)

Express only

Conn. Gen. Stat. § 46a-64 (1997) prohibits places of public accommodation, resorts or amusements from restricting or limiting the right of a mother to breastfeed her child. [P.A. 97-210]

Colorado

Delaware

Del. Code Ann. tit. 31 § 310 (1997) entitles a mother to breastfeed her child in any location of a place of public accommodation wherein the mother is otherwise permitted. [71 Del. Laws, c. 10, § 1]

District of Columbia
Florida

Fla. Stat. § 383.016 (1994) authorizes a facility lawfully providing maternity services or newborn infant care to use the designation "baby-friendly" on its promotional materials. The facility must be in compliance with at least 80 percent of the requirements

developed by the Department of Health in accordance with UNICEF and World Health Organization baby-friendly hospital initiatives. (SB 1668)

Fla. Stat. § 383.015 (1993) allows a mother to breastfeed in any public or private location. (HB 231)

Fla. Stat. § 800.02, 800.03, 800.04 These statutes exclude breastfeeding from various sexual offenses, from the definition of an unnatural and lascivious act.

Fla. Stat. § 827.071 a mother breastfeeding her baby does not under any circumstance constitute "sexual conduct".

Ga. Act No. 922 (2002) changes the previous law, § 31-1-9, and inserts the phrase: "The breast-feeding of a baby is an important and basic act of nurture which should be encouraged in the interests of maternal and child health. A mother may breast-feed her baby in any location where the mother and baby are otherwise authorized to be." (S.B. 221)

Ga. Code § 31-1-9 (1999) allows a mother to breastfeed in any location where she is otherwise authorized to be, provided that she "acts in a discreet and modest way." [Act 304 (SB 29)]

Ga. Code § 34-1-6 (1999) allows employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers may also be required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. The employer is not required to provide break time if to do so would unduly disrupt the workplace operations.

Express only

Hawaii Rev. Stat. § 367-3 (1999) requires the Hawaii Civil Rights Commission to collect, assemble, and publish data concerning instances of discrimination involving breastfeeding or expressing breast milk in the workplace. Prohibits employers to forbid an employee from expressing breast milk during any meal period or other break period. (HB 266)

Express only

Hawaii Rev. Stat. § 378-2 (1999) makes it discriminatory deny the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodations to a woman because she is breastfeeding a child. (HB 2774)

HRS 489.21, HRS 489-22 Discriminatory practices; breast feeding. It is a discriminatory practice to deny, or attempt to deny, the full and equal enjoyment of the goods, services, facilities, privilege, advantages, and accommodations of a place of public accommodations to a woman because she is breast feeding a child.

Idaho Code § 2-209 (1996) allows nursing mothers to postpone jury service until she is no longer nursing the child.

Idaho Code § 2-212 A person who is not disqualified for jury service under section 2-209, Idaho Code, may have jury service postponed by the court or the jury commissioner only upon a showing of undue hardship, extreme inconvenience, or public necessity, or upon a showing that the juror is a mother breastfeeding her child.

Ill. P.A. 94-391 (2005) Amends the Jury Act. Provides that any mother nursing her child shall, upon her request, be excused from jury duty.

Ill. P.A. 93-942 (2004) Creates the Right to Breastfeed Act. Provides that a mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be; a mother who breastfeeds in a place of worship shall follow the appropriate norms within that place of worship. (SB 3211)

Ill. Law, P.A. 92-68 (2001) creates the Nursing Mothers in the Workplace Act, and requires that employers provide reasonable unpaid break time each day to employees who need to express breast milk. The law also requires employers to make reasonable efforts to provide a room or other location, other than a toilet stall, where an employee can express her milk in privacy. (SB 542).

Ill. Rev. Stat. ch. 20 § 2310/55.84 (1997) allows the Department of Public Health to

Georgia

Guam
Hawaii

Idaho

Illinois

conduct an information campaign for the general public to promote breastfeeding of infants by their mothers. The law allows the department to include the information in a brochure that shares other information with the general public and is distributed free of charge. (P.A. 90-244)

- Ill. Rev. Stat. ch. 720 § 5/11-9 (1995)** clarifies that breastfeeding of infants is not an act of public indecency. (SB 190)
- Indiana** **Ind. Code § 16-35-6** allows a woman to breastfeed her infant anywhere that the law allows her to be. (HB 1510)
- Iowa** **Iowa Code § 607A.5 (1994)** allows a woman to be excused from jury service if she submits written documentation verifying, to the court's satisfaction, that she is the mother of a breastfed child and is responsible for the daily care of the child.
- Iowa Code § 135.30A (2002)** a woman may breast-feed the woman's own child in any public place where the woman's presence is otherwise authorized.
- Kansas** **2006 Kan. Sess. Laws, Chap. 11** excuses a nursing mother from jury duty. (H.B. 2284)
- Kan. Acts of 2005** Allows a woman to breastfeed in "any place she has a right to be." Also allows breastfeeding to be an excuse from jury service.
- Kentucky** **2006 Ky. Acts, Chap. 80** Permits a mother to breastfeed her baby or express breastmilk in any public or private location; requires that breastfeeding may not be considered an act of public indecency, indecent exposure, sexual conduct, lewd touching or obscenity; prohibits a municipality from enacting an ordinance that prohibits or restricts breastfeeding in a public or private place. (SB 106)
- Ky. Act No. 102 (2007)** Directs judges at all levels of the court to excuse women who are breastfeeding or expressing breast milk from jury service until the child no longer nursing. (S.B. 111)
- Louisiana** **La. House Concurrent Resolution 35 (2002)** establishes a joint study of requiring insurance coverage for outpatient lactation support for new mothers.
- LRS 51. 2247.1 (2001)** states that a mother may breastfeed her baby in any place of public accommodation, resort, or amusement, and clarifies that breastfeeding is not a violation of law. (HB 377)
- LRS 46. 1409 B 5** prohibits any child care facility from discriminating against breastfed babies. (HB 233)
- Maine** **Me. Rev. Stat. Ann. tit. 5, § 4634 (2001)** amends the Maine Human Rights Act to declare that a mother has the right to breastfeed her baby in any location, whether public or private, as long as she is otherwise authorized to be in that location. [Public Law No. 206 (LD 1396)]
- Me. Rev. Stat. Ann. tit. 19-a § 1653 (1999)** requires the court, in making an award of parental rights and responsibilities with respect to a child, to apply the standard of the best interest of the child. In making decisions regarding the child's residence and parent-child contact, the court must consider the primary the safety and well being of the child, and consider whether the child is under one year of age, and being breastfed. [Public Law No. 702 (HB 2774)]
- Maryland** **Md. Code § 20-801 Laws, Chap. 369 (2003)** permits a woman to breastfeed her infant in any public or private place and prohibits anyone from restricting or limiting this right. (SB223)
- Massachusetts**
- Michigan** **Mich. Comp. Laws §§ 41.181, 67.1aa, and 117.41 (1994)** states that public nudity laws do not apply to a woman breastfeeding a child.
- Minnesota** **Minn. Laws, Chap. 269 (2000)** allows a nursing mother, upon request, to be excused from jury service if she is not employed outside of her home and if she is responsible for the daily care of the child. (HF 1865)
- Minn. Stat. § 181.939 (1998)** requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. (SB 2751)

Express
only

Mississippi

Minn. Stat. § 145.905 a mother may breastfeed in any location, public or private, where the mother and child are otherwise authorized to be, irrespective of whether the nipple of the mother's breast is uncovered during or incidental to the breastfeeding.

Miss. Code Ann. Ch. 5 § 13-5-23 (2006) Provides that breast-feeding mothers may be excused from serving as jurors.

Miss. Code Ann. Ch. 25 § 17-25-7/9 (2006) Prohibits against ordinance restricting a woman's right to breastfeed; provides that a mother may breastfeed her child in any location she is otherwise authorized to be (S.B. 2419).

Miss. Code Ann. Ch. 20 § 43-20-31 (2006) Provides for regulations for child care facilities to promote breastfeeding by mothers of children being cared for in the facility.

Miss. Code Ann. Ch. 1 § 71-1-55 (2006) Prohibits against discrimination towards breast-feeding mothers who use lawful break-time to express milk.

Miss. Code Ann. Ch. 29 § 97-29-31 (2006) Requires that a woman breastfeeding may not be considered an act of indecent exposure.

Miss. Code Ann. Ch. 35 § 97-35-3/7/11/15 (2006) Requires that breastfeeding may not be considered an act of disorderly conduct, indecent exposure, or disturbance of the public peace.

Missouri

Mo. Rev. Stat. § 191.915 (1999) requires hospitals and ambulatory surgical centers to provide new mothers with information on breastfeeding, the benefits to the child and information on local breastfeeding support groups or a consultation. The law requires physicians who provide obstetrical or gynecological consultation to inform patients about the postnatal benefits of breastfeeding. The law requires the Department of Health to provide and distribute written information on breastfeeding and the health benefits to the child. (SB 8)

Mo. Rev. Stat. § 191.918 (1999) allows a mother, with as much discretion as possible, to breastfeed her child in any public or private location.

Montana

Mont. Code Ann. § 50-19-501 (1999) states that the breastfeeding of a child in any location, public or private, where the mother otherwise has a right to be is legal and cannot be considered a nuisance, indecent exposure, sexual conduct, or obscenity. (SB 398)

Nebraska

Neb. Rev. Stat. §25-1601-4 (2004) state that a nursing mother is excused from jury duty until she is no longer breastfeeding; nursing mother must file qualification form supported by certificate from her physician requesting exemption.

Nevada

Nev. Rev. Stat. § 201.232, 201.210, 201.220 (1995) states that the breastfeeding of a child in any location, public or private, is not considered a violation of indecent exposure laws. (SB 317)

New Hampshire

N.H. Rev. Stat. Ann. § 121:1, et seq. (1999) states that breastfeeding does not constitute indecent exposure and that limiting or restricting a mother's right to breastfeed is discriminatory. [HB 441]

New Jersey

N.J. Rev. Stat. § 26:4B-4/ 5 (1997) entitles a mother to breastfeed her baby in any location, including public accommodations, resorts or amusement parks. Failure to comply with the law may result in a fine.

New Mexico

N.M. Stat. Ann. § 28-20-1 (1999) permits a mother to breastfeed her child in any public or private location where she is otherwise authorized to be. (SB 545)

N.M. Chapter No. 2007-18 Requires employers to provide a clean, private place (not a bathroom) for employees who are breastfeeding to pump. Also requires that the employee be given breaks to express milk, but does not require that she be paid for this time.

Express only
↓

New York

N.Y. Chapter No. 547 (2007) States that employers must allow breastfeeding mothers reasonable, unpaid break times to express milk and make a reasonable attempt to provide a private location for her to do so. Prohibits discrimination against breastfeeding mothers.

N.Y. Civil Rights Law § 79-e (1994) permits a mother to breastfeed her child in any public or private location. (SB 3999)

North Carolina

N.C. Gen. Stat. § 14-190.9 (1993) states that a woman is allowed to breastfeed in

North Dakota
Ohio

any public or private location, and she is not in violation of indecent exposure laws. (HB 1143)

Ohio Rev. Code Ann. Sec. 3781.55 (2005) A mother is entitled to breast-feed her baby in any location of a place of public accomodation wherein the mother otherwise is permitted.

Oklahoma

Okla. Stat. tit. 40 § Sec. 435 (2006) Provides that an employer may provide reasonable unpaid break time each day to an employee who needs to breast-feed or, express breastmilk for her child; requires the Department of Health to issue periodic reports on breast-feeding rates, complaints received and benefits reported by both working breast-feeding mothers and employers. (HB 2358)

Both
BF &
Express

2004 OK Laws, Chap. 332 allows a mother to breastfeed her child in any location that she is authorized to be and exempts her from the crimes and punishments listed in the penal code of the state of Oklahoma. Additionally, mothers who are breastfeeding can request to be exempt from service as jurors. (HB 2102)

Oregon

Or. Rev. Stat. § 109.001 (1999) allows a woman to breastfeed in a public place. (SB 744)

Or. Rev. Stat. §§ 10.050 (1999) excuses a woman from acting as a juror if the woman is breastfeeding a child. A request from the woman must be made in writing. (SB 1304)

2007 Or. Laws, Chap. (HB2372) allows women to have unpaid 30 minute breaks during each 4 hour shift to breastfeed or pump. Allows certain exemptions for employers.

Both

Pennsylvania

2007 Pa. Laws, Act 28 allows mothers to breastfeed in public without penalty. Breastfeeding may not be considered a nuisance, obscenity or indecent exposure under this law. (SB34)

Rhode Island

R.I. Gen. Laws § 23-13.2-1 (2003) calls for employers to provide a safe private place for an employee to breastfeed her child and express breast milk. (HB 5507/SB 151)

Both

R.I. Gen. Laws § 23-72-1 (2001) requires the Department of Health to prepare a consumer mercury alert notice. The notice shall explain the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children. (HB 6112)

R.I. Gen. Laws § 11-45-1 (1998) excludes mothers engaged in breastfeeding from disorderly conduct laws. (HB 8103, SB 2319)

South Carolina

S.C. Code Ann. § 20-7-97-116 (2005) Provides that a woman may breastfeed her child in any location where the mother is authorized and that the act of breastfeeding is not considered indecent exposure.

South Dakota

SD § 22-22-24.1 (2002) exempts mothers who are breastfeeding from indecency laws.

Tennessee

Tenn. Code Ann. § 68-58-101 (2006) Permits a mother to breastfeed an inf. 12 months or younger in any location, public or private, that the mother is authorized to be, prohibits local governments from criminalizing (under public indecency or sexual conduct laws) or restricting breastfeeding (H.B. 3582).

Tenn. Code Ann. § 50-1-305 (1999) requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. (SB 1856)

Express
only

Texas

Tex. Health Code § 161.071 (2001) calls for the Department of Health to establish minimum guidelines for the procurement, processing, distribution, or use of human milk by donor milk banks. (HB 391)

Tex. Health Code Ann. § 165.001, et seq. (1995) authorizes a woman to breastfeed her child in any location and provides for the use of a "mother-friendly" designation for employers who have policies supporting work site breastfeeding. (HB 340, HB 359)

U.S. Virgin Islands
Utah

Utah Code Ann. § 17-15-25 (1995) states that city and county governing bodies may not inhibit a woman's right to breastfeed in public.

Vermont

Utah Code Ann. § 76-10-1229.5 (1995) states that a breastfeeding woman is not in violation of any obscene or indecent exposure laws. (H.B. 262)

Vt. Acts, Chap. No. 117 (2002) finds that breastfeeding a child is an important, basic and natural act of nurture that should be encouraged in the interest of enhancing maternal, child and family health. The law allows a mother may breastfeed her child in any place of public accommodation in which the mother and child would otherwise have a legal right to be. The law directs the human rights commission to develop and distribute materials that provide information regarding a woman's legal right to breastfeed her child in a place of public accommodation. (S.B. 156)

Virginia

Va. Code 2.2-114.1 (2002) guarantees a woman the right to breast-feed her child on any property owned, leased or controlled by the state. The bill also stipulates that childbirth and related medical conditions specified in the Virginia Human Rights Act include activities of lactation, including breast-feeding and expression of milk by a mother for her child. (H.B. 1264)

HJ 145 (2002) Encourages employers to recognize the benefits of breastfeeding and to provide unpaid break time and appropriate space for employees to breast-feed or express milk.

Both

Va. Code § 18.2-387 (1994) exempts mothers engaged in breastfeeding from indecent exposure laws.

Va. Chapter No. 195 (2005) Provides that a mother who is breast-feeding a child may be exempted from jury duty upon her request. The mother need not be "necessarily and personally responsible for a child or children 16 years of age or younger requiring continuous care . . . during normal court hours" as the existing statute provides.

Washington

Wash. Revised Code § 9A.88.010 (2001) states that the act of breastfeeding or expressing breast milk is not indecent exposure (HB 1590)

Wash. Revised Code § 43.70.640 (2001) allows any employer (governmental and private) to use the designation of "infant-friendly" on its promotional materials if the employer follows certain requirements. [Chap. 88]

West Virginia
Wisconsin

Wis. Stat. §§ 944.17(3), 944.20(2) and 948.10(2) (1995) provides that breastfeeding mothers are not in violation of criminal statutes of indecent or obscene exposure. (AB 154)

Wyoming

Wyo. House Joint Resolution 5 (2003) encourages breastfeeding and recognizes the importance of breastfeeding to maternal and child health. The resolution also commends employers, both in the public and private sectors, who provide accommodations for breastfeeding mothers.

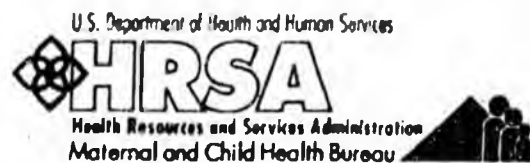
Wyo. Chapter No. 166 (2007) Exempts breastfeeding mothers from public indecency laws and gives breastfeeding women the right to nurse anyplace that they otherwise have a right to be. (H.B. 105)

Sources: National Conference of State Legislatures and StateNet 2007.

Note: List may not be comprehensive, but is representative of state laws that exist. NCSL appreciates additions and corrections.

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Breastfeeding

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BENEFITS OF BREASTFEEDING



There are many benefits to breastfeeding. Even if you are able to do it for only a short time, your baby's immune system can benefit from breast milk. Here are many other benefits of breast milk for a mother, her baby, and others:

BENEFITS FOR BABY:

- Breast milk is the most complete form of nutrition for infants. A mother's milk has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth and development. Most babies find it easier to digest breast milk than they do formula.
- As a result, breastfed infants grow exactly the way they should. They tend to gain less unnecessary weight and to be leaner. This may result in being less overweight later in life.
- Premature babies do better when breastfed compared to premature babies who are fed formula.
- Breastfed babies score slightly higher on IQ tests, especially babies who were born pre-maturely.

BENEFITS FOR MOM:

Health Risks of Not Breastfeeding

- Breast milk has agents (called antibodies) in it to help protect infants from bacteria and viruses. Recent studies show that babies who are not exclusively breastfed for 6 months are more likely to develop a wide range of infectious diseases including ear infections, diarrhea, respiratory illnesses, and have more hospitalizations. Also, infants who are not breastfed have a 21% higher postneonatal infant mortality rate in the U.S.
- Some studies suggest that

- Nursing uses up extra calories, making it easier to lose the pounds of pregnancy. It also helps the uterus to get back to its original size and lessens any bleeding a woman may have after giving birth.
 - Breastfeeding, especially exclusive breastfeeding (no supplementing with formula), delays the return of normal ovulation and menstrual cycles. (However, you should still talk with your doctor or nurse about birth control choices.)
 - Breastfeeding lowers the risk of breast and ovarian cancers, and possibly the risk of hip fractures and osteoporosis after menopause.
 - Breastfeeding makes your life easier. It saves time and money. You do not have to purchase, measure, and mix formula. There are no bottles to warm in the middle of the night!
 - A mother can give her baby immediate satisfaction by providing her breast milk when her baby is hungry.
- infants who are not breastfed have higher rates of sudden infant death syndrome (SIDS) in the first year of life, and higher rates of type 1 and type 2 diabetes, lymphoma, leukemia, Hodgkin's disease, overweight and obesity, high cholesterol and asthma. More research in these areas is needed (American Academy of Pediatrics, 2005).

 - Babies who are not breastfed are sick more often and have more doctor's visits.
 - Also, when you breastfeed, there are no bottles and nipples to sterilize. Unlike human milk straight from the breast, infant formula has a chance of being contaminated.
- Breastfeeding requires a mother to take some quiet relaxed time for herself and her baby.
 - Breastfeeding can help a mother to bond with her baby. Physical contact is important to newborns and can help them feel more secure, warm and comforted.
 - Breastfeeding mothers may have increased self-confidence and feelings of closeness and bonding with their infants.






BENEFITS FOR SOCIETY:

- Breastfeeding saves on health care costs. Total medical care costs for the nation are lower for fully breastfed infants than never-breastfed infants since breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations.
- Breastfeeding contributes to a more productive workforce. Breastfeeding mothers miss less work, as their infants are sick less often. Employer medical costs also are lower and employee productivity is higher.
- Breastfeeding is better for our environment because there is less trash and plastic waste compared to that produced by formula cans and bottle supplies.

Current as of October 2006

The following publications and organizations provide more information on the benefits of breastfeeding:

Publications



1. A Well-Kept Secret- Breastfeeding's Benefits to Mothers (Copyright © LLLI) - This publication contains information on the benefits of breastfeeding for the baby and the mother. It includes information on physiologic effects and long-term benefits.
<http://www.lalecheleague.org/NB/NBJulAug01p124.html>
2. Benefits of Breastfeeding (Copyright © United States Breastfeeding Committee) - This booklet explains the health and emotional benefits that breastfeeding has on mothers and babies. It also gives information on the environmental and economic benefits of breastfeeding.
<http://www.usbreastfeeding.org/Issue-Papers/Benefits.pdf>
3.  Breast Milk - This publication contains information on breast milk. It explains why it is better than cow's milk for infants, how breast milk is produced, how to establish, maintain or increase your milk supply, and how to store breast milk.
<http://www.nlm.nih.gov/medlineplus/ency/article/002451.htm>
4.  Breast Milk Associated With Greater Mental Development in Preterm Infants, Fewer Re-hospitalizations - This news release describes a study which found that premature infants fed breast milk had greater mental development scores at 30 months than did infants who were not fed breast milk. Also, infants fed breast milk were less likely to have been re-hospitalized after their initial discharge than were the infants not fed breast milk.
<http://www.nih.gov/news/pr/oct2007/nichd-01.htm>
5.  Breastfeeding - This web site briefly describes the benefits of breastfeeding, what to do if you have trouble breastfeeding, and links to information from the National Institute of Child Health and Human Development about breastfeeding.
<http://www.cdc.gov/breastfeeding/>
6.  Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries - This report reviews the current evidence on the effects of breastfeeding on short- and long-term infant and maternal health outcomes in developed countries. It concludes that a history of breastfeeding is associated with a reduced risk of many diseases in infants and mothers from developed countries.
<http://www.ahrq.gov/clinic/tp/brfouttp.htm>
7. Breastfeeding vs. Formula Feeding (Copyright © Kids Health) - This publication contains information on the benefits of breastfeeding, the pros and cons of bottle-feeding, instructions on how to breastfeed or bottle-feed your baby, as well as answers to common breastfeeding questions.
http://www.kidshealth.org/parent/food/infants/breast_bottle_feeding.html
8. Can Breastfeeding Prevent Illnesses? (Copyright © LLLI) - This publication contains information on how breastfeeding can prevent some illnesses in your baby.
<http://www.lalecheleague.org/FAQ/prevention.html>
9. Economic Benefits of Breastfeeding (Copyright © United States Breastfeeding Committee) - This publication explains the medical and economic costs of not breastfeeding, and provides information on the non-medical costs of artificial feeding.
<http://www.usbreastfeeding.org/Issue-Papers/Economics.pdf>
10.  Feeding Baby with Breast Milk or Formula - This brochure helps parents decide on the way to feed their baby. Breastfeeding is the best, but if it's not possible, there are helpful tips for using formula.
<http://www.fda.gov/opacom/lowlit/feedbby.html>
11. Feeding Your Newborn (Copyright © Kids Health) - This publication contains information on breastfeeding or bottle-feeding your baby, the advantages of breastfeeding, limitations of both, and possible challenges.
<http://www.kidshealth.org/parent/food/infants/feednewborn.html>
12. Got Mom (Copyright © ACNM) - GotMom.org was created by the American College of

Nurse-Midwives to provide breastfeeding information and resources for mothers and families. It contains information on why breast milk is best, dispels common misunderstandings about breastfeeding, and it provides a list of resources that can help women and families with breastfeeding.


<http://www.gotmom.org/>

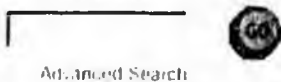
13. What are the Benefits of Breastfeeding my Toddler? (Copyright © La Leche League International) - This publication describes how breastfeeding your toddler can help their ability to mature and their understanding of discipline as well as provide protection from illness and allergies.
<http://www.lalecheleague.org/FAQ/advantagetoddler.html>
14. What's in Breast Milk? (Copyright © APA) - Proteins, fats and vitamins are some of the substances that make up breast milk. This publication describes the composition of breast milk and what makes it the best source of nutrition for your baby.
<http://www.americanpregnancy.org/firstyearoflife/whatsinbreastmilk.html>

Organizations

1. American Academy of Pediatrics
<http://www.aap.org/>
2. American College of Nurse-Midwives
<http://www.midwife.org/>
3. Breastfeeding Basics
<http://www.breastfeedingbasics.org/>
4. Bright Future Lactation Resource Centre
<http://www.bflrc.com/>
5. International Lactation Consultant Association (ILCA)
<http://www.ilca.org/>
6. Kids Health
<http://www.kidshealth.org>
7. La Leche League International
<http://www.lalecheleague.org/>
8.  Maternal and Child Health Bureau, HRSA, HHS
<http://www.mchb.hrsa.gov/>
9.  National Center for Education in Maternal and Child Health, MCHB, HRSA, HHS
<http://www.ncemch.org/>
10. National Healthy Mothers, Healthy Babies Coalition
<http://www.hmhb.org/>
11.  Special Supplemental Nutrition Program for Women, Infants and Children, (WIC) USDA
<http://www.fns.usda.gov/wic/>
12.  Womenshealth.gov, OWH, HHS
<http://www.womenshealth.gov/>

13. World Alliance For Breastfeeding Action
<http://www.waba.org.my/>

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American Family Physician™

A peer-reviewed journal of the American Academy of Family Physicians December 1, 2003

Returning to Work While Breastfeeding

FRANCES BIAGIOLI, M.D., Oregon Health & Science University School of Medicine, Portland, Oregon

Mothers who work outside the home initiate breastfeeding at the same rate as mothers who stay at home. However, the breastfeeding continuance rate declines sharply in mothers who return to work. While the work environment may be less than ideal for the breastfeeding mother, obstacles can be overcome. Available breast pump types include manual pumps, battery-powered pumps, electric diaphragm pumps, electric piston pumps, and hospital-grade electric piston pumps. Electric piston pumps may be the most suitable type for mothers who work outside the home for more than 20 hours per week; however, when a mother is highly motivated, any pump type can be successful in any situation. Conservative estimates suggest that breast milk can be stored at room temperature for eight hours, refrigerated for up to eight days, and frozen for many months. A breastfeeding plan can help the working mother anticipate logistic problems and devise a practical pumping schedule. A mother's milk production usually is well established by the time her infant is four weeks old; it is best to delay a return to work until at least that time, and longer if possible. (Am Fam Physician 2003;68:2201-8,2215-7. Copyright© 2003 American Academy of Family Physicians.)

A patient information handout on returning to work while breastfeeding, written by the author of this article, is provided on page 2215.

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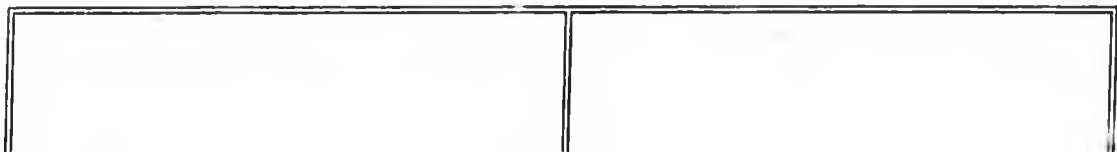
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Exclusive breastfeeding for the first six months of life is recommended for most infants, followed by breast milk supplemented with solid foods for at least the rest of the first year.^{1,2} [References 1 and 2--Evidence level C, consensus/expert guidelines] Although breastfeeding rates in the United States have improved, they remain below the Healthy People 2010 goals (Table 1).^{3,4} As of January 2003, 60.7 percent of women are working outside the home, and women comprise 46.5 percent of the civilian work force.⁵ While working outside the home does not affect the initiation rate for breastfeeding, it does affect the duration of breastfeeding^{3,6} (Table 2).³

See page 2113 for definitions of strength-of-evidence levels.

To achieve the Healthy People 2010 goals, family physicians and other health care professionals should provide encouragement, advice, resources, and support to help mothers continue breastfeeding after they return to work. During an early prenatal appointment, the physician should ask the pregnant woman whether she intends to work outside the home after the birth of her infant. Another time to discuss work plans is at the two-week or one-month well-child check-up. If a mother intends to return to the work force, the family must begin making plans. Hence, education about community support, breast milk pumps, breast milk storage, and breastfeeding planning should be given as early as possible.

See editorial on page 2129.



**TABLE 1
Breastfeeding Rates in the United States**

Source	Percentage of infants who are breastfed		
	Early postpartum period	Six months of age	One year of age
Mothers survey: breastfeeding trends through 2000 ³	68	31	17
Healthy People 2010 goals ⁴	75	50	25

Information from references 3 and 4.

**TABLE 2
Effect of Employment on Breastfeeding Rates**

Maternal employment status	Percentage of infants who are breastfed		
	Early postpartum period	Six months of age	One year of age
Employed outside of the home	67.7	Full time: 22.8 Part time: 33.4	Full time: 10.6 Part time: 19.2
Not employed outside of the home	68.0	35.4	22.0

Information from reference 3.

Legislative and Community Support

U.S. legislation supports breastfeeding in selected situations. The Family and Medical Leave Act⁷ provides 12 weeks of unpaid time for workers to care for their newborns. Women who take longer maternity leaves have a better breastfeeding continuance rate,⁸ but extended leave time is not an option for many families.

Several federal initiatives^{9,10} have directly addressed breastfeeding in the workplace. Corporate lactation support programs clearly can be effective in improving breastfeeding duration. As reported in one review,¹¹ 75 percent of women who participated in two corporate lactation support programs breastfed for at least six months. Indeed, the best long-term approach to improving the breastfeeding continuance rate may be to help communities establish lactation support programs for local businesses. Until such programs are in place, family physicians and other health care professionals should supply information about other support resources.

Manual-cycle pumps require the mother to release the suction at appropriate intervals to allow adequate tissue perfusion between suction cycles.

Evidence shows that the breastfeeding rate improves when parents are given the names of breastfeeding resources and groups.^{12,13} [Reference 12--Evidence level B, meta-analysis of lower quality randomized trials; Reference 13--Evidence level B, uncontrolled clinical trial] Some parents prefer to receive a list of Web sites, such as the list presented in *Table 3* or the list provided in the patient information handout that accompanies this article. In addition, numerous books on breastfeeding are available.

TABLE 3
Web Sites for Information on Breastfeeding

La Leche League International: <http://www.lalecheleague.org>
Information on a multitude of breastfeeding-related topics; help in finding local support groups; breastfeeding advocacy

American Academy of Family Physicians: <http://www.aafp.org>
Breastfeeding position paper

Pumping Moms Information Exchange: <http://www.pumpingmoms.org>
List serve for mothers who use breast pumps; answers to frequently asked questions about breast pumps, pumping technique, milk supply, and milk storage, breastfeeding advocacy

Promotion of Mothers Milk, Inc.: <http://www.promom.org>
Breastfeeding information; discussion forums; breastfeeding advocacy

National Woman's Health Information Center: <http://www.4women.gov/breastfeeding>
Information on making breastfeeding easier at home and work; rights and legislation; advice line: 800-994-9662 (in United States only)

WIC Works Resource System: <http://www.nal.usda.gov/wicworks>
Breastfeeding promotion and support topics; educational materials; breastfeeding journal articles, studies, and reports

WIC = Women, Infants, and Children

It is essential that physicians be aware of groups that provide peer support to breastfeeding mothers. Regional La Leche League groups, for example, can be located by telephone (800-525-3243; United States only) or through the organization's Web site (<http://www.lalecheleague.org>).

A resource list can be helpful to the breastfeeding mother and her family. A number of comprehensive lists have been published.^{21,14} For example, an appendix to the position paper on breastfeeding from the American Academy of Family Physicians² contains excellent lists of physician resources, patient information sources, and breastfeeding support organizations.

Breastfeeding mothers also should know where to find information about legislation affecting breastfeeding in their area. Information on legislation is available through the La Leche League Web site.

Breast Pumps

The infant empties the breast by a mechanism of peristaltic tongue massage combined with suction pressure and frequency. Most breast pumps are designed to empty a breast of its milk by simulating the suction pressure and frequency of an infant's suckling; newer models are being designed to incorporate the massaging function as well.¹⁵ Pumping or hand expression is recommended every three to four hours during the time that mother and infant are separated.

Frozen breast milk should not be thawed in a microwave oven. Once the milk has been thawed, it should not be refrozen. Microwaving or refreezing can destroy valuable proteins in breast milk.

An infant feeds with a suction pressure of 50 to 220 mm Hg.¹⁶ Suction pressure affects the mother's comfort, the efficiency of milk expression, and the production of milk. Pumps with suction pressures higher than 220 mm Hg may cause nipple discomfort. Maximal pressures of less than 150 mm Hg may be inadequate to empty the breast.¹⁵ Autocycling pumps provide an automatic release of the suction pressure, thereby allowing adequate tissue perfusion between suction cycles. Manual-cycle pumps require the mother to release the suction at appropriate intervals. The mother must follow manual-cycle pump instructions carefully to avoid applying excessive suction or suction for an excessive time, which can lead to nipple pain and even ischemia.¹⁵

An infant has a suction frequency of 40 to 126 sucks per minute (mean: 74 sucks per minute).¹⁵ Pump simulation of these suction frequency values provides the best results, because prolactin levels increase when the frequency is physiologic. When prolactin levels are high, the breast creates more milk and, thus, maintains the milk supply. Prolactin levels also increase when both breasts are emptied simultaneously (double pumping).⁸ If a single pump is used, the pump should be switched from one breast to the other breast every five minutes; this approach is more effective than fully emptying one breast and then emptying the other breast.¹¹ Once a mother is experienced, double pumping can take as little as 10 minutes; single pumping may take 15 to 20 minutes.

Types of breast pumps include manual pumps, battery-powered pumps, electric diaphragm pumps, electric piston pumps, and hospital-grade electric piston pumps (*Table 4*). There are many pump manufacturers, and hospital-grade pumps can be rented through most medical centers.

TABLE 4
Types of Breast Pumps

Type of pump	Description	Advantages	Disadvantages	Cost ranges*
Manual pump	Hand powered	Small, portable, quiet, inexpensive	Labor intensive Single pumping only Difficult to achieve adequate suck frequency or suction pressure	\$ 15 to 50
Battery-powered pump	Usually a hand pump that comes with a battery option; also, mini-electric pump	Small, portable, relatively quiet, inexpensive Double pumping using two separate pumps	May go through batteries quickly May provide inadequate suction pressure With some models, only manual cycling	75 to 100
Electric diaphragm pump	Small electric pump that uses a circular diaphragm to create suction pressure	Relatively small and quiet Double or single pumping	May be difficult to achieve enough suction pressure to empty breast fully With most models, only manual cycling Requires electricity or car battery (with adapter option)	120 to 160
Electric piston pump	Medium-sized electric pump that uses a piston moving	Efficient and compact usually has optional	More expensive Requires electricity or car battery (with	170 to 300

	back and forth in a chamber to create suction pressure	carrying case (size of a briefcase or backpack) Double or single pumping Automatic cycling	adapter option)	
Hospital-grade electric piston pump	Large piston-driven electric pump that creates physiologic suction pressures and rates	Highly efficient: most accurately recreate baby's suction pressure and cycling rate Double or single pumping Automatic cycling	Large and heavy Highly expensive: usually only practical to rent this type of pump Requires electricity	700 to 800; rental: 40 to 60 per month plus supplies

*--Cost information obtained from various Web sites, including <http://www.medela.com>, <http://www.baileymed.com>, <http://www.nursingmothersupplies.com>, and <http://www.babiesrus.com>.

The type of pump that is best depends on the age of the infant (i.e., how much milk needs to be provided), how long and how frequently the mother and infant will be separated (i.e., for only one feeding a day or for several feedings a day), the available facilities (i.e., access to electricity), and the cost of the pump (Tables 4 and 5). Electric piston double pumps are portable and work quickly and efficiently. These pumps may be most successful for maintaining the milk supply in a mother who works outside the home for more than 20 hours per week and does not have a history of poor milk supply.^{16,17} However, pump recommendations are quite flexible, because any pump can work in any situation. Indeed, a highly motivated mother may be able to do well with only a manual pump.

**TABLE 5
Choice of Breast Pump***

Type of pump	Mother staying at home, occasionally separated from infant for more than 4 hours	Mother working part time; infant less than 6 months of age	Mother working part time; infant more than 6 months of age	Mother working full time; infant less than 6 months of age	Mother working full time; infant more than 6 months of age	Mother having problems with milk supply or nipple pain
Manual pump	X		X		X	
Battery-powered pump	X		X		X	
Electric diaphragm pump	X	X	X		X	
Electric piston pump	X	X§	X	X§	X§	X
Hospital-				X		X§

grade
electric
piston
pump

*--"X" indicates the best choice for the given situation. However, any pump may work in any situation if a mother is motivated; therefore, a trial of a less expensive pump may be feasible. The choice of pump must take into account the facilities that are available for pumping. If electricity is not available, a car battery adapter set, a manual pump, or a battery-powered pump would be needed. Note that all pumps have been successful with mothers who stay at home and with mothers who work part time and have older infants.

†--"Part time" refers to work for less than 4 hours per day.

‡--"Full time" refers to work for more than 4 hours per day.

§--This is the most commonly successful pump in the given situation.

Milk Storage

Guidelines vary on how long human breast milk can be stored at certain temperatures. A conservative approach is to store breast milk at room temperature (25°C [77°F]) for four to eight hours,^{11,16,18-20} in the refrigerator for three to eight days,^{11,16,18,20} in a refrigerator-freezer unit with a separate freezer door for three to six months,^{11,16} and in a separate freezer chest (20°C [4°F]) for 12 months.^{11,16,20} The La Leche League's guidelines allow for storage of breast milk at room temperature for up to 10 hours, in a refrigerator for up to eight days, and in a freezer compartment inside a refrigerator for up to two weeks.²¹ [Evidence level C: consensus/expert guidelines]

While fresh breast milk has the highest quality, most of the milk's protective and nutritive value is maintained despite refrigeration or freezing.²² It is best to store breast milk at the back of the refrigerator or freezer, because the temperature at the door is more variable.

Daily portions of breast milk can be stored in clean plastic or glass bottles. Breast milk can be "layered" in one bottle in the freezer (i.e., by adding fresh milk to the top of the frozen supply) as long as the amount of nonfrozen milk is less than the amount that is already frozen (to prevent thawing and refreezing of the milk).²³ Breast milk is best stored in portions that will be used in one day. Once the breast milk has been thawed, it should be used within the next day or two.

Parents and other caregivers of breastfed infants need to understand that breast milk separates when it is stored, with the fat floating on the top. Separation of breast milk is normal and not a sign of spoiling. Shaking the milk before serving it will re-emulsify the fat adequately.

Frozen breast milk should be thawed slowly in the refrigerator or by swirling the bottle or bag in tepid water. Breast milk should not be thawed in a microwave oven. Once the milk has been thawed, it should not be refrozen. Microwaving or refreezing can destroy valuable proteins in breast milk.

Although pumped breast milk can be stored at room temperature for four to eight hours at the work site, cooling the milk delays lipolysis. If a refrigerator is not available, the breast milk can be stored for up to 24 hours in a portable cooler with ice packs.¹⁸ The Occupational Safety and Health Administration states that "exposure to breast milk does not constitute an occupational hazard."²⁴ This information should help allay employers' fears about storage of breast milk in the common refrigerator at the workplace.

Counseling Issues

A breastfeeding plan can help the working mother anticipate logistic problems and devise a practical pumping schedule. In formulating the initial plan, the mother needs to consider whether the infant can visit the work site for breastfeeding, where and how frequently feeding or breast milk pumping can be done, what her break schedule and work hours are, and what difficulties she may encounter with breastfeeding or breast milk pumping in her work environment. The breastfeeding plan needs to be flexible to allow for necessary changes based on unexpected factors. A checklist for returning to work is provided in the patient information handout that accompanies this article.

There are many breastfeeding options for mothers who return to work. The infant can be brought to the mother to be breastfed at the work place. The mother can pump or hand express breast milk that is fed to the infant in her absence. The infant can be fed formula in part or in full while the mother is at work and then breastfed when the mother is home. With an older child, the mother can "reverse-cycle feed"; with this option, the mother breastfeeds the child more frequently at night, and the child is fed expressed breast milk, formula, or other food while the mother is at work. A family should choose whichever method or combination of methods is best for the work and home situation, and plan ahead to increase the likelihood of success.

Workload and finances often dictate when a mother returns to work and how many hours per week she works. It is best to delay returning to work until breastfeeding is well established. Longer maternity leaves correlate with a longer duration of breastfeeding.⁶ If possible, a maternity leave of at least six weeks is recommended.

Working part time is recommended, if it is an option. Mothers who work less than 20 hours a week breastfeed longer, and mothers who work part time are more likely to breastfeed for longer than one year.^{5,22,25} Another option is to work part time for a few days or weeks before returning to a full-time schedule. Starting back to work in the middle of the week (i.e., on Wednesday or Thursday) may ease the transition.

As early as possible, the proposed work and breastfeeding plan should be discussed with the employer. Issues for discussion include work schedules, employer and coworker expectations, time and duration of work breaks, breast milk pumping locations and facilities, and storage of breast milk.

About two weeks before the return-to-work date, the mother should practice her planned routine in the less stressful home environment. If she plans to pump breast milk, she should practice to develop the quickest, most successful technique. The mother also must become familiar with pumping and storage equipment, storage methods, and techniques for cleaning equipment. At this point, the mother should begin stockpiling stored milk.

The breastfeeding mother needs to understand the "supply and demand concept" of milk supply. A positive feedback loop stimulates the breast to create more milk: that is, the emptier the breast becomes, the more it is stimulated to create more milk.²³ Before returning to work, the mother can create a milk supply by emptying her breasts more frequently (i.e., pumping between breastfeeding sessions) or more thoroughly (i.e., pumping after the infant has finished breastfeeding).

When the mother is starting to create a milk supply, the initial days will result in only small collections of extra milk. As little as one teaspoon is not uncommon in the first few trials of pumping.²³ The physician should warn the mother about this, so that she does not become disappointed or consider her efforts to have failed. As the positive feedback loop works, milk production increases, and more milk can be collected for storage.

Once the mother returns to work, she should be encouraged to call the physician's office or come in for an appointment to discuss any breastfeeding problems. If caught early, a dwindling

milk supply is easier to rebuild.

If the mother has no problems with milk supply, has no pain with breastfeeding, and is producing a full supply of milk, bottle feeding can be practiced once the infant reaches the age of at least four weeks. Introducing a bottle too early can cause nipple confusion. Compared with breastfeeding, feeding from a bottle requires less suction and less coordination of tongue movements; therefore, a very young infant may become frustrated when placed back on the breast. By four to six weeks of age, most infants have learned the breastfeeding technique well enough that they do not experience nipple confusion if they are introduced to a bottle. Introduction of a bottle should be delayed until the milk supply is well established and should be initiated only if there are no breastfeeding problems. Cup feeding is an alternative until this time.

In addition to planning for the first day of work, the mother needs to have a plan to cover necessary trips. A weekend trip or a flight out of town can be enough to diminish a mother's milk supply. A manual or battery-powered pump or hand expression can be used in travel situations. If the milk cannot be stored conveniently, the mother should express the milk and then discard it ("pump and dump"). Planned breaks for emptying the breasts can prevent embarrassing breast leaks and maintain the maternal milk supply during these temporary absences.

It may be helpful to remind parents that working outside the home and being a parent are actually two jobs. Frustration and fatigue are common. Extra support in doing household chores is needed, and some chores may need to be neglected. The family should be encouraged to talk about what changes to expect when the mother returns to work.

Final Comment

Leaving a newborn to return to work can be highly emotional for a mother. Although continuing to breastfeed while working can present many challenges, most of these challenges can be addressed. Advance planning can prevent problems that could lead to discontinuance of breastfeeding during the stressful transition time.

The rewards of breastfeeding outweigh the obstacles. Providing breast milk for an infant often helps a mother maintain an emotional connection with the infant and a sense of dedication to the infant's well-being, despite her physical absence. Family physicians and other health care professionals can support and encourage continued breastfeeding in working mothers by providing education about return-to-work plans, breast milk pumping, and breast milk storage.

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RELUCTANT LACTIVIST

WHILE I HAVE ALWAYS PROMOTED BREASTFEEDING IN MY OWN PERSONAL WAY, I NEVER WANTED TO BECOME A LACTATION ACTIVIST. READ ON TO LEARN WHY I AM NOW THE RELUCTANT LACTIVIST.

THURSDAY, MARCH 29, 2007

HB 2372 Passes Overwhelmingly in the Oregon House

I don't have time to say much about this today, except, Whoa-hoo and Thank you Diane Garret for all your amazing work and dedication! Next stop, the Oregon Senate! Here's the press release from Speaker Jeff Merkley.

SALEM The Oregon House of Representatives today approved a bill that would give nursing mothers the opportunity to express breast milk in a private area while at work. House Bill 2372 passed the House on an overwhelming 49-7 vote.

"There is no nutrient as important to an infant as breast milk," said House Speaker Jeff Merkley (D-Portland). "This bill gives nursing mothers more opportunities to provide that nourishment to their children and that is something we should encourage in as many ways as possible."

The bill as passed requires businesses of 25 or more employees to accommodate the expression of breast milk in the workplace. They must provide a clean and private area and unpaid break time for their nursing employees. Under the bill, employers may negotiate different terms if those requirements would impose an undue hardship. The bill requires only that employees be allowed to express their breast milk; it does not require that mothers be allowed to actually nurse their children in the workplace.

"It's a great day for mothers and babies in Oregon," said Rep. Carolyn Turner, chair of the Human Services and Women's Wellness Committee. "Working moms now don't have to choose between the health of their babies and keeping their jobs."

Three members of the Human Services Committee opposed the bill as it was originally introduced, but eventually it passed that committee on a unanimous vote. In total, 18 amendments were

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offered by Rep. Tomei and approved by the committee to gain broader support for the bill.

"Carolyn Tomei deserves the credit for shepherding this bill through the House," said Merkley. "Let me also extend my thanks and congratulations to Rep. Diane Rosenbaum, Diane Garrett and the Nursing Mothers Counsel for their years of hard work on this bill. It has all paid off today."

The bill is expected to clear the Oregon Senate before the end of the legislative session.

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On May 17, 2007, Oregon Gov. Ted Kulongoski signed the Breastfeeding and Return to Work bill into law. Employers of 25 or more are now mandated to provide unpaid breaks and clean, private places to express breastmilk, unless doing so would cause undue hardship. Gov. Kulongoski was surrounded by beaming children as he picked up one ceremonial pen after another to add his signature to the law books. "This is a great day," he told them. "It's wonderful to finally see this passed."

After the signing, the governor relinquished his chair in the ceremonial office to Diane Garrett, volunteer lobbyist with Nursing Mothers Counsel of Oregon. Garrett has been working to improve workplace conditions for new moms since 2004, and was heartily congratulated by Reps. Tomel, Rosenbaum and Mauer for her work. Labor Commissioner Dan Gardner and House Speaker Jeff Merkley were also present at the ceremony.

"There is no nutrient as important to an infant as breast milk," said House Speaker Jeff Merkley, D-Portland. "This law gives nursing mothers more opportunities to provide that nourishment to their children and that is something we should encourage in as many ways as possible."

"I want to thank the Nursing Mothers Counsel of Oregon and Diane Garrett for all their hard work on HB 2372," said Sen. Ginny Burdick, a chief sponsor of HB2372. "This important public health legislation will make a real difference in the lives of Oregon babies and their mothers."

"This is a victory for working families in Oregon," said Sen. Kate Brown, D-Portland. "We need to make sure we give families every tool they need to succeed."

A broad coalition of supporters, including business lobbying groups and the Bureau of Labor and Industry, have worked together to draft language that will help businesses administer the policy. As a result, Oregon's bill will be the most detailed breastfeeding-in-the-workplace legislation in the country. This is a natural role for Oregon, the national leader in breastfeeding, where 87 percent of mothers initiate breastfeeding. The precipitous fall in breastfeeding rates once mothers return to work was a red flag for health officials.

"This achievement was made possible through the leadership of the Nursing Mothers Counsel," said Bruce Goldberg, MD, director of the Oregon Department of Human Services. "This is a win-win for Oregon's families and businesses. Better health outcomes for our children, healthy options for breastfeeding mothers who return to work and the creation of breastfeeding friendly environments for families are all crucial parts of a strong economy."

Families appreciate the consideration.

"Returning to work after a baby is a big transition," said Marion Rice, managing director of Public Internet Channel. "Having an employer who supported me in providing breast milk for my child created an inclusive work environment where I felt supported."

Businesses across the country have found creative ways to provide breastfeeding accommodation in a wide variety of settings and budgets. Initial perceptions of inconvenience are offset by direct cost savings and vast public health benefits. Research has found that for every \$1 spent on breastfeeding, companies save \$3. This is because in companies that support breastfeeding:

- Women return to work earlier.
- Fewer health-care dollars are spent.
- Fewer sick days are taken (for themselves or to care for an infant).
- Employees report greater job satisfaction.
- Companies report reduced staff turnover.

For more information, contact Amelia Psmythe, Executive Director, Nursing Mothers Counsel of Oregon, (503) 804-6515, amelia@nursingmotherscounsel.org.

APHA: OREGON SENATE SUPPORTS BREASTFEEDING MOTHERS

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Workplace Breastfeeding Support



Women with infants and children are the fastest growing segment of the U.S. labor force.

Among employed women with children under age 3, approximately 70 percent work full time. One-third of mothers return to work within 3 months after giving birth, and two-thirds return within 6 months.^{1,2}

Breastfeeding offers proven health benefits for babies and mothers, but women often find it difficult to continue breastfeeding once they return to the workplace.

Challenges include lack of break time and inadequate facilities for pumping and storing human milk.

Many of these workplace challenges can be reduced with a small investment of time, money, and flexibility.

Providing accommodations for breastfeeding offers tremendous rewards for the employer, in cost savings for health care, reduced absenteeism, employee morale, and employee retention.

Benefits for Employers

Companies that have adopted breastfeeding support programs have noted:

- cost savings of \$3 per \$1 invested in breastfeeding support
- less illness among the breastfed children of employees
- reduced absenteeism to care for ill children
- lower health care costs (an average of \$400 per baby over the first year)
- improved employee productivity
- higher morale and greater loyalty
- improved ability to attract and retain valuable employees
- family-friendly image in the community

What's Needed

Simple strategies can allow infants, mothers, and employers to experience the benefits of workplace breastfeeding support. The strategies are feasible, safe, and relatively easy to imple-

ment, and they require only a modest budget.

These strategies have proven effective in a wide range of settings, including corporations, educational institutions, local government offices, manufacturing and sales organizations, and tribal organizations.

Develop a breastfeeding support program tailored to the company.

Each company, organization, or agency should develop a breastfeeding support program tailored to its needs and resources. Possible components of a workplace breastfeeding support program appear in Table 1.

It may be useful in larger companies to convene a task force to assess women's needs. Potential task force members include human resource specialists, company nurses, expectant mothers, an employee who is or recently was a breastfeeding mother, and a lactation consultant hired on a short-term basis.

Table 1: Components of a Workplace Breastfeeding Support Program

The table below outlines components of several levels of workplace breastfeeding support. The choice of components depends on the number of women who need support and the resources and realities of the workplace.

Adequate	Expanded	Comprehensive
<p>A clean, private, comfortable multi-purpose space (that is not a bathroom) with an electrical outlet in order to pump milk or to breastfeed.</p> <p>Employee provides her own breast pump.</p> <p>Table and comfortable chair.</p> <p>Sink, soap, water, and paper towels. If these are very far from BMBR, extra time is allowed for cleaning hands and equipment.</p> <p>Employee supplies cold packs for storage of milk.</p>	<p style="text-align: center;">Facilities</p> <p>A Breastfeeding Mothers' Break Room (BMBR) for use only by breastfeeding women.</p> <p>Employer provides one multi-user electric breast pump, and employees provide their own collection kits.</p> <p>Improved aesthetics to promote relaxation.</p> <p>Items listed in "Adequate" column are available near the BMBR.</p> <p>Employer makes available refrigerator space designated for food near BMBR.</p>	<p>A Breastfeeding Mothers' Break Room (or rooms) close to women's worksites.</p> <p>Employer provides collection kits. Additional multi-user electric pumps are provided if needed.</p> <p>Room large enough to accommodate several users comfortably.</p> <p>Items listed in "Adequate" column are available in the BMBR.</p> <p>Employer provides a small refrigerator in the BMBR for storage of human milk.</p>
	<p>Written Company Policy</p>	
<p>Employer grants a 6-week unpaid maternity leave.</p> <p>Employer allows creative use of accrued vacation days, personal time, sick days, and holiday pay after childbirth.</p> <p>Employer allows two breaks and a lunch period during an 8-hour work day for expressing milk or breastfeeding the child.</p>	<p>Employer grants 12-week unpaid maternity leave (FMLA).</p> <p>In addition, employer allows part-time work, job sharing, individualized scheduling of work hours, compressed work week, or telecommuting.</p> <p>Employer allows expanded unpaid breaks during the workday for expressing milk or breastfeeding the child.</p>	<p>Employer offers a 6- to 14-week paid maternity leave (ILO).</p> <p>In addition, mother can bring child to work, caregiver can bring child to workplace, or on-site day care is available.</p> <p>Nursing breaks are paid and are counted as working time.</p>
	<p>Workplace Education</p>	
<p>Company breastfeeding support policy is communicated to all pregnant employees.</p> <p>Employer provides a list of community resources for breastfeeding support.</p>	<p>New employees, supervisors, and coworkers all receive training on the breastfeeding support policy.</p> <p>Employer contracts with skilled lactation care provider on an "as needed" basis.</p>	<p>Breastfeeding education is offered to the partners of employees who are expectant fathers.</p> <p>Employer hires a skilled lactation care provider to coordinate a breastfeeding support program.</p>

Key factors include the number of women who are likely to use the program, the potential available space, and the needs and priorities of potential program users. Other successful breastfeeding support programs can be used as models.

Information about types of pumps and how to obtain them can be acquired from a local hospital, a lactation consultant, a health department, or a mother's support group.

Employers can contract with breast pump manufacturers to arrange discounted rates on purchased personal-use pumps. They can also rent or purchase multi-user pumps for placement in a Breastfeeding Mothers' Break Room.

Providing key decision-makers with information on specific costs for at least two levels of breastfeeding support can facilitate the planning process.

Smooth and safe operation of the breastfeeding support program is easiest with a designated lead person, even though minimal programs generate only a few hours of work each month.

Inform all employees about the company's breastfeeding support policy.

A workplace breastfeeding support program should be governed by a written policy communicated to all employees.

The policy should spell out details of the workplace support program, such as facilities provided and time allotted for breaks.

The policy should also prohibit harassment of and discrimination against breastfeeding employees. It should include job protection for



employees during and after maternity leave, and a ban on assigning breastfeeding employees to less desirable jobs.

Consider flexible scheduling options.

Flexible work arrangements can ease new mothers' return to work following childbirth. Regardless of flexibility, there will be a period of adjustment. Examples of scheduling options that can benefit both mothers and employees include:³

- *part-time work*
- *earned time*, in which sick time, vacation time, and personal days are grouped into one set of paid days off work, from which workers can take time at their own discretion
- *job-sharing*, in which two workers each work part time and share the responsibilities and benefits of one job
- *phase-back*, in which workers return from leave to their full-time work load over several weeks or months

- *flex-time*, in which workers arrange to work unusual hours to accommodate their home schedules
- *compressed work week*, in which employees work more hours on fewer days
- *telecommuting*, where employees work all or part of their jobs from home

Allow women sufficient break time to breastfeed or express milk on the job, and provide space in a private, clean place (not a bathroom).

Breastfeeding or expressing milk during working hours enables a mother to keep up a good supply of milk for her child.

The number of breaks needed to breastfeed or express milk is greatest when the child is younger, then gradually decreases.

For milk safety reasons, mothers must have clean hands and must clean equipment after use. Proximity of a sink is important. In addition, secure cold storage capability is essential

(this could include coolers with cold packs, provided by employees).

Women who work in a variety of sites throughout the week or the workday have special challenges and need authorization from their employer to use creative solutions. Solutions may include expressing milk in a vehicle or in a nursing mothers' room in a shopping mall.

Provide education.

Many parents get information and support for family issues from friends and coworkers. The worksite can be a significant source of support for breastfeeding.

Information collected by the breastfeeding support program can be provided to pregnant and breastfeeding employees, as well as to new or expectant fathers, so that each family does not have to go through the same information-gathering process.

Useful information includes a list of child care facilities near the worksite and a list of resources for obtaining breast pumps.

Support and be aware of legislation and policies promoting workplace support for breastfeeding women.

Legislators and policymakers have played an important role in promoting workplace support for breastfeeding women.

More state and federal laws are needed to:

- protect breastfeeding women from discrimination
- promote adequate maternity leave
- encourage employers to accommodate the needs of breastfeeding employees (e.g., through tax

incentives, mandates, honoring model practices)

- establish worksite support programs for government employees
- replicate existing model legislation and policies in new locations
- reconsider aspects of welfare-to-work legislation that have made breastfeeding more difficult
- develop systems to assist businesses wanting to improve breastfeeding support

These laws should apply to all sectors of the work force, including part-time workers and welfare-to-work participants. Particular attention is needed for disadvantaged families, who suffer the most illness, have the lowest breastfeeding rates, and often work in jobs lacking workplace breastfeeding support.

Several states have passed or are considering legislation mandating that employers make available appropriate space and sufficient time for mothers to breastfeed or express milk in the workplace.

Other states' legislation does not include mandates but offers tax incentives to companies with strong breastfeeding support.⁴

Legislators, government agencies, and business leaders are responsible for providing the vision and leadership on a national level that will support breastfeeding mothers, reward progressive and forward-thinking companies, and encourage others to join the effort.

Tax incentives for breastfeeding support, paid maternity leave, and model family support programs in government agencies are all part of this vision and leadership.

Conclusion

The majority of new parents work hard to be both dedicated, quality workers and dedicated, devoted parents. Many industries, companies, departments, and divisions work creatively to make their work environments family-friendly.

Increased initiation and duration of breastfeeding are important national and global public health goals. By falling short of these goals, we put babies and mothers at increased health risk. Breastfeeding support in the workplace is an essential component of meeting these goals and is truly a win-win-win for mothers, babies, and employers.

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Goals of the United States Breastfeeding Committee

protecting | promoting | supporting

The mission of the United States Breastfeeding Committee (USBC) is to protect, promote, and support breastfeeding in the United States. The USBC exists to ensure the rightful place of breastfeeding in society.

The USBC works to achieve the following goals:

Goal I

Ensure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children, and families.

Goal II

Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.

Goal III

Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.

Goal IV

Increase protection, promotion, and support for breastfeeding mothers in the work force.

Visit us at www.usbreastfeeding.org.

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Support for Breastfeeding in the Workplace



Definition

Support for breastfeeding in the workplace includes several types of employee benefits and services,^{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.²² One-third of these mothers return to work within 3 months after birth and two-thirds return within 6 months.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.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.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.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.

1005

Lactation
Room

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."¹⁴ 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 educational 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, flexible 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 employees breastfed at least 12 months. Access to breast pumps and support groups were significantly associated with the high breastfeeding duration rates.¹⁵

Over the past decade, many companies and organizations have implemented 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 breastfeeding in the workplace. The United States Breastfeeding Committee has made available an inventory and analysis of state legislation on breastfeeding 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.

Resources

United States Breastfeeding Committee Issue Paper: Workplace Breastfeeding Support:
<http://www.usbreastfeeding.org/Issue-Papers/Workplace.pdf>

United States Breastfeeding Committee: Accommodations for Breastfeeding in the Workplace Checklist:
<http://www.usbreastfeeding.org/Issue-Papers/Checklist-WP-BF-Support.pdf>

United States Breastfeeding Committee Issue Paper: State Legislation that Protects, Promotes, and Supports Breastfeeding:
<http://www.usbreastfeeding.org/Issue-Papers/State-Legislation-2004.pdf>

La Leche League International: Summary of State and Federal Legislation:
<http://www.lalecheleague.org/LawBills.html>

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>

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.

BREASTFEEDING SUPPORT AT THE WORKPLACE

Best Practices to Promote Health and Productivity

WASHINGTON BUSINESS GROUP ON HEALTH

ISSUE NO. 2 MARCH 2000

Rowena Benson MPH

in brief

As we begin the 21st century, the number of women who enter and remain in the workforce continues to rise and increasing numbers of women delay childbearing. In addition, 62.2% of mothers with children under age 3 participate in the labor force. For many new mothers, the return to work following maternity leave is often cited as a significant barrier to continuation of breastfeeding. Employer support of breastfeeding for nursing mothers can significantly help mothers balance the demands of work with their desire to continue to breastfeed their infant. The American Academy of Pediatrics released guidelines in 1997 recommending breastfeeding of infants up to one year of age to ensure optimal mental, physical, and emotional development. Increasing the initiation and duration of breastfeeding is still a major concern. In 1999, the breastfeeding initiation rate was 74.1% for all mothers and 81.1% for full-time, breadwinning mothers. The breastfeeding initiation rate for women who work in the private sector was 70.6%. A *Working Mother* survey conducted in 1998, only six months after the release of the AAP guidelines, found that 60% of women surveyed reported a full-time return to the workforce within six weeks of the birth of their child. The survey also found that 40% of women surveyed reported a full-time return to the workforce within six weeks of the birth of their child. The survey also found that 40% of women surveyed reported a full-time return to the workforce within six weeks of the birth of their child.

The number of corporate lactation programs continues to grow as employers recognize the benefits of reduced health care costs and absenteeism, increased retention and employee morale, and an enhanced corporate image. The provision of on-site lactation programs is part of the criteria used in the rating of *Working Mother Magazine's* 100 Best Companies for Working Mothers each year. While breastfeeding support programs are traditionally viewed as a work-life benefit, it is important to recognize the impact of improved health outcomes for infant and mother and the correlated reduction in overall health care costs for employers. As the introduction of breastfeeding education is a component of prenatal care programs used, employers are increasingly forging a link between their work-life and health benefits. This article provides information for employers on the issue of breastfeeding as well as provides ideas for consideration when implementing workplace lactation programs at the workplace.

Research published in *Working Mother Magazine's* 100 Best Companies for Working Mothers survey of employers in 1998 found that 10% of employers reported a full-time return to the workforce within six weeks of the birth of their child. The survey also found that 40% of women surveyed reported a full-time return to the workforce within six weeks of the birth of their child.

Procter and Gamble has had a lactation support program in place for nine years. At their Cincinnati headquarters, a private Mother's Room holds two hospital grade dual pump machines, as well as space for refrigeration of breast milk.

Other locations have a variety of arrangements including private rooms that supply refrigeration space and pumps or, at some sites, mothers bring their own breast pumps.

Breastfeeding education in the Procter and Gamble corporate office begins as part of the prenatal care program. A lactation specialist emphasizes the individual choice of mothers to breast or formula feed their infants, however the advantages of breast feeding are discussed and counseling is provided. When presented with research validating the significant health benefits of breast milk for their baby and themselves, as well as an understanding that returning to work and continuing to breastfeed is not prohibitive, many program participants have chosen to initiate breastfeeding after the birth of their baby. Procter and Gamble feels a worksite lactation program falls in step with corporate philosophy of encouraging support of female employees balancing work and family life. Internal research investigating the number of pediatric visits for ear infections and lost time at work revealed significant differences between breastfeeding and non-breastfeeding mothers. Breastfeeding mothers had a decreased number of pediatric visits and were absent from work less. In addition, provision of dual pumps at their on-site private room resulted in a real time savings. Using dual for the pumps decreased expression times from 30-40 minutes of position, with manual expression (10-15 minutes). As a result of implementation, Procter and Gamble has seen a reduction in the duration, number of machines used and associated problems with

months of an infant's life. A high demand for specific essential nutrients is present since the brain doubles in size. Nutritional inadequacies at this stage may result in prolonged and sometimes irreversible effects on growth and development.

Breastfeeding offers protection against a variety of infections. Exclusive breastfeeding as a sole nutrient for the first months provides sufficient nutrition and results in less morbidity and mortality.¹ The immune system of the newborn infant is immature and has insufficient innate defenses. Breastfeeding supplies an array of anti-microbial, anti-inflammatory and immunologic stimulating agents. Known benefits for the infant include protection against diarrhea, lower respiratory infection, bacterial infections such as meningitis, UTIs, and otitis media (earaches). Breastfed infants have decreased incidence and severity of insulin-dependent diabetes, lymphoma, ulcerative colitis, allergies and other digestive problems. Breastfed babies also have a better chance for dental health and are now third less likely to die of SIDS (Sudden Infant Death Syndrome).²

Breastfeeding also delivers life-long advantages. Human milk enhances cognitive development and promotes mental health. One study has shown that infants breastfed more than 8 months demonstrated higher IQs at 8 and 9 years, improved reading comprehension, mathematical, and scholastic ability from 10-14 years, and higher academic outcomes through school.³ The results of improved health for infants and children translate into reduced employer health care costs of treating dependencies.

The advantages of breastfeeding extend beyond those experienced by the infant. Women who do the healthiest are well. The breastfeeding mothers who are physically healthy and substance-free enhance the contribution. It has been shown to improve maternal health, including decreased risk of post-partum bleeding, either natural or induced, a decreased risk of infection, a decreased risk of

¹Working With Mothers: A P&G's on-site lactation program and its success in supporting U.S. employees who breastfeed.

WBGH

ovarian cancer continuing long after the postpartum period. Breastfeeding and breast milk also lower the risk of premenopausal breast cancer for mothers who breast feed. A recent study showed that women who breastfed at least one child had more than a 20% reduction in breast cancer risk as compared with women who did not breast feed. With increased duration of breastfeeding, there is a greater reduction in risk. Evidence exists that the protective effect extends to the post-menopausal years.

A mother's choice to breastfeed her newborn infant is a personal one. Several factors are involved in a woman's choice to breastfeed, including employment status, understanding of the breastfeeding process and experience, and presence of social support from family or friends. One of the greatest barriers to breastfeeding is misinformation; mothers may not fully comprehend the nutritional needs of their infants or may question their ability to meet their infant's adequate milk supply to keep the infant healthy. Providing breastfeeding education as part of prenatal care programs can educate mothers about the advantages of breastfeeding and advise them that continuing to breastfeed upon returning to work will not be a viable option. By offering education and workplace support for breastfeeding employees, the positive differences the program can provide are great expectations and a new found confidence to continue to breastfeed and be successful.

The continuing support of the employer is another crucial factor in the success of breastfeeding while working. Education and workplace support programs have been structured to address the needs of the working employee.

Continuing education programs for employees that help pro-

vide information on the benefits of breastfeeding can reduce staff turnover and loss of skilled workers after the birth of a child, and reduce sick time/personal leave for sick baby medical visits because breastfed infants are more resistant to illness. The presence of lactation programs can make the transition back to work easier such that more new mothers may be willing to take shorter maternity leaves. Employee satisfaction and morale serves as an added recruitment incentive in today's tight labor market.

Employers have a vested interest in supporting breastfeeding for their employees. The direct and indirect costs of illnesses whose incidence may be reduced by breastfeeding are significant. Estimated savings from childhood disease prevention are summarized in Table 1. Increasingly, corporations with established lactation programs are conducting internal cost-benefit analyses that demonstrate the effectiveness of breastfeeding support at the workplace. Corporate lactation consultants vendors continue to develop new measurement tools to assess effectiveness. Estimated direct costs for lactation programs range from \$250 for furnished private rooms with a lock and electrical outlet to \$1600 for a room with an employer owned electric breast pump and lactation materials. Estimated fees for a lactation consultant range from \$100 to \$600 per participating mother.

A 1991 study revealed that employees of breast fed versus formula fed infants experienced substantially different absenteeism rates due to childhood illness. Approximately 5% of the infants in the study had no illness, 86% of these infants reported at least 1 day of work missed. When all illnesses were included, 31% of all employees reported missing breast fed babies, and 27% of employees in the formula fed group. While providing the same level of work environment for both lactating and non-lactating employees, employers have demonstrated positive and cost-effective outcomes. Model Programs: Many employers recognize that full-time employees have a family and/or work and family needs that require and cause productivity to decrease. In addition to providing a lactation room for employees

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July 2000

The program has grown from 12 sites in 1995 to more than 250 sites across the country. More than 1000 women have enrolled in the program. CIGNA attributes the success of Working Well Moms to the scope of services provided.

Program components include a mother-friendly private room, access to a hospital grade breast pump, as well as a nursing care for transporting bottled breast milk. Refrigeration and packaging is also provided. Counseling is an integral resource available to new and expecting mothers. During the last trimester of pregnancy, each new mother enrolled in the program receives a call and is assigned an individual lactation consultant. One week past the mother's due date, calls are scheduled for the first 4 weeks. Counseling includes assessment tools for newborns, as well as preventive education. Any problems discovered are referred back to the health care system. A return to work consultation helps mothers prepare for their return back to the workforce and follow-up counseling to measure progress continues for 6 months. An added benefit of having an on-site mother's room are the support groups of breastfeeding mothers that develop through length of use. By approximately 10% of women are actively using the company provided breast pumps at any given time. The program average breastfeeding time is 6.9 months. More than 40 percent of participants breastfeed beyond 6 months, a figure well above the national average for working mothers.

The Home Depot began a Breastfeeding Mothers' Solutions Program in 1996 and has since grown rapidly. In 1998, Home Depot had 17 mother's rooms and a range of 100 pumps. In 2000, the number of mother's rooms had increased to 100 and the number of pumps had increased to 108. Home Depot's success in breastfeeding education has increased to 800 mother's and participation by 1000 women. Home Depot's breastfeeding program is provided to participants through lunch time seminars at work sites.

model, corporate lactation programs offer companies an opportunity to demonstrate sensitivity to the challenges faced by working mothers.

Building a successful and supportive corporate lactation program requires careful planning. To maintain her supply of breast milk, a nursing woman must be able to express her milk regularly. Physical access to breast pumps and private rooms must be combined with appropriate outreach, education and flexibility for optimal results. Although many companies do not have a written policy regarding lactation, communications with new and expecting mothers should clarify company policies and indicate company support for a mother's choice to breastfeed or use formula.

Well-coordinated lactation programs use a team approach to assisting working mothers with breastfeeding. The advent of vendors who design and implement corporate lactation services allows employers to build tailored programs that meet the needs of their employee population. Employers can provide access to private rooms and hospital grade breast pumps, and mothers can avail themselves of consulting services from a lactation consultant on-site or by phone prior to, during and after pregnancy. Lactation consultants can provide breastfeeding information, educate mothers when breastfeeding problems arise, and share their own role in preparing a mother to return to the transition back to work. Many lactation consultants care for postpartum women who have pursued additional training to work effectively in a variety of settings, including hospitals, community health centers, pediatric hospitals, and home care settings. Companies can maximize the effectiveness of their programs by providing a variety of services, including: lactation consultants, postpartum care for mother and newborn, lactation education, and support. Well-coordinated lactation programs can be a valuable tool for all women, and all

Condition	Range of Cost for Treatment (\$)	# of Days Off for Employee	Effect of Breastfeeding
Ear Infections	60-80	1-2	60% decrease in risk
Allergies (Food)	100 (diagnosis) 80-100 (acute reaction treatment)	1-2 (per reaction)	4-5 fold decrease in allergic symptoms (harris)
Cytomegalovirus	60-80	1-2	Decrease in severity
Baby Bottle Tooth Decay	250 (cleaning/repair) 3000 (replacement)	1-4	Very low risk
Parotitis	50-70 (mild) 1500-3000 (severe)	1-5	3-4 fold decrease in risk
Ear Tubes (Surgery)	100-1650	2-3	80% decrease in risk
Bronchitis/Pneumonia	60-80 (mild) 1600-5000 (severe)	2-7	80% decrease in risk
Respiratory Syncytial Virus (RSPV and Lower)	60-80 (mild) 1600-5000 (hospitalized)	2-7	Less severe, fewer hospitalizations
Measles	4500-37,000	3 days to 3 weeks	4 fold decrease in risk Decrease in severity
Heroin Dependent Babies	3000-5000 (70% complications)	5-15	Reduced risk

(Faint, mostly illegible text, likely bleed-through from the reverse side of the page)

WBGH

October 1998

Breastfeeding Worksite Solutions begins with educational classes for expectant mothers and their spouses. These classes provide basic information about breastfeeding as well as an introduction to the corporate benefit program available to them. During the first four weeks of maternity leave, new mothers have unlimited access to a lactation consultant who assists the mother during the critical postpartum period. Each participant also receives a weekly phone call from the consultant to assess progress. Two weeks prior to returning to work, each mother receives private consultation to prepare her for changes in her nursing schedule. Lactation support continues with 24-hour access to a lactation consultant and a monthly private follow-up call that extends until the mother no longer is pumping at work. Home Depot provides access to a hospital grade breast pump onsite and also subsidizes the purchase of a portable electric breast pump for each program participant. Home Depot has recognized a return on investment in breastfeeding support (including reduced absenteeism and increased productivity). The national average time for a mother to miss work with a new baby is 9 days for the first year. The Home Depot mothers in the program reported only 3 days absent due to a baby's illness. Using a minimum of \$100 per day as the cost of absenteeism, The Home Depot saved \$15,000.

Additional ways to build both an expansive and cost-effective breastfeeding support program fit its cost benefit ratio with great success. With a corporate population of 60,000 employees, an average employee earned 20 weeks and 15,000 dollars in maternity leave. A time-to-payback on the program program case report indicates that breastfeeding support is worth the health benefits to the company. Each cost-benefit study is an average of 100 percent of the health care costs savings based on population. For companies with the flexibility and resources to invest in a breastfeeding program, the Home Depot Breastfeeding Program is

October 1998

Today's corporations continually look toward improving the health and productivity of their workforce. Creating a sustainable and effective lactation program is one means to address the health needs of working mothers. But, careful consideration of the barriers to implementation is also necessary. Companies face multiple challenges as they begin to think about developing a breastfeeding support program that will meet the unique needs of their employee population. Companies must assess how the multiple modes of support necessary can be effectively integrated into the existing corporate structure and operations. Limited funding resources may require an incremental approach to expansion from corporate headquarters to regional offices.

Nonetheless, as more companies discover the rewards of investment in lactation support programs for their female employees, new programs that reach out to the male population are being developed and implemented. The Los Angeles Department of Water and Power, a forerunner in providing breastfeeding support programs at the worksite, has incorporated education for male employees for years. With a predominantly male workforce (80%), a key focus of their lactation program includes providing on-site classes for men whose spouses or partners are breastfeeding. Recent research has revealed that partners of male employees who participate in the program are 60 percent more likely to have a higher interest in their employees. Other corporations such as Johnson & Johnson have similar programs that are recognized as one of their male employees. Employees are not only more satisfied, but also more productive and healthy.

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Company Description

Aetna is one component of its New Child Program, a comprehensive benefits program that includes preconception planning, preparation for arrival of the baby, and return to work initiatives. Recognizing the difference between simply providing a nursing room and offering a comprehensive program, Aetna's breastfeeding support services are available at all stages of the new mother experience: before delivery, during maternity leave, and throughout the return to work. As part of prenatal education, participation in classes focused specifically on breastfeeding and mothers have access to individual counseling on infant feeding choices as well as how to avoid common problems that affect new breastfeeding mothers. During maternity leave, particularly during the first 30-60 days, a lactation consultant keeps in touch with mothers individually to assess progress and address any concerns. In some locations, home visits are conducted, and 24-hour access to lactation consultants by phone is also available. The lactation consultant provides return to work counseling and Aetna supplies an accessory kit including attachments for the onsite electric pump and cooling agent for refrigeration. Once back at work, employees have access to private pump mothers' rooms equipped with a hospital grade breast pump and private stalls to accommodate multiple mothers. Nationwide, the number of mother's rooms available has grown from 3 in 1996 to 27 currently, with over 100 mothers participating and a success rate of 30% of mothers who breastfed for 6 months or longer. Aetna estimates a return on investment of approximately 1:18 to 1. In addition to its financial savings, an equally valuable result is the positive feedback Aetna has received from mothers who have participated in the program. "The Aetna support services were instrumental in providing me the best of both worlds: a convenient stress-free work environment and the best of both worlds: a convenient and healthy work environment." Aetna continues to be a leader in workplace support of the breastfeeding community.

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Modela, Incorporated - www.modela.com

Healthy Mothers Healthy Babies - www.healthy.org

La Leche League International - www.llli.org

International Lactation Consultant Association
www.ilca.org

MCH Services, Incorporated
c/o U.S. GPO

CBH, Incorporated
800.333.4129

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Anna Sorensen

From: AKma2many@aol.com
Sent: Thursday, March 13, 2008 1:24 PM
To: Anna Sorensen
Subject: HB 190 testimony

Anna

Here is my testimony for HB 190. I don't know if I will be available to call in so I thought I would send this to you.

I'll call in if I am available.

Cathy Tapey
President
Alaska Breastfeeding Coalition

Babies were born to be breastfed.

*The Alaska Breastfeeding Coalition is a nonprofit 501c3 organized to provide leadership through collaboration and education to improve the health and well-being of Alaskans by promoting, protecting and supporting breastfeeding. Our members represent a wide variety of groups committed to breastfeeding in the community including nurses, pediatricians, certified lactation consultants, nutritionists, WIC peer counselors, La Leche League members, health educators and committed parents.

The Alaska Breastfeeding Coalition supports bills HB 190 An Act relating to break times for employees who nurse a child. As professionals, we see on a daily basis the dilemma of mothers as they return to work. We know that many women choose to quit breastfeeding sooner than they would like due to the difficulty they experience when trying to express their milk for their child during their work schedule.

The passage of bill HB 190 will not only benefit breastfeeding mothers and their infants, but employers as well. Breastfed babies generally develop fewer occurrences of ear infections, lower respiratory infections, and GI illnesses during infancy and childhood. This translates into fewer absences from work by the parent. In addition, healthier children have fewer doctor visits reducing health care costs.

As stated in a letter to the Editor of the New York Times by Dr Audrey Naylor, "A goal of the United States Breastfeeding Committee is that 'every woman, regardless of her employment status, will have the opportunity to provide breast milk for her child.'" By showing support for HB 190 you can protect breastfeeding mothers from discrimination and support their efforts to raise healthy babies. We find this legislation to be a step forward in reaching that goal."

It's Tax Time! Get tips, forms and advice on AOL Money & Finance



SEARHC

SouthEast Alaska Regional Health Consortium



- | | | |
|--|---|--|
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|--|---|--|

LETTER IN SUPPORT OF HB 190

March 11, 2008

Greetings:

I'm writing in support of House Bill 190. I am a registered dietitian and have lived and worked here in Alaska for nearly 25 years. I currently coordinate the Women, Infants and Children's Program (the federal nutrition program more commonly known as WIC) and am an employee of SEARHC, the Southeast Alaska Regional Health Consortium, which is the grantee of the WIC Program here in Southeast Alaska.

One of the most important and rewarding aspects of my job is to help the women we serve be successful in breastfeeding their babies. In addition to my professional experience, I breast fed both my children – one for two years, the other for three and a half years. I was thankfully able to give both of them a healthy start in life by breastfeeding., and they are now both healthy, intelligent and productive young adults. I am a strong advocate of breastfeeding and know it is, without question, the healthiest way to feed a baby.

House Bill 190 is a modest but important bill that would legally allow all working mothers in the State of Alaska breaks during their work day so that they could either breastfeed their baby or express their milk. I applaud your efforts in bringing this bill into law.

Breastfeeding is a key component in promoting wellness in both mother and child. In an ideal world, all women would be able to stay home with their children during the first year of life to breastfeed and care for their children themselves. Financial realities of most families, however, require that women return to work soon after delivery. Alaska is a leader in the nation, ranking among one of the highest year after year, for the initiation of breastfeeding. The percentage of women who are still breastfeeding at 6 months, however, drops significantly. This is, in large part, due to the woman's need to return to work and the many demands placed on a woman to be both bread winner and caretaker. Employers have a responsibility to help ensure that the women in their workforce who are also trying to breastfeed their babies are able to do so. They need to be encouraged to do so.

SEARHC has led the way in Alaska in this arena, and I wanted to share information with you today about how an employer can provide this important support to the small portion of its work force who is currently breastfeeding. SEARHC is one of the largest Native health care organizations in the Nation and has a very strong health promotion and prevention aspect to the services it provides.

In accordance with Federal law and US Department of Agriculture policy, the WIC Program is prohibited from discrimination on the basis of race, color, national origin, sex, age, disability or religion. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

March 11, 2008
Letter in Support of HB 190
Page 2 of 2

SEARHC is one of the largest employers in SE Alaska, with a work force of over 1,000 employees. Our management understood they needed to be a leader regarding this important issue when they passed our progressive, consortium-wide Breastfeeding Employee Policy in 2006. They understood that we could not encourage other employers to allow its employees time to breastfeed or express milk without implementing such a policy ourselves. We are walking the talk, and our policy goes beyond the scope of HB 190 by providing paid time to our breastfeeding employees to either breastfeed their baby on site or to express their milk.

I've put together packets for you that I hope will help you and other employers of the State of Alaska to implement similar policies. The packet includes a summary of how the policy was accomplished as well as the packet of information we prepared for our Board of Directors which includes an agreement form that is signed by both supervisor and breastfeeding employee.

We have been successfully implementing this policy for two years now. It is one way we as employers can help create a breastfeeding culture in our society, where breastfeeding women are both supported and revered for their role in ensuring that the future citizens of Alaska are as healthy as they can be. As one of the members of the SEARHC management team said when the policy was unanimously passed, it was a "slam, dunk" decision, a "no-brainer." I hope you consider this to be the case as well.

Thank you for helping the State of Alaska take this important step forward in supporting working mothers. Please contact me if you have any questions.

Sincerely,



Susan Hennon, RD, LD
SEARHC WIC Program
3245 Hospital Drive
Juneau, AK 99801
Ph: 463-4096; Fax: 463-6672
e-mail: susan.hennon@searhc.org

SEARHC Breastfeeding Employee Policy Brief Summary of how it was accomplished

In the summer of 2005, the Juneau Medical Clinic (JMC) Administrator, Brenda Sturm, asked that breastfeeding efforts on our campus be coordinated. Issues that needed to be worked on included:

- Electric breast pump management, coordination and referral issues – JMC had its pumps, and WIC had theirs.
- SEARHC WIC had just moved into its new space and had had a breastfeeding room designed into that space. Policies and procedures for this new room needed to be developed.
- Investigate ways we could support our SEARHC employees who are breastfeeding.

A committee of two was established:

- Priscilla Skannes, RN, a veteran OB nurse from Mt. Edgecumbe Hospital who had moved to Juneau and brought with her many of the ideas and successes that they had accomplished over in Sitka.
- Susan Hennon, RD, LD, WIC Coordinator

In April of 2005, SEARHC had implemented a consortium-wide policy banning smoking, by employees and patients alike, on any of the SEARHC campuses throughout Southeast Alaska. SEARHC is committed to the idea of wellness and had demonstrated its courage to “walk the talk” in terms of policy. We felt if SEARHC was ready to take that bold step, that they would be supportive of a breastfeeding policy to support its employees. Before we could recommend to other employers that they should support their employees, we felt we needed to start with ourselves and demonstrate how such a policy could work.

Through the fall of 2005, Priscilla and Susan worked on the following:

- Drafting a policy and procedure and employee/supervisor plan once mom returned to work.
- Collecting research and data that supported the concept that it was in the employer’s best interest to support breastfeeding women in the workplace
- Soliciting letters of support for the policy from:
 - our two Employee Wellness Departments in Sitka and Juneau,
 - current SEARHC employees who were breastfeeding
 - our local lactation consultant, Debi Ballam
 - our Ketchikan dietitian, Janai Meyer
- Brought the idea before and got permission from our JMC Leadership Team to bring the policy before the SEARHC-wide Executive Management Team (EMT).
- Recruited the support of the Human Resource Department Director, Bill Perket, who was supportive of the idea and also a member of the EMT. He volunteered to bring the policy before the group for discussion.
- Prepared the complete information packets for the EMT members one month prior to their scheduled meeting so they had time to review.
- Spoke with various EMT members prior to the scheduled meeting in February, 2006.

In short, we tried to do our homework in order to present a complete, well-researched idea that we felt was compelling. As we talked with more staff within the Consortium, enthusiasm for the policy grew. The policy passed without dissent in February, 2006. In one member’s words, it was a “slam, dunk.”

NewsBeat

SEARHC



ONLINE STAFF NEWSLETTER

May 2006

S'áxt' Hit Mt. Edgecumbe Hospital introduces Regalia Friday

May 5 marks "Regalia Friday" at S'áxt' Hit Mt. Edgecumbe Hospital, and hospital leaders encourage employees to wear their Native regalia in honor of the rich Alaska Native culture that is the foundation of SEARHC.

[Click here for more on this story.](#)

SEARHC adopts employee breastfeeding policy

SEARHC employees who are nursing mothers now will be allowed to breastfeed their babies or pump breast milk at work under a recently adopted employee breastfeeding policy.

[Click here for more on this story.](#)

Carving to start in May on Kootéeyaa Project Wellbriety totem pole

In early May, Tlingit master carver Wayne Price will start carving the Kootéeyaa Project Wellbriety totem pole in a shelter near Gunaanasti, the Bill Brady Healing Center on the Mt. Edgecumbe Hospital campus.

[Click here for more on this story.](#)

SEARHC helps promote National Bike-to-Work Week

Want to have fewer \$50 fill-ups and get healthy at the same time? The Employee Wellness Team says SEARHC employees are encouraged to take part in National Bike-to-Work Week on May 15-19.

[Click here for more on this story.](#)

Nurses recognized during National Critical Care Awareness and Recognition Month

The month of May is National Critical Care Awareness and Recognition Month, a time to recognize the nursing professionals who care for critically ill patients and their families. The event is sponsored by the American Association of Critical-Care Nurses (AACN).

[Click here for more on this story.](#)

SEARHC adopts employee breastfeeding policy

SEARHC employees who are nursing mothers now will be allowed to breastfeed their babies or pump breast milk at work under a recently adopted employee breastfeeding policy.

Juneau nurse Priscilla Skannes and WIC coordinator Susan Hennon led the way on getting the policy passed by the Executive Management Team. They say the policy had the broad support of the consortium.

Priscilla, who wrote the policy, now is the breastfeeding educator in Juneau and also spent several years at MEH working in prenatal care and labor/delivery. She says Sitka has had a breastfeeding support group for about 15 years, but there's never been an official written policy.

"I looked at the policy as an employee and a mom, and also as an employer, and tried to find what would work best," Priscilla says. "It keeps her (the mother) happy, and the baby's getting breast milk."

Susan says Alaska is No. 1 in the nation for initiating breastfeeding

She says this policy helps working women breastfeed longer, which is important because breastfed babies generally are healthier than formula-fed babies. Also, nursing mothers "miss less work because their children aren't sick as often," SEARHC human resources director Bill Perket says.

Under the plan, the employee and her supervisor sign a contract that allows the employee two 30-minute breaks to nurse her baby or pump her breasts. The breaks are for the sole purpose of breastfeeding or pumping. The employee is allowed to breastfeed in the privacy of her own office or in another designated location that's private.

A pregnant woman who plans to return to work after childbirth and plans to breastfeed should discuss the policy with her supervisor so they can write a plan before she takes her leave. Copies of the policy and the written plan document are available from Human Resources, and the policy is in the Human Resources Manual on the Intranet.

NewsBeat

SEARHC



ONLINE STAFF NEWSLETTER

JUNE 2007

SEARHC Mt. Edgecumbe Hospital earns Level IV trauma center rating

The State of Alaska's Section of Community Health and Emergency Medical Services certified SEARHC Mt. Edgecumbe Hospital as a Level I center in late April. The trauma center designation is good for three years and comes after a two-year certification process that involved site visits and other reviews.

[Click here for more on this story.](#)

Case management network improves patient care and access

SEARHC has developed an extensive network of case managers over the past few years, which has improved patient care and helped SEARHC contain costs.

[Click here for more on this story.](#)

Healing Hand Foundation prepares to launch new employee-giving drive

The Healing Hand Foundation – formerly The SEARHC Foundation – is gearing up to launch an ambitious "Employee-Giving Monthly Drawing Incentive Program" in mid-August.

[Click here for more on this story.](#)

Texas hit-and-run wreck claims life of pediatric dentist Dr. Stan Oldak

Dr. Stan Oldak, who had been providing SEARHC with regular specialty clinics in pediatric dentistry the past six years, was killed May 6 by a hit-and-run driver while competing in a cycling event in Texas. He was the only dentist many children from Kake, Hoonah and Yakutat have ever known.

[Click here for more on this story.](#)

SEARHC employee breastfeeding policy wins state award

The Alaska Breastfeeding Coalition honored SEARHC with a special recognition award for its employee breastfeeding policy during the coalition's annual education symposium in April.

[Click here for more on this story.](#)

SEARHC employee breastfeeding policy wins state award

The Alaska Breastfeeding Coalition honored SEARHC with a special recognition award for its employee breastfeeding policy during the coalition's annual education symposium in April.

The award was one of three presented this year, and it honored SEARHC for establishing a consortium-wide policy, implementing the policy and supporting it to make SEARHC a family friendly place to work. State WIC Program (Women, Infants, Children) Breastfeeding Coordinator Dana Kent, a board member with the Alaska Breastfeeding Coalition, says there are significant health benefits for breastfeeding mothers and their babies. Dana also says there are benefits to businesses and other organizations who allow working mothers to breastfeed or pump their breastmilk.

"For the companies, it's cost-effective," Dana says. "It cuts down on health care costs because the babies are healthier, and when the babies are healthy there's less absenteeism. These policies show more loyalty to the workforce and that means less turnover."

"SEARHC should be proud of the leadership role it took in supporting a progressive employee breastfeeding policy," says SEARHC WIC Program Coordinator Susan Hennon, who worked with Juneau nurse Priscilla Skannes to write the policy last year. "Everyone wins – SEARHC as an employer, the mother and the baby. Other agencies around the state are looking at what we have done and are considering emulating our policy." Under the policy, the employee and her supervisor sign a contract that allows the employee two 30-minute breaks to nurse her baby or pump her breasts. The breaks are solely for the purpose of breastfeeding or pumping. The employee is allowed to breastfeed in the privacy of her own office or in another designated location that's private.

The policy can be found on Page 122 of the Human Resources Manual that's posted on the Intranet. It also can be found at <http://www/SEARHC.Forms/HR/> (look about halfway down the left column for "Employee and Supervisor Breastfeeding Plan Authorization").

[Click here to return to FRONT PAGE.](#)

- * The supervisor shall meet with the employee in a confidential location and ensure that the employee understands this policy.
- * The supervisor shall take notes of the conversation with the employee and obtain as much detail as possible. The supervisor should prepare a statement and verify that it is accurate.
- * The supervisor will explain to the employee what action will be taken and when the employee should expect to be contacted again.
- * The HR Director shall be a resource for managers in resolving concerns and provide assistance in conducting investigations. All concerns alleging harassment, intimidation, and retaliation for raising concerns shall be reported to the HR Director and President.

C. Confidentiality

The identity of individuals raising concerns shall be released only on a need to know basis. SEARHC recognizes that some employees may not want their identity disclosed to others. However, total confidentiality of the names of individuals raising concerns can never be guaranteed. Some concerns, such as safety, environment, sexual harassment, or other legal compliance issues, may require management to disclose the employee's name. Additionally, SEARHC could be compelled in some legal proceedings to disclose names.

122 Employee Breastfeeding

SEARHC will strive to support employees who are breastfeeding an infant up to one year of age in the workplace.

SEARHC provides support to breastfeeding employees by:

- Providing prenatal and postpartum breastfeeding education by qualified staff. Information is available from the WIC offices.
- Employees who breastfeed infants are provided two thirty-minute breaks, one during the first half of their shift and the second during the second half of their shift, to nurse the baby or to pump their breasts. These breaks are for the sole purpose to support breastfeeding and are not to be used for any other purpose. Employees who normally have one hour scheduled for lunch will have that time reduced to one-half hour. There will be no change for employees who are on a one-half hour lunch schedule.
- Employees may breastfeed in the privacy of their own office or in another private location on the SEARHC campus.
- Prior to leaving for Family Medical Leave, employees will schedule a time to talk with their supervisor about their breastfeeding intent, and a written plan will be developed. A plan document is available in any one of the Human Resources offices or on the SEARHC intranet.

201 Employment Applications

All applicants interested in employment with the Consortium must complete a SEARHC employment application. SEARHC relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring

SEARHC Employee and Supervisor Breastfeeding Plan

Employee: _____

Supervisor: _____

The SEARHC Breastfeeding Policy was discussed by the employee and supervisor on _____ and a copy was given to employee.

Plan:

The employee will breastfeed or pump breast milk at _____ a.m./p.m. for thirty minutes and at _____ a.m./p.m. for thirty minutes. The supervisor and employee will strive to be flexible due to staffing shortages and work requirements. The employee understands this break is for the sole purpose to pump breast milk or to breastfeed her baby. There will be no additional break in the morning or afternoon while the employee breastfeeds. During the term of this plan, the employee will have a thirty-minute lunch break; this break cannot be combined with either of the breastfeeding breaks.

The employee will breastfeed or pump in _____ (specify location). If this location is not available, the supervisor and employee will work together to secure another private space.

The employee must advise her co-workers of her scheduled breastfeeding breaks in order to help ensure the business of SEARHC continues uninterrupted.

This plan will be reviewed by the supervisor and employee as needed. The breastfeeding breaks will last until the infant is one year of age or the employee stops breastfeeding (whichever comes first), in which case she will immediately notify her supervisor.

Release:

I _____ release SEARHC from any responsibility for any illness and or injury that my baby _____ may sustain while on the SEARHC campus during my breastfeeding breaks. I also understand that any siblings are not to accompany nor be present during these breastfeeding breaks.

Employee signature _____

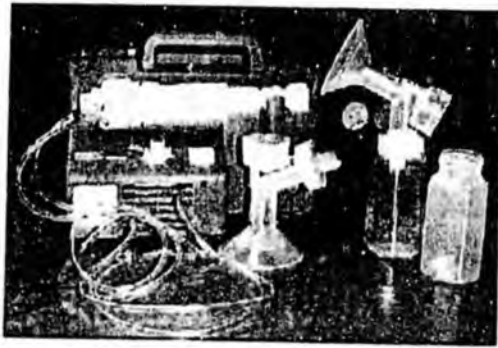
Employee printed name _____

Supervisor signature _____

Supervisor printed name _____

Date _____

Privacy Please!
Breastfeeding Mom at work.



Documentation

in support of

PROPOSED SEARHC Employee Breastfeeding Policy

INFORMATION PACKET

Proposed SEARHC Employee Breastfeeding Policy

**For consideration by the SEARHC
Executive Management Team**

on

February 14, 2006

To be presented by: Bill Perket, Human Resources Director

Advisory SEARHC staff:

Priscilla Skannes, RN, Juneau Medical Clinic

Susan Hennon, RD, LD, WIC Coordinator

Proposed SEARHC Employee Breastfeeding Policy

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- In Support of Breastfeeding (background)
- (Proposed) SEARHC Employee Breastfeeding Policy
- SEARHC Employee and Supervisor Breastfeeding Plan

Documentation in Support of Proposed SEARHC Employee Breastfeeding Policy

- Breastfeeding: The Best Investment. Worksite support of breastfeeding employees improves your bottom line. International Lactation Consultant Association. 1998. (4 pages).
- Breastfeeding. Prevention Institute. 2002. (3 pages).
- Breastfeeding Task Force of Greater Los Angeles Press Release. March 15, 2004. (3 pages).
- Alaska in Action: Statewide Physical Activity and Nutrition Plan (excerpt). Increase Healthy Food Choices Aim 3.7 – Alaskan mothers breastfeed their infants and toddlers. (2 pages)
- Why Breastfeed? Department of the Navy. (2 pages)
- Study: Breastfeeding may protect moms from diabetes. Associated Press news article, 11/23/05 (2 pages)
- Evidence-based Clinical Practice Guideline. Breastfeeding Support: Prenatal Care Through the First Year. (2 pages)

Letters of Support

- Sitka Employee Wellness Team
- Nathaniel Mohatt, Health Promotion Manager, SEARHC Juneau Medical Center
- Debi Ballam, RNC, IBCLC (International Board Certified Lactation Consultant), Bartlett Regional Hospital
- Mohammed Awad, DDS, SEARHC Dental Clinic (via e-mail message)
- Janai Meyer, RD, LD, SEARHC Community Dietitian
- Rose Wysocki, Nursing Mother and SEARHC Controller
- Allison Rhyner, Breastfeeding Mother and Asst. to Olga Fitka

In support of Breastfeeding

- 1995 Consortium wide SQM Breastfeeding team surveyed all southeast communities to collect data to target why women stopped breastfeeding. Based on data the team agreed to target "inadequate milk supply" for their initial intervention and developed a multi-tier approach to increase and sustain breastfeeding for SEARHC beneficiaries, WIC participants and SEARHC staff. The work of this group was very successful, the breast pump loaner program, breast feeding room at Mt.Edgecumbe Hospital and standardized breast feeding information and support continues.
- In the Healthy People 2000 Project the Surgeon General's position on breastfeeding " Breastfeeding is the best infant feeding choice. Public policy should facilitate breastfeeding and support should be given to nursing employees at the workplace."
- Healthy People 2000 objective for percentage of mothers breastfeeding was 75% unfortunately in 1995 only 60% of women breastfed. Women who breastfed received prenatal breast feeding education, childbirth classes, and postpartum education and assistance. Full-time work and low-socioeconomic status had lower rates of breastfeeding.
- Benefits to employers:
 1. less employee absenteeism due to sick child
 2. lower health care costs
 3. on the job lactation support programs result in higher productivity, higher loyalty, and a faster return to work
 4. attractive to potential employees
- Benefits to women:
 1. babies with reduced illness and allergies
 2. decreased risk of cancer, diabetes, obesity and juvenile rheumatoid arthritis
 3. faster recovery from pregnancy
 4. lower risk of breast and other cancers
 5. emotional benefits: bond with baby and knowing she can nourish her baby
- American Academy of Pediatrics and the American Academy of Family Physicians support breastfeeding for the first 12 months
- Healthy People 2010 Goals:
 - 75% breastfeeding at hospital discharge
 - 50% breastfeeding at 6 months
 - 25% breastfeeding at 12 months

SEARHC Employee Breastfeeding Policy

Policy:

SEARHC will strive to support the employee who is breastfeeding an infant up to one year of age in the workplace.

Background:

Breastfed infants have less illness, and mothers miss fewer days of work to care for sick baby. The department of Health and Human Services has made recommendations for employers of breastfeeding women which are:

1. Prenatal lactation education designed for the working mother
2. Flexible work hours, adequate breaks, job sharing and part-time work
3. Private "Mother's Rooms" for nursing or expressing milk
4. Support groups for working mothers with children

Procedure:

SEARHC provides support to the breastfeeding employee by:

1. Providing prenatal and postpartum breastfeeding education by qualified staff.
 2. A limited number of electric breast pumps are available to loan to SEARHC employees free of charge through the nursing department. To borrow a pump, the following criteria must be met (listed in order of priority)
 - Mom with inadequate milk supply
 - Mom with premature baby
 - Student Mom returning to work and/or school six weeks after delivery
 - Working Mom returning to work six weeks after delivery
- Note: these same criteria are used for SEARHC beneficiaries
3. Employees who breastfeed infants are provided a thirty-minute mid-morning break and a thirty-minute mid-afternoon break to nurse the baby or to pump their breasts. These breaks are for the sole purpose to support breastfeeding and are not to be used for any other purpose.
 4. Employees may breastfeed in the privacy of their own office or in another private location on the SEARHC campus.
 5. Prior to leaving for maternity leave, employees will schedule a time to talk with their supervisor about their breastfeeding intent, and a written plan will be developed (see attached form).

SEARHC Employee and Supervisor Breastfeeding Plan

Employee: _____

Supervisor: _____

The SEARHC Breastfeeding Policy was discussed by the employee and supervisor on _____ and a copy was given to employee.

Plan:

The employee will breastfeed or pump breast milk at _____ a.m. for thirty minutes and at _____ p.m. for thirty minutes. The supervisor and employee will strive to be flexible due to staffing shortages and work requirement. The employee understands this break is for the sole purpose to pump breast milk or to breastfeed her baby. There will be no additional break in the morning or afternoon while the employee breastfeeds. During the term of this contract, the employee will have a thirty-minute lunch break; this break cannot be combined with either of the breastfeeding breaks.

The employee will breastfeed or pump in _____ (specify location). If this location is not available, the supervisor and employee will work together to secure another private space.

The employee must advise her co-workers of her scheduled breastfeeding breaks in order to help ensure the business of SEARHC continues uninterrupted.

This plan will be reviewed by the supervisor and employee as needed. The breastfeeding breaks will last until the infant is one year of age or the employee stops breastfeeding (whichever comes first), in which case she will immediately notify her supervisor.

Release:

I _____ release SEARHC from any responsibility for any illness and/or injury that my baby _____ may sustain while on the SEARHC campus during my breastfeeding breaks. I also understand that any siblings are not to accompany nor be present during these breastfeeding breaks.

Employee signature _____

Employee printed name _____

Supervisor signature _____

Supervisor printed name _____

Date _____

For Business

Breastfeeding: The Best Investment...

Worksite support
of Breastfeeding
employees improves
your bottom line .



When an employee returns from maternity leave, she wants to be productive and profitable...

And a good mother.

That's why so many women are choosing to breastfeed their babies. Breastfeeding keeps babies healthy and helps them grow to their potential. Breastfeeding helps moms and babies stay close even when they are separated much of the day. The World Health Organization, the American Academy of Pediatrics' and other health organizations, recommend exclusive breastfeeding as the preferred source of infant nutrition exclusively through the first 6 months of life with appropriate complementary foods through at least the first year.

When Women breastfeed, they are more productive on the job

- They worry less about the baby
- They miss less work due to illnesses from themselves or the baby

A study in two Southern California corporations found twice as many absences related to a sick baby among employees who did not breastfeed compared with those who did. Among babies who were never sick, 86% were breastfed.

Breastfeeding can mean greater profitability for employers.

The faster growing segment of today's labor force is mothers of infants and young children. Helping these women continue breastfeeding after they return to the worksite can result in:

- Less employee turnover
- Faster return from maternity leave
- Less employee absenteeism
- Reduced overtime or temporary worker cost
- Lower utilization of employee health care benefits

Over one year, Aetna estimates a savings of U.S. \$1,435 on medical claims and of three days of sick leave per breast-fed baby. That's a total savings of \$108,737 - an almost 3-to-1 return on their investment in a worksite breastfeeding support program through medical claims alone.

Employer support of breastfeeding is a reflected in:

- Improved employee morale and loyalty
- Improved images as family-friendly
- Improved recruiting for personnel
- Improved retention of employees after childbirth

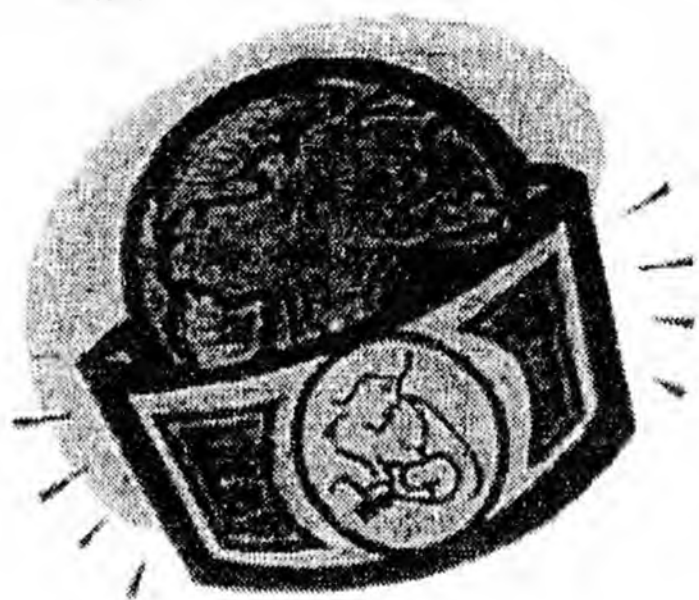
Employees at Los Angeles Department of Water and Power recounted the following benefits of a Corporate Lactation Program:

- 85% state it eased their transition back to work
- 83% feel positive about their employer
- 71% took less time off since being in the program
- 67% were less worried about family problems
- 33% felt that the program enabled them to return to work sooner than anticipated.

A Growing number of companies recognize the benefits of breastfeeding.

Hundreds of companies in the U.S. alone have begun worksite breastfeeding support programs. Company returns on their investment have been substantial.

Sanvita, a worksite lactation support program, has helped companies achieve a \$1.50 to \$4.50 return for each dollar invested.



Companies successfully implementing worksite lactation support programs include Cigna, Eastman Kodak, Eli Lilly, Aetna, the Los Angeles Dept. of Water and Power, the American Academy of Pediatrics, the U.S. Department of Agriculture, the University of Minnesota School of Nursing, the Kentucky Cabinet of Health Services and the U.S. Center for Disease Control and Prevention.

Breastfeeding support can be a powerful contributor to worksite wellness

Breastfeeding provides numerous well-documented health benefits to infants and mothers. These benefits are greatest when human milk is the baby's primary food for at least the first 6 months of life.

Infectious illnesses common in childhood, such as diarrhea, ear infections, and the common cold, are less frequent and less severe among infants who are breastfed. This is especially important for infants and young children in group day care settings, where the risk of infections is increased.

Babies who are breastfed also have a lower risk for death meningitis, childhood cancers, diabetes, obesity, and developmental delays.

Mothers who breastfeed reduce their risk for breast cancer, ovarian cancer and osteoporosis.

Breastfeeding, Baby's Risk of Illness, and Maternal Absenteeism.		
Baby illness	Typical time away from work	Impact of breastfeeding
Diarrhea (not hospitalized)	1 - 2 days	cuts risk by one half to one-third
Ear Infection	1 - 2 days	cuts risk by two-thirds to three-fourths
Respiratory infection	1 - 2 days	cuts risk by three-fourths

Employer support is critical for successful breastfeeding.

Worksite barriers to breastfeeding create added stress for a mother trying to do her best for both her employer and her baby.

- In some instances, a lack of support has kept a mother from returning to an employer or forced her to resign her position.
- In many other instances, worksite barriers keep a mother from even starting breastfeeding, eliminating the opportunity for mother or baby to receive the unique and vital benefits of breastfeeding.

Policies and programs specifically designed to support breastfeeding women are a crucial factor in worksite support. A written policy promotes a corporate environment supportive of breastfeeding.

"Some managers seem to think that participation in wellness programs will interfere with job performance. In fact, such programs help people get their jobs done." - Malcolm Forbes

Components for worksite breastfeeding support programs

To maintain her milk supply, a mother must breastfeed or express milk during the day.

Minimal conditions to support breastfeeding:

- Allowing a 20 to 30 minute break for both morning and afternoon for a mother to nurse her infant or express her milk
- Providing a private, clean area for breastfeeding or milk expression.
- Providing a safe, clean, and cool place or container to store expressed breastmilk.
- Having a clean, safe water source and sink nearby for washing hands and equipment.

Whether a worksite has one breastfeeding woman or one hundred, acceptance of basic breastfeeding needs is the bottom line for support.

Additional worksite provisions for maximal support:

- Flexible work schedules, job sharing, or part-time employment.
- On- or near-site childcare facilities.

- Breastfeeding education and support programs available during pregnancy, maternity leave and after return to the worksite.
- Coverage of breastfeeding consultation services and supplies through the company's wellness program or health benefits plan.

Corporate lactation programs can help women breastfeed as much and as long as women who are not employed outside the home.

Implementing a worksite lactation support program

Business support breastfeeding employees in many ways, often based on employee need and number.

- A flexible policy may be all that is required when employee need is low.
- More extensive facilities, including a specialized pumping or breastfeeding room, may be appropriate with larger numbers of breastfeeding employees.
- Offering classes and support groups can be useful regardless of workforce size, especially when spouses can participate as well.
- Where large numbers of employees participate, many companies contract out for such programs, services and supplies.

Resources:

Bocar DL J. *Perinat Neonat Nurs* 1997; 11:23-43.
 Dodgson JE, Duckett L. *AAQHN J.* 1997;45:290-298.
 Faught L J *Compensation Benefits* 1994: Sept/ Oct: 44-47.
 Thompson PE, Bell P. *Issues Compr Pediatr Nurs* 1997;20:1-9.

References:

1. American Academy of Pediatrics, Work Group on Breastfeeding. *Pediatrics* 1997; 100(6):1035-1039.
2. Cohen R, Mrtek MB, Mrtek RG. *Am J Health Promot* 1995;10:148-53.
3. Danyliw NQ. *U.S. news and World Report*, Dec. 15, 1997. P. 79-81.
4. Sanvita Programs introductory pamphlet, McHenry, IL; Medela Inc, 1993.
5. Sanvita Programs introductory pamphlet. McHenry, IL: Medela Inc., 1994.
6. Bailey, D. *The Potential Health Care Cost of not Breastfeeding*. Pamphlet, Lexington-Fayette County (KY, USA) Health Department, 1993.
7. Cohen R, Mrtek MB, *Am J Health Promot* 1994; 8:436-441.

International Board Certified Lactation Consultants are the health professional specializing in breastfeeding. They can provide guidance and assistance in establishing breastfeeding support systems for employees and providing clinical lactation therapy should problems arise.

For more information, contact:
 International Lactation Consultant Association
 4101 Lake Boone Trail, Suite 201
 Raleigh, NC 27607
 Tel: 919/787-5181
 Fax: 919/787-4916
 Website: www.ilca.org

Sanvita Programs
 Medela, Inc.
 P.O. Box 660
 McHenry, IL 60051-0660 USA
 (800) 822-6688

For local assistance, contact:



1998 International Lactation Consultant Association. Written by Doraine Bailey, MA. For World Breastfeeding Week Action Kit, "Breastfeeding: The Best Investment." Permissions to reproduce for free distribution granted by IBCLC.

Breastfeeding

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

Background

According to the American Academy of Pediatrics, human milk is the preferred nutrition source for all infants, including sick and premature infants, except in rare cases.¹ Exclusive breastfeeding (i.e., breast milk as the sole source of food) is the ideal method of feeding infants up to about six months of age, after which breastfeeding should be continued but complemented with other sources of nutrition.

Breastfeeding has been shown to have health benefits for infants, particularly by reducing infectious disease and chronic digestive disease. It also has been implicated as having a long-term impact on growth, health, and development. From an economic standpoint, breastfeeding reduces health care costs and employee absenteeism attributable to childhood illness. In addition, after the first six weeks of lactation, the cost of increased caloric intake for nursing mothers vs. non-nursing mothers is about half the cost of purchasing formula. Thus, savings of \$400 per child for food purchases can be realized.² In spite of well-documented positive effects, the present in-hospital breastfeeding initiation rate in the United States is 64 percent, and duration rate (at six months postpartum) is 29 percent. These percentages fall short of the Healthy People 2010 goals for breastfeeding, which state that the proportion of mothers who initiate breastfeeding should be increased to at least 75 percent, and the proportion of mothers who continue to breastfeed until their infants are six months old should be increased to at least 50 percent.³ Generally, initiation rates for working women do not differ from non-working women. However, in 1997, only 18 percent of full-time working mothers were still breastfeeding their children at six months old, which is below both that of part-time working and non-working mothers.⁴

Policy

Promote breastfeeding practices in workplaces by providing information, materials, and access to comfortable surrounding for mothers and babies.

CIGNA Corporation, the insurance and benefits company based in Philadelphia, has instituted the Working Well Moms lactation program for new mothers, which boasts a current enrollment of over 1,000 women. Nearly 80 percent of CIGNA's 38,000+ employees are women, at an average age of 35. The program provides consultation for mothers with a professional lactation consultant before and after birth and access to a private room equipped with a hospital-grade breast pump, refrigeration, a carry case, and supplies.

The Public Health Foundation Enterprises WIC Program (620 employees; 95 percent women) has a Perinatal Support Program for all pregnant employees (average deliveries are 40 per year). The program provides both educational and emotional support, along with time and space for

mothers to pump milk. Expectant mothers (employees) receive information about pregnancy and breastfeeding through monthly prenatal classes and are also enrolled in a prenatal support group. When a WIC employee goes on maternity leave, the Perinatal Support Program Coordinator assists employees with applications for Family Medical Leave and also advocates for the employee if any insurance issues arise. The employee then chooses a Trained Lactation Coach (TLC) from a pool of other employees who have undergone an eight-hour breastfeeding training. This TLC provides support for the new mother from the initiation (within 24 hours of delivery) throughout the duration of breastfeeding. After employees return to work, they can participate in monthly breastfeeding support groups offered during the workday as they continue to breastfeed. Additionally, new mothers are provided with breast pumps at work and allowed time to pump breast milk at up to four intervals throughout the workday.⁵

Effectiveness

Results from a recent evaluation of Working Well Moms shows that more than 70 percent of women enrolled in CIGNA's Working Well Moms program were still nursing once their babies were six months old, compared to the national average of about 20 percent of employed new mothers. At one year, 36 percent of Working Well Moms participants are still breastfeeding, compared to the national average of 10.1 percent. The research further shows annual savings of \$240,000 in health care expenses for the more than 1,000 women enrolled since the program's inception. CIGNA is also seeing savings on pharmacy costs, as breastfed children require 62 percent fewer prescriptions. In addition, the program saves \$60,000 per year through reduced absenteeism among breastfeeding mothers at CIGNA. Researchers say the program appears to encourage more women to breastfeed and stay with it by breaking down economic and sociological barriers.⁶

Results from the Public Health Foundation Enterprises WIC Program's Perinatal Support Program demonstrate that these WIC employees significantly exceed the national health objectives for breastfeeding. In 1999, all employees participated in the program and initiated breastfeeding. Seventy-six percent continued through at least six months and 55 percent of these employees were still breastfeeding at one year. These rates are consistently higher than the goals set forth by Healthy People 2010, which establish target rates of 50 percent for continuing breastfeeding through six months and 25 percent for continuing breastfeeding through one year. The program's 1999 results are similar to results achieved during the previous three years.

Contact

Karen Meenan
Public Health Foundation Enterprises WIC Program
Tel: (626) 856-6650
Web site: www.phfewic.org

Acknowledgments

Victoria Dickson, CRNP, MSN, Director, Working Well, CIGNA Corporation

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Kiran Saluja, MPH, RD, Deputy Director, Public Health Foundation Enterprises WIC Program, Irwindale, CA

Wendy Slusser, MD, MS, Assistant Clinical Professor, University of California, Los Angeles, CA

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Prevention Institute's nutrition policy profile series is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs.

¹ American Academy of Pediatrics Work Group on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics*. 1994;100:1035-1039.

² Ibid.

³ US Department of Health and Human Services. *Healthy People 2010: Conference Edition*. Vol 2. Washington, DC: US Dept of Health and Human Services; 2000:16-45.

⁴ Hamilton JC. A framework for analyzing health promotion in the workplace: the breastfeeding example. In: Abstract Book of the 16th Annual Meeting of the Association for Health Services Research; June 27-29, 1999; Chicago, Ill;16:394-395.

⁵ Meehan, Karen. Personal communication. March-April 2001.

⁶ Breastfeeding.com. Supporting moms is good business: CIGNA's corporate lactation program pays off. Available at: http://www.breastfeeding.com/workingmom/coro_lact.html. Accessed May 16, 2002.



breastfeeding task force of greater Los Angeles

media, community, health care, government

Breastfeeding Task Force of Greater Los Angeles Press Releases



Left Picture: Cynthia Harding, MPH, Program Director, Maternal, Child and Adolescent Health Program, County of Los Angeles Department of Health Services, Karen Peters, MBA, RD, IBCLC, Executive Director, Breastfeeding Task Force of Greater Los Angeles, Robert Setledge, MD, Medical Director, Maternal, Child and Adolescent Health Program, County of Los Angeles Department of Health Services

FOR IMMEDIATE RELEASE
CONTACT: Grace Adams
PHONE: (310) 938-2682
E-MAIL: gadams@BreastfeedLA.org

Breastfeeding Task Force Applauds County Agency's Move to Support Breastfeeding Employees

Lactation Accommodation and Breastfeeding Support Services Now Available in Los Angeles County Department of Health Services Facilities

Los Angeles, CA, March 16, 2004 — The Breastfeeding Task Force of Greater Los Angeles will present the Family Health Promotion Award to Jonathan E. Fielding, MD, Director of Public Health of the Los Angeles County Department of Health Services for its continuing commitment to support and promote breastfeeding in the workplace upon the opening of the new lactation room, located in the Superior Court Building on 600 South Commonwealth in Los Angeles. This is the second such facility to benefit from the County's breastfeeding support programs. The County's programs provide employees lactation rooms where breastfeeding mothers can express their milk throughout the day with access to hand washing facilities, comfortable accommodations, and support services, including nutrition and breastfeeding information. At this facility, the room will be available to breastfeeding employees of the Department of Health Services and the Superior Court Building.

As of January 2002, the State of California passed a law (AB 1025) requiring employers to provide unpaid break time and a private space to express breast milk during the workday. Breastfeeding friendly workplaces have been shown to decrease employee absenteeism by up to 57% due to the health benefits for both mother and baby, while enhancing employee productivity, loyalty, and morale.

"Women with infants comprise one of the most important segments of the U.S. workforce," said Karen Peters, executive director of the Breastfeeding Task Force of Greater Los Angeles. "We commend the Los Angeles County Department of Health Services for its leadership in providing programs to support a mother's choice to continue to breastfeed when she returns to work. Programs such as this provide health benefits to women and infants, while providing employers' real business benefits such as increased employee retention and lower health costs."

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- Books - La
- Parenting e
- Breastfeed

The Breastfeeding Task Force of Greater Los Angeles is a non-profit organization dedicated to educating the public about breastfeeding support and decreasing the societal barriers to breastfeeding. Many mothers fail to breastfeed or prematurely wean because of a perceived or actual lack of support from their employers. The Breastfeeding Works project will decrease those barriers by helping employers to realize the value of supporting breastfeeding working mothers. For more information, please visit its website at www.BreastfeedLA.org

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County of Los Angeles, Department of Health Services, Office of
Communications

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Tel: (213) 240-8144 · Fax: (213) 481-1406

www.ladhs.org

For Immediate Release:

For more information contact:

March 15, 2004

Maria Jacobo at 213/240-8144

Many Women Breastfeed But Stop Too Early

Lactation Rooms in the Los Angeles County Department of Health Services Facilities Receive Award

Los Angeles, CA, March 15, 2004 — According to a report just released by the Los Angeles County Department of Health Services, more mothers in Los Angeles County are initiating breastfeeding (82%). The overall breastfeeding initiation rate is higher now compared to the previous survey (1999) estimated percentage of 79%.

However, disparities persist, with African-American (83%) and Asian/Pacific Islander (78%) women having lower breastfeeding initiation rates compared to Latinas (83%) and White women (90%). Furthermore, breastfeeding rates decline steadily over the infant's first year for all major racial/ethnic groups, with only half of all mothers still breastfeeding their infants at six months of age, and less than one-third at 12 months.

As of January 2002, the State of California passed a law (AB 1025) requiring employers to provide unpaid break time and a private space to express breast milk during the workday. Findings from the 2002-03 Los Angeles County Health Survey revealed that 60% of mothers stopped breastfeeding when they returned to work within six months of giving birth.

"Women with infants comprise one of the most important segments of the U.S. workforce," said Karen Peters, executive director of the Breastfeeding Task Force of Greater Los Angeles. "We commend the Los Angeles County Department of Health Services for its leadership in providing programs to support a mother's choice to continue to breastfeed when she returns to work. Programs such as this provide health benefits to women and infants, while providing employers' real business benefits such as increased employee retention and lower health costs."

The Breastfeeding Task Force of Greater Los Angeles will present the Family Health Promotion Award to Jonathan E. Fielding, MD, MPH, Director of Public Health of the

Los Angeles County Department of Health Services for its continuing commitment to support and promote breastfeeding in the workplace upon the opening of the new lactation room. The County's programs provide employees lactation rooms where breastfeeding mothers can express their milk throughout the day with access to hand washing facilities, comfortable accommodations, and support services, including nutrition and breastfeeding information.

"Exclusive breastfeeding is recommended for the first six months of life", said Jonathan Fielding, MD, MPH, Director of Public Health and County Health Officer. "Lactation programs help working mothers to continue breastfeeding their infants by providing a clean, private place to express milk during the workday. Programs such as this have a positive impact in extending breastfeeding duration."

For a copy of the complete study on Breastfeeding Practices in Los Angeles County, visit: www.lapublichealth.org/ha

Health survey background: The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on socio-demographic characteristics, health status, health behaviors and access to health services among adults and children in the County. The 2002-03 survey collected information on a random sample of more than 8,000 adults and nearly 6,000 children with interviews offered in six languages.

Public Health is committed to protecting and improving the health of the nearly 10 million residents of Los Angeles County. Through a variety of programs, community partnerships and services, Public Health oversees environmental health, disease control and community and family health and comprises more than 4,000 employees with an annual budget exceeding \$600 million.

Support to lactating moms in the workplace is important. It allows breastfeeding moms balance work and family life and most certainly enable them to successfully provide their infant children the best nutrition available.

The Breastfeeding Task Force of Greater Los Angeles, through its Breastfeeding Works Program, recognizes the efforts of companies who understand the need to provide an environment for its employees to achieve a balanced work and family life. Twice a year, the task force will recognize companies that provide lactation accommodation programs with the Family Health Promotion Award.

To apply and be considered for this award, please complete our on-line application. Applications will be considered twice a year. Deadlines will be on January 15th and June 15th of each year.

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Phone/Fax: 213-596-5778. E-mail: Info@BreastfeedLA.org with questions or comments. Site by ATTACH.

EXCERPT FROM:

Alaska in Action

Statewide Physical Activity and Nutrition Plan



**Dept. of Health & Social Services
Division of Public Health**

Governor, Frank Murkowski
Commissioner, Karleen Jackson
P.O. Box 240249
Anchorage, AK 99524-0249
Telephone: (907) 269-8000
Web: <http://www.hss.state.ak.us/dph/>
Nov 2005

Increase Healthy Food Choices



Aim 3.7:

Alaskan mothers breastfeed their infants and toddlers

Educational Strategies:

- Conduct social marketing and media campaigns that highlight the benefits of breastfeeding

Program Strategies:

- Work collaboratively with the Alaska Breastfeeding Coalition and the Alaska WIC Program Loving Support social marketing campaign to promote and support breastfeeding efforts
- Work with healthcare providers and within healthcare systems to provide breastfeeding education and peer support

Policy and Environmental Strategies:

- Implement policies that support and encourage breastfeeding in healthcare settings (example: "Ten Steps to Successful Breastfeeding" recommendations developed by the World Health Organization and United Nations Children's Fund)
- Create and implement workplace policies that support breastfeeding, such as adequate break time and a private space for expressing milk



Aim 3.8:

Alaskans of all ages consume the recommended amount of fruits and vegetables

Educational Strategies:

- Implement a campaign promoting the health benefits of including fruits and vegetables into a healthy diet
- Implement a campaign encouraging the consumption of frozen and canned fruits and vegetables in rural areas, where fresh produce is often unavailable and expensive
- Provide Alaskans with recommendations on how to incorporate fruits and vegetables into daily eating routines
- Distribute "5-a-Day the Alaskan Way" materials to rural communities and stores

Program Strategies:

- Collaborate with rural vendors, food distributors and retailers on marketing of fruits and vegetables in rural areas
- Collaborate with retailers, wholesalers and food industry representatives on promoting fresh fruits and vegetables

Policy and Environmental Strategies:

- Develop and implement competitive pricing strategies for fruits and vegetables within Alaska
- Collaborate with retailers, wholesalers, and food distributors, as well as worksite and school personnel to ensure that fruits and vegetables are available and affordable in schools and worksite settings
- Develop and implement incentive systems for using food stamps for the purchase of fruits and vegetables



» Home

- Staff
- New MANMED Article 15-112
- Instructions
- Breast Care Centers
- **Breastfeeding**
 - The Breast
 - About Breast Milk
 - Mechanics of Breastfeeding
 - Mom's Diet
 - Involving Dad
 - Just for Fun
- Depo-Provera Information
- Emergency Contraception
- Family Violence

Why Breastfeed?

Breast feeding is best for baby, mom, families, and the world.

Best for Baby:

- promotes growth and development
- increased intelligence (higher IQ's) (*JAMA* 2002;287(18):2365-2371)
- better brain and nervous system development
- decreased risk of cancer and diabetes
- decreased respiratory infection during the first year of life (*Arch Dis Child* 2003;88:224-228)
- decreased incidence of Sudden Infant Death Syndrome (SIDS)
- decreased risk of heart disease later in life
- decreased development of obesity (*Lancet* 2002;359:2003-2004)
- decreased early development of multiple allergic diseases (*Arch Dis Child Dec* 2002;87(6):478-481)
- decreased otitis media (ear infections) (*JAMA* 1999;282(22):2167-2169)
- increased bone density
- promotes healthy tooth and jaw development
- may decrease development of celiac disease (*Am J Clin Nutr* 2002;75:914-921)
- may decrease development of Rheumatoid Arthritis (RA) later in life (*BMJ* 2003;326:1068-1073.)



Best for Mom:

- decreased risk of breast (*The Lancet*;360:187)
- decreased ovarian cancer
- decreased risk of anemia
- helps body return to pre-pregnant state quicker
- may delay ovulation and menstruation
- decreasing occurrence of death from rheumatoid arthritis the longer the mom breastfeeds
- sweeter smelling diapers

Best for Families:

- more economical
- less time spent preparing bottles
- fewer missed work or school days due to the baby being sick
- special bonding time for siblings and dad

Best for the World:

- a natural resource
- healthier future generation
- reduces the cost of health care
- reduces tax burden on government and communities
- decreases absenteeism in the workplace

The Breast | About Breastmilk | Mechanics of Breastfeeding | Mom's Diet | Involving Dad | Just for Fun

Bureau of Medicine and Surgery, Department of the Navy, 2300 E Street, NW, Washington, DC 20372-5300
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Study: Breast-feeding may protect moms from diabetes

CHICAGO, Illinois (AP) – Breast-feeding is thought to protect babies from developing diabetes. Now research suggests it might even help keep their mothers from getting the disease, too. 11/23/05

A study found that the longer women nursed, the lower their risks of developing diabetes.

The findings are far from conclusive, but the researchers say breast-feeding may change mothers' metabolism in ways that make the possible connection plausible.

These metabolic changes may help keep blood sugar levels stable and make the body more sensitive to the blood sugar-regulating hormone insulin, said Dr. Alison Stuebe, the study's lead author and a researcher at Brigham and Women's Hospital in Boston, Massachusetts.

That theory is partly based on evidence in rats and humans showing that breast-feeding mothers had lower blood-sugar levels than those who did not breast-feed.

The new study, published in Wednesday's *Journal of the American Medical Association*, involved 157,000 nurses who participated in two long-running health studies.

They filled out periodic health questionnaires and were followed for at least 12 years. During the study, 6,277 participants developed type 2 diabetes.

Women who breast-fed for at least one year were about 15 percent less likely to develop type 2 diabetes than those who never breast-fed. For each additional year of breast-feeding, there was an additional 15 percent decreased risk.

But both breast-feeders and bottle-feeders studied faced very low absolute risks of developing the disease.

In the first study, which began in 1976, 6.3 percent of women who breast-fed less than one year or not at all developed diabetes, compared with 5.5 percent of women who breast-fed for more than a year.

In the second study, which began in 1989, the rates were 1.9 percent and 1.1 percent respectively.

"If it does have an effect, it's very small," said Dr. Lisa Schwartz of Dartmouth Medical School, co-director of a research group that studies how medical information is sometimes hyped. She was not involved in the breast-feeding study.

With diabetes the nation's sixth-leading cause of death and 82 million U.S. women of childbearing age, even a small risk reduction could have a big effect, Stuebe said.

Continuous breast-feeding for at least one year appeared to be slightly better than breast-feeding each child for shorter durations, but the differences were minimal, Stuebe said.

Schwartz said the results may reflect the healthy lifestyles of women who breast-feed rather than breast-feeding itself.

But the researchers said that taking habits such as exercise, diet and smoking into account did not change the results.

Dr. Ruth Lawrence of the University of Rochester in New York, author of a medical textbook on breast-feeding, called the results compelling.

She noted that previous research has suggested breast-feeding might reduce women's risk of breast and ovarian cancer and osteoporosis.

If diabetes could be added to that list, the effect would be substantial, Lawrence said.

Breast-feeding has numerous health benefits for babies, too, so encouraging mothers to nurse "is kind of a win-win from a public health standpoint," Stuebe said.

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EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

BREASTFEEDING SUPPORT: PRENATAL CARE THROUGH THE FIRST YEAR

MONOGRAPH

AWHONN 
*Association of Women's Health,
Obstetric and Neonatal Nurses*

pacifier, bottle or formula; and 33% who had breastfeeding problems in the hospital reported they had received no help from the hospital staff (USDA, 1997).

Maternal Employment and Breastfeeding

One of the most prevalent barriers that women have reported to continued breastfeeding is the return to work. Specific problems for continued breastfeeding that women have identified include fatigue; insufficient milk supply; infant refusal to breastfeed; an unsupportive supervisor; lack of time, including the ability to schedule breaks; lack of privacy for expression of breast milk; and inadequate storage for breast milk (Hills-Bonczyk, Avery, Savik, Potter & Duckett, 1993; Kearney & Cronenwett, 1991; Thompson & Bell, 1997).

Although there are many barriers to returning to work while continuing breastfeeding, employer programs that included provision of electric breast pumps, educational programs about combining employment and breastfeeding and availability of a lactation room have contributed significantly to the duration of breastfeeding women in those companies (Cohen & Mrtek, 1994). Obstacles to breastfeeding and returning to work can be overcome given a supportive home and work environment. Nurses, primary care providers and lactation consultants can play an important role in solving problems related to breastfeeding and workplace issues such as identifying whether a woman is choosing to bottle feed because she perceives barriers to breastfeeding when she returns to work.

Contraindications to Breastfeeding

There are a few important instances in which breastfeeding is contraindicated. The American Academy of Pediatrics indicates that an infant with galactosemia, an infant whose mother abuses drugs, an infant whose mother has untreated active tuberculosis or an infant whose mother is infected with human immunodeficiency virus (in industrialized countries) should not breastfeed (AAP, 1997).

Occasionally a mother may need to take medication that makes it necessary to interrupt breastfeeding. Many medications are safe for mothers to take while breastfeeding, but some may not have been tested in nursing women to determine the effect on the breastfed child. Experience with and knowledge of categories of drugs and their effects should serve as a guide for health care providers. Drugs prescribed for lactating women should be evaluated before prescribing. Many women with complex chronic diseases such as diabetes, hypertension or epilepsy who require medication may be able to breastfeed successfully. All women who breastfeed should be aware of the importance of checking with their primary care provider, as well as the child's pediatrician or nurse practitioner, before taking prescription or nonprescription medications, vitamins or herbal supplements. Pharmacists may also serve as a resource for guidance regarding medications and their effect on breast milk. Individuals providing lactation support should consult professional resources on the use of medications and breastfeeding as necessary. Several excellent resources are available, including *Medications and Mothers' Milk* (Hale, 1999) and *Drugs in Lactation* (Briggs, 1997).

LETTERS OF SUPPORT

For

PROPOSED SEARHC Employee Breastfeeding Policy



COMMUNITY HEALTH SERVICES

SouthEast Alaska Regional Health Consortium

222 Tongass Drive, Sitka, AK 99835
907 966-8710 • www.searhc.org

MEMORANDUM

TO: BILL PERKET
FROM: SITKA EMPLOYEE WELLNESS TEAM
SUBJECT: SEARHC EMPLOYEE BREASTFEEDING POLICY
DATE: 19 DECEMBER, 2005
CC: SUSAN HENNON, PRISCILLA SKANNES, LISA SADLEIR-HART

The Sitka Employee Wellness Team would like to endorse the proposed SEARHC Employee Breastfeeding Policy. Breastfeeding provides a host of well-documented health benefits to both the infant and mother. Infants who are breastfed for the first 6 months of life experience less: infectious illnesses common in infancy and are less frequent and severe if infants are breastfed. We also know that breastfed babies have a lower risk for meningitis, childhood cancers, diabetes, obesity and developmental delays (1). Mothers are also protected from disease when they breastfeed. They are less likely to develop breast cancer, ovarian cancer, osteoporosis and type 2 diabetes (2,3). This strong evidence translates in to less absenteeism and being more present at work when mothers worry about their infant.

Employer support is critical for successful breastfeeding. Currently in Alaska, 91% of women initiate breastfeeding, but by 6 months of age only 48% continue breastfeeding and it drops to 29% by 12 months of age (4). Policies and programs designed to support working breastfeeding women really can make a difference. They send a message that the work environment supports breastfeeding, and they lead to:

- Less employee turnover
- Easier transitions back to work
- Less worrying about family problems
- Reduced overtime or temporary worker cost
- Lower utilization of employee health care benefits (5)

In order for a worksite breastfeeding support program to work, the following components need to be in place:

- 20-30 minute break in the morning and afternoon for a mother to nurse or express her milk
- provision of a private, clean area for breastfeeding or milk expression
- provision of a safe, clean and cool place or container to store expressed breastmilk
- provision of a clean, safe water source and sink for hand and pump washing

The policy being put forth by the Juneau breastfeeding support team meets these guidelines and will improve the health and wellbeing of SEARHC's workforce.

REFERENCES

1. American Academy of Pediatrics, Work Group on Breastfeeding. Pediatrics 1997; 100(6): 1035-1039.
2. Doraine Bailey, MA. Breastfeeding: The Best Investment; International Lactation Consultant Association; 1998.
3. Breastfeeding May Protect Moms against Diabetes and more; Juneau Empire, 12/1/2005.
4. Alaska in Action: Statewide Physical Activity and Nutrition Plan. November 2005, p. 24.
5. Doraine Bailey, MA. Breastfeeding: The Best Investment; International Lactation Consultant Association; 1998.

Debi Ballam RN, IBCLC
Bartlett Regional Hospital
3260 Juneau, AK 99801
907-796-8975
3 January 2006

SEARHC Executive Management Team,
Juneau, AK

Dear Searhc Executive Management Team,

I am writing in support of the proposed Consortium wide breastfeeding policy for SEARCH staff. Risks of formula feeding and benefits of breastfeeding are well documented. Human milk cannot be replaced without costs to the health of the infant, the mother, the family and therefore our communities. Exclusive breastfeeding for 6 months, with breastfeeding and other foods after the first six months, is the infant feeding practice recommended by the American Academy of Pediatrics, the American Academy of Family Practice Physicians, The Association of Women's Health, Obstetrical and Neonatal Nurses, and the US Public Health Service. The US Public Health Service Healthy People 2010 goals include increasing the duration of breastfeeding to at least one year.

If women are to meet the goals of providing breastmilk for their babies beyond the newborn period, many will be returning to the workforce as nursing mothers. Research indicates that "Returning to Work" is listed in the top 3 reasons American mothers state for premature weaning from the breast. All the above listed Public Health and Professional Organizations encourage employers to provide support for breastfeeding mothers in the workplace.

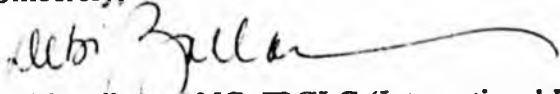
The proposed Consortium wide policy gives mothers the needed support to express their milk. A Consortium wide policy also endorses SEARHC's commitment to breastfeeding.

Breastfeeding provides many benefits to employers, including improved job satisfaction, less absenteeism (babies are healthier), and employee retention.

In my personal experience as a Lactation Consultant assisting women with breastfeeding over the past 20 years, I know that many women return to work breastfeeding. Some mothers in my practice have been very supported in their work environments, and this, along with their own commitment, has allowed them to provide breastmilk to their infants for a year or longer. These women also have increased job satisfaction. This is ideal. However, mothers who do not have support from their employers are more likely to wean prematurely. This often results in health consequences for their baby of increased constipation, illness, and the resultant increased health care costs and absenteeism. Lack of breastfeeding support also increases the likelihood these mothers will leave their jobs altogether.

All of your employees work for an organization committed to providing excellent health care and health promotion to the population they serve. Your employees deserve the same health promotional support. Employees who are supported in their own endeavors to provide breastmilk for their babies, will be more likely to encourage their clients to do likewise, and can provide role models for doing so. I encourage you to place breastfeeding support important enough to endorse this consortium wide breastfeeding policy.

Sincerely,

A handwritten signature in black ink, appearing to read "Debi Ballam", with a long, sweeping horizontal line extending to the right.

Debi Ballam, RNC, IBCLC (International Board Certified Lactation Consultant)

January 17 2006

Dear members of the Executive Management Team,

I would like to voice my strong support for the proposed employee breastfeeding policy. This policy will directly benefit our children and our mothers, as well as be a solid business decision.

Breastfeeding is known to be especially good for babies' immediate health and long-term development. Breastfeeding is positively linked to improved mental, emotional and physical development, and it strengthens babies' immune systems, thereby, reducing risk of common infectious diseases such as ear aches. Breastfeeding also reduces chronic disease and allergy risks later in life – heart disease, obesity, arthritis and tooth and jaw diseases are all shown to be mitigated by breastfeeding as an infant. By promoting breastfeeding we will be constructively addressing many of SEARHC's priority health concerns.

Not only does breastfeeding benefit the health of our children it is also known to improve the health of mothers. By breastfeeding their children, mothers will reduce their risk of breast and ovarian cancers, anemia, obesity and diabetes. Furthermore, by promoting breastfeeding SEARHC will be demonstrating powerful support for working mothers, providing important emotional support.

By boosting the morale of our working mothers, SEARHC will undoubtedly improve employee loyalty. Businesses that have instituted strong pro-breastfeeding policies have demonstrated decreased employee turnover and more successful recruiting efforts. Employees at the Los Angeles Department of Water and Power stated that the breastfeeding policy eased their transition back to work, improved the image of their employer, resulted in them taking less time off of work, and reduced family worries and stress.

By improving the health of both child and mother, work place breastfeeding policies are directly linked to decreased sick days and employee absenteeism. Also, improved health of children and workers means reduced health care costs for SEARHC.

The proposed breastfeeding policy for SEARHC is a positive step that is in line with both the Statewide Physical Activity and Nutrition Plan and the SEARHC Strategic Plan. The bottom line is that this policy is good business, as well as good health.

Thank you,



Nathaniel Mohatt
Health Promotion Manager
SEARHC Juneau Medical Center

Subject: Re: Breastfeeding policy

From: mawad <mohamed.awad@searhc.org>

Date: Tue, 29 Nov 2005 12:40:42 -0900

To: Susan Hennon <susan.hennon@searhc.org>

CC: Tom Bornstein <tom.bornstein@searhc.org>

Hi Susan

I am glad you could see first hand how busy we could be up here in dental.

Regarding the breast feeding policy, We are in big support for its implementation, we did not have a written policy per say, but we have an internal regulation we enforced more than one time with pregnant employee.

In the past we had adjusted the schedule to provide the nursing employee with two 15 minutes breaks(for breast pumping basically) one for the morning and one for the afternoon.

I believe it is crucial for promoting healthy growth for the babies and promote the mother health and improve the morals with the employees.

after all they are our employee who returned to work as soon as they could and their healthy children would support our ultimate goals to promote health and the well being.

Please feel free to use this e-mail as our support for your effort for the policy.

Mohamed

Susan Hennon wrote:

Hi Dr. Awad,

Boy, you all are busy up there! I went up to try to catch you, but there was no way!

So...you had mentioned at the CWILT meeting in October that Dental has a breastfeeding employee policy in place and that it works great.

Do you have the policy in writing?

Would you be willing to write a brief letter in support of the policy we are pursing?

Is there any information you need to do that?

Give me a call - I'll be gone all next week. Priscilla Skannes and I are trying to get this ball rolling.

Susan:)

January 18, 2006

SEARHC Executive Management Team

Dear Executive Management Team,

SUBJECT:

SUPPORT FOR SEARHC WIDE BREASTFEEDING FRIENDLY WORKPLACE INITIATIVE

In the spirit of SEARHC's 2006-2011 Strategic Goals regarding disease prevention, wellness and exploration of opportunities to integrate medically sound complementary health care, I proudly write this letter of support for a SEARHC Wide Breastfeeding Friendly Workplace Initiative. I am sure, by now, you have been showered with data which details the health benefits of breastfeeding to the baby, mother and environment as well as the financial benefits for the employer. We are quite aware breastfeeding decrease risk of developing diabetes, obesity and certain cancers.

I am a Registered Dietitian, life long Alaskan and mother of two breastfeed (one currently) boys. I would have had an extremely difficult time successfully providing breast milk for my babies after returning to work if not for the excellent support from my supervisors and co-workers. Many, too many, mothers stop breastfeeding right around 3 months – the time when they return to work. SEARHC EMTs' support of this initiative could foster a consortium wide acceptance and assistance to help guide mothers and babies who otherwise thought it impossible to continue to provide breast milk after returning to work. I feel blessed to be working in a department that supports prevention and breastfeeding; however I do know breastfeeding (pumping) is not universally supported throughout the consortium. At one point, I was given a very old HR policy, that basically stated "No children in the workplace." This was given to me as a direct result of me nursing my infant son while on a break.

On a positive note - testimony.... With my first son we had quite a learning curving to breastfeeding. It was very stressful, and as an RD, I knew the benefits of breastfeeding and was determined to make it work. After months of struggling to get our breastfeeding relationship set, things started to settle in. I had been pumping breast milk from days after birth, and was a pro at it by the time, my Health Promotion supervisor arranged for a department training retreat in Sitka. Needless to say I was nervous to leave this baby I had worked so hard to keep him on breast milk and off infant formula. My big blue breast pump and I boarded the jet to Sitka. A sick feeling came over me as I sat in the CHS conference room. I FORGOT PART OF THE BREAST PUMP! My world came crashing down. How would I keep my milk supply up? What would I have to feed him when I get home? Lisa Sadlier-Hart my supervisor saw the color wash from my face and my distant and distracted look. She asked what was wrong and I explained my situation. By noon that same day, Lisa handed me an entirely new breast pump replacement kit. We never missed a beat – I breastfeed that boy for 13 months. Son #2 is 20 months old and still nursing!

Breast feeding: Health Promotion and Disease Prevention for the next generation.

Be Well,

Janai M Meyer RD LD

11226 Beachwood RD

Ketchikan, AK 99901

Janai.meyer@gci.net

December 12, 2005

Rose Wysocki
2917 Jackson Rd
Juneau, AK 99801

Re: Breastfeeding Policy

To Whom It May Concern,

This letter is in support of the Breastfeeding policy developed by Susan Hennon and the WIC staff. I returned to work when my daughter was only 6 weeks old and have been pumping all year. The benefits of mother's milk have been critical in maintaining my daughter's immune system, which is certainly tested at daycare where boogers, fevers and coughs are passed around more than a basketball at Gold Medal.

While it has been tough to return to work and leave my baby at daycare, having the ability to pump a few times a day has eased that transition. Pumping has allowed me to focus fully on work as I know that my daughter is still getting what she needs from me, even though I am not able to nurse her during the day.

I fully support this policy and applaud SEARCH for supporting breastfeeding mothers and healthy babies!

Sincerely,



Rose Wysocki
Nursing Mother

December 2, 2005

Allison Rhyner
3245 Hospital Drive
Juneau, Alaska 99801
907-463-4001
allison.rhyner@searhc.org

Re: Breast Pumping Room Policy

Dear SEARHC and CWILT,

I wanted to take this time to express my appreciation to Susan Hennon and the WIC staff for providing the breast pumping room for breast feeding mothers. I have a 5-month old son, Tyler that I am still breastfeeding and this works very well for me. I have had the chance to experience this opportunity, and I am VERY thankful!

I usually go over for about 20 minutes, I find this very convenient and useful. The set up of the room is very private and comfortable, making it a lot more relaxing for the pumping process.

Again, I would like to express my appreciation for making this apart of the SEARHC Juneau Campus.

Sincerely,



Allison Rhyner
Breastfeeding Mother