

SB

113

ALASKA STATE LEGISLATURE
SENATOR JOHNNY ELLIS

Sponsor



Statement

SB 113 – 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, 22% reported that one reason they did so was because they were returning to work or school.

Women often find it difficult to continue breastfeeding once they return to the workplace. Challenges include lack of break time and inadequate facilities for expressing and storing human milk. Besides the numerous positive health effects to infant and mother, ensuring accommodations for breastfeeding offers rewards for the employer in cost savings for health care, reduced absenteeism, increased employee morale, and employee retention.

SB 113 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 private and sanitary place for the employee to do so. By allowing time for nursing mothers to continue breastfeeding, Alaskan employers will contribute toward 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.

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSSB 113(L&C)
 (S) Publish Date: 4/4/08

Identifier (file name): SB113-DOA-DAS-2-22-08 Dept. Affected: Administration
 Title: "An act relating to break times for employees who nurse a child." RDU: Centralized Administrative Services
 Component: Administrative Services
 Sponsor: Senator Ellis
 Requester: (S) Labor & Commerce Component Number: 46

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES ()								
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FUND SOURCE		(Thousands of Dollars)					
1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Interagency Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

The impact of this bill will be minimal and therefore the agency submits a zero fiscal note.

Prepared by: Eric Swanson
 Division: Administrative Services
 Approved by: Kevin Brooks, Deputy Commissioner
Department of Administration

Phone 907-465-4429
 Date/Time 2/22/08 12:00 AM
 Date 2/22/2008

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSSB 113(L&C)
 (S) Publish Date: 4/4/08

Identifier (file name): SB113-DOLWD-WH-12-6-07 Dept. Affected: Labor and Workforce Development
 Title: Nursing Mothers in Workplace RDU: Labor Standards and Safety
 Sponsor: Senator Ellis Component: Wage and Hour
 Requester: Senate Labor & Commerce Component Number: 345

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES ()								
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: None

POSITIONS

Full-time								
Part-time								
Temporary								

ANALYSIS: (Attach a separate page if necessary)

This bill is not expected to generate any significant additional workload as there is no penalty or other enforcement mechanism in the proposed legislation. As a result there is no anticipated financial impact to the department.

Prepared by: Grey Mitchell, Director
 Division: Labor Standards & Safety
 Approved by: Click Bishop, Commissioner
Department of Labor and Workforce Development

Phone (907) 465-4855
 Date/Time 12/6/07 10:18 AM
 Date 12/6/2007



ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

February 25, 2008

To: House HSS and L&C
House sponsors: CISSNA, Crawford, Kerttula, Gardner, Gruenberg, Doll
Senate sponsors: Ellis

RE: Support for HB 190 Nursing Mothers in the Workplace
Support for SB 113 Nursing Mothers in the Workplace

The Alaska Public Health Association (ALPHA) represents 245 Alaskan public health professionals. The vision of the Alaska Public Health Association is that Alaskans shall have the knowledge and the means to live free of preventable illness and injury.

ALPHA supports passage of HB 190/SB 113 to ensure the opportunity for women to express milk and/or breastfeed at the work place.

Breastfeeding provides many health advantages for both infant and mother. The American Academy of Pediatrics recommends exclusive breastfeeding during the first 6 months for the reduced risk of infection, for the prevention of childhood obesity, and reduces the risk of diabetes for infant and mother. In Alaska, the percent of working mothers of 4 month olds who were still breastfeeding (55.5%) was significantly less than the percent of non-working mothers (69.3%). Women often find it difficult to continue breastfeeding once they return to the workplace. Challenges include lack of break time and inadequate facilities for expressing and storing human milk.

Besides the numerous positive health effects to infant and mother, ensuring accommodations for breastfeeding offers rewards for the employer in cost savings for health care, reduced absenteeism, increased employee morale, and employee retention.

ALPHA urges to pass HB 190/SB 113 to ensure the opportunity for working mothers to express milk and/or breastfeed at the work place.

Sincerely,

A handwritten signature in black ink, appearing to read "Karol Fink", written in a cursive style.

Karol Fink
ALPHA Board of Directors

P.O. Box 9-1825 Anchorage, AK 99509 907/332-1030 e-mail: publichealth@alaska.net www.alaskapublichealth.org

ALPHA Statement of Purpose: "The Alaska Public Health Association shall promote the advancement of public health to improve health and quality of life for all Alaskans. To this end, ALPHA will exercise leadership with public health professionals and the general public in developing sound health policy, reducing health disparities and improving health outcomes for Alaskans."



Alaska

March 21, 2008

**The Honorable Johnny Ellis, Chair
Senate Labor & Commerce Committee
State Capitol Building
Juneau, Alaska 99801-1182**

RE: Senate Bill 113

Dear Senator Ellis,

On behalf of the Alaska Chapter of the National Federation of Independent Business, I wish to express our opposition to Senate Bill 113. The Alaska Chapter of the National Federation of Independent Business is the largest small-business advocacy group in the state.

While we share your concern for the welfare of mothers who are nursing their infants, we oppose legislation mandating methods of accommodating the needs of our employees.

Independent businesses in Alaska are close to their employees who are not only our employees, but our friends and neighbors. Small businesses have a great record of working with our employees to accommodate their needs. State intervention more often than not creates mandates focused on activities much larger businesses and governments such as the state of Alaska.

While the current version of SB 113 contains no specific fine, it still carries the effect of state law. That allows state regulators to use the weight of our state government against small employers to impose the interpretation of that regulator on businesses that rarely have the resources to stand up against unreasonable interpretations of state law.

Sincerely yours,

**Dennis L. DeWitt
Alaska State Director
National Federation of Independent Business**

DO

cc: Senate Labor & Commerce Committee



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

- public place where the mother is otherwise lawfully present.
- Arkansas** **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.
- Colorado** **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)
- Connecticut** **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]
- Conn. Gen. Stat. § 40a-64 (1987)** 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]
- 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".

Georgia

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 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.

Guam

Hawaii

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)

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

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.

Illinois

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 § 2310/55.04 (1997) allows the Department of Public Health to

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

2000 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 91. 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)

Maine

LRS 46. 1409 B 5 prohibits any child care facility from discriminating against breastfed babies. (HB 233)

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 (1999) 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. § 181.039 (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)

Minn. Stat. § 145.925 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.

Mississippi

Miss. Code Ann. Ch. 5 § 13-3-23 (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. § 50-12-501 (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. (1998) 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. § 26:48-4/ 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.

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-a (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

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

North Dakota
Ohio

Ohio Rev. Code Ann. Sec. 3781.85 (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)

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.

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)

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. § 58-58-101 (2006) Permits a mother to breastfeed an infant 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)

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	<p>Utah Code Ann. § 76-10-122.5 (1995) states that a breastfeeding woman is not in violation of any obscene or indecent exposure laws. (H.B. 262)</p> <p>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)</p>
Virginia	<p>Va. Code 2.2-1147.1 (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)</p> <p>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.</p> <p>Va. Code § 18.2-387 (1994) exempts mothers engaged in breastfeeding from indecent exposure laws.</p>
Washington	<p>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.</p> <p>Wash. Revised Code § 9A.88.010 (2001) states that the act of breastfeeding or expressing breast milk is not indecent exposure. (HB 1590)</p> <p>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]</p>
West Virginia Wisconsin	<p>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)</p>
Wyoming	<p>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.</p> <p>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)</p>

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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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 illness 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:

- 86% 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.

- 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, 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.

- 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:

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6. Bailey, D. The Potential Health Care Cost of not Breastfeeding. Pamphlet, Lexington-Fayette County (KY, USA) Health Department, 1993.
7. Cohen R. Mitek 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

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

For local assistance, contact:

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.

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Let's
Learn
together

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."³⁴ 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.³⁵

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.la lecheleague.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. 7 MARCH 2000

Family Health
in brief

Rowena Bonoan, MPH

INTRODUCTION

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.¹ 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.² Increasing the initiation and duration of breastfeeding is still a major concern. In 1997 the breastfeeding initiation rate was 62.4% for all mothers and 61% for full-time working mothers. However at six-months the rate was only 26% for all mothers and 18% for full-time working mothers. Although these figures increased slightly in 1998, only 16% of all mothers were breastfeeding until the recommended age of 1 year. Current statistics fall far below the Healthy People 2010 targets of 75% in the early post-partum period, 50% at 6 months, and 25% at 1 year.

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 presence of worksite 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 as a component of prenatal care programs rises, employers are increasingly forging a link between their work-life and health benefits. This brief will provide background information for employers on the issue of breastfeeding as well as provide ideas for consideration when implementing a comprehensive lactation program at the workplace.

HEALTH BENEFITS

Breast milk is the most complete, easily digested, convenient, and economical source of nourishment for infants.³ Supplement or formula cannot duplicate the nutrients of breast milk or the benefits these nutrients provide. During the first 4-6

MODEL PROGRAMS

Procter and Gamble

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 breastfeeding 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 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 rooms resulted in a real time savings. Using dual electric pumps decreased expression times from 30-40 minutes if mothers were using manual expression to 10-15 minutes. As a result of implementation, Procter and Gamble has seen a reduction in absenteeism, an earlier return to work and enhanced productivity.

CIGNA Corporation

Working Well Moms, CIGNA's comprehensive corporate lactation program, supports CIGNA employees who breastfeed.

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.⁵

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.⁶ 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.⁷ Known benefits for the infant include protection against diarrhea, lower respiratory infection, bacterial infections such as meningitis, UTI's, and otitis media (earaches). Breastfed infants have decreased incidence and severity of insulin dependent diabetes, lymphoma, ulcerative colitis, allergies and other digestive problems.⁸ Breastfed babies also have a better chance for dental health and are one-third less likely to die of SIDS (Sudden Infant Death Syndrome).²²

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 10-13 years, and higher academic outcomes in high school.¹⁹ The results of improved health for infants and children translate into reduced employer health care costs of covering dependents.

The advantages of breastfeeding extend beyond those experienced by the infant; women realize the health benefits as well. Breastfeeding facilitates the mother's post-partum recovery and enhances self-esteem and confidence. It has been shown to improve maternal health, including reduction in post-partum bleeding, earlier return to pre-pregnancy weight, reduced risk of osteoporosis, and reduced risk of

ovarian cancer continuing long after the postpartum period.¹⁰ Breastfeeding and breast milk also lower the risk of pre-menopausal 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.¹¹

MAKING THE CHOICE—FACTORS INFLUENCING INITIATION AND DURATION

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 maintain an adequate milk supply to keep the infant healthy.¹² Providing breastfeeding information as part of prenatal care programs can educate mothers about the advantages of breastfeeding and alleviate the fear that continuing to breastfeed upon returning to work will not be a viable option. By offering education and workplace support for breastfeeding, employers can positively influence the primary concerns of new and expectant mothers and allow female employees to combine their roles as mothers and wage-earners.

WORKPLACE IMPACT

Breastfeeding support at the workplace can offer a considerable return on investment by lowering healthcare costs, enhancing productivity, improving employee satisfaction, increasing retention and improving corporate image. Specifically, implementation of corporate lactation programs

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.¹³

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 \$585 for furnished private rooms with a lock and electrical outlet to \$1660 for a room with an employer owned electric breast pump and written materials. Estimated fees for a lactation consultant range from \$150 to \$600 per participating mother.¹⁴

A 1995 study revealed that employees of breast-fed versus formula-fed infants experienced substantially different absenteeism rates due to childhood illness. Approximately 28% of the infants in the study had no illnesses; 86% of these were breast-fed and 14% were formula-fed. When illnesses occurred, 25% of all one-day maternal absences were among breast-fed babies and 75% were among the formula-fed group.¹⁵ While research on the overall return on investment of lactation support programs continues, some companies have demonstrated positive and cost-effective outcomes (see Model Programs). Many employers recognize that helping employees balance the demands of work and family results in a happier and more productive workforce. In addition to making a positive impact on employee

MODEL PROGRAMS:

The program has grown from 12 sites in 1995 to more than 250 sites across the county. 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 carrying case 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 transition back to the workforce and follow-up counseling to measure progress continues for 6 months.¹⁰ An added benefit of having an on-site mother's room are the support groups of breastfeeding mothers that develop through length of use. Approximately 10-15 women are actively using the company-provided breast pumps at any given time. The program's average breastfeeding time is 5.9 months. More than 40 percent of participants breastfeed beyond 6 months, a figure well above the national average for working mothers.

Home Depot

The Home Depot began a Breastfeeding Worksite Solutions Program in 1995 with 4 associates participating. In 1998 Home Depot had 47 mothers taking advantage of full participation; these mothers breastfed their infants for an average of 7.8 months. Recently, breastfeeding duration has increased to 6.7 months and participation has risen to 108 mothers. Outreach about the program is provided for prospective participants through lunch-time seminars at the worksite.

morale, corporate lactation programs offer companies an opportunity to demonstrate sensitivity to the challenges faced by working mothers.⁹

FEATURES OF CORPORATE LACTATION PROGRAMS

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.¹ Physical access to breast pumps and private rooms must be combined with appropriate outreach, education and flexibility for optimal results.¹³ 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.¹⁶

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 counseling services from a lactation consultant on-site or by phone prior to, during and after pregnancy. Lactation consultants can provide breastfeeding education, help mothers overcome breastfeeding problems, and play a important role in preparing a new mother for the transition back to work. Many lactation consultants are registered nurses who have pursued additional training to work with breastfeeding mother-baby pairs. She/he can also be a good intermediary to transmit pertinent information to the both the infant's and mother's physicians.¹⁷ Ongoing communication between employers and vendors to assess program effectiveness enhances good outcomes for health and productivity.¹⁸ In the event companies are not able to establish comprehensive lactation programs, particularly at all worksites, a broad

TABLE 1. COST SUMMARY FOR CHILDHOOD DISEASES

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)	400 (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
Diarrhea	50-70 (mild) 1500-3000 (severe)	1-5	3-4 fold decrease in risk
Ear Tubes (Surgery)	400-1650	2-3	
Bronchitis/Pneumonia	60-80 (mild) 4600-5000 (severe)	2-7	80% decrease in risk
Respiratory Syncytial Virus (Upper and Lower)	60-80 (mild) 4600-5000 (hospitalized)	2-7	Less severe. Fewer hospitalizations
Meningitis	4500-32000	3 days to 3 weeks	4 fold decrease in risk Decrease in severity
Insulin Dependent Diabetes Mellitus	3000-5000 (w/o complications)	5-15	Reduced risk

*Adapted from Dorene Bailey, MA Lexington-Fayette County Health Department 1993.
(Information provided by International Lactation Consultants Association)*

range of options that demonstrate support for breastfeeding mothers are available:

- Prenatal lactation education specifically tailored for working women
- Corporate policies providing information for all employees on the benefits of breastfeeding and services available to support breastfeeding women
- Education for personnel about why their breastfeeding co-workers need support
- Adequate breaks, flexible work hours, job sharing and part-time work
- Private "Mother's Rooms" for expressing milk in a secure and relaxing environment
- Access to hospital-grade, autocycling breast pumps at the workplace
- Small refrigerators for safe storage of breast milk
- Subsidization or purchase of individually owned portable breast pumps for employees
- Access to lactation professional on-site or by phone to give breastfeeding education, counseling and support during pregnancy, after delivery and when the mother returns to work
- Coordination with on-site or near-site child care programs so infant can be breastfed during the day
- Support groups for working mothers with children

MODEL PROGRAMS

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 \$42,000.¹⁴

AETNA

Aetna's efforts to build both an expansive and comprehensive breastfeeding support program for its employees has met with great success. With an employee population that is 76% female, an average employee age of 36 years and 1200 babies born each year, Aetna was able to make a strong business case to provide breastfeeding support as part of the health benefits offered to its employees. Each newborn results in an average of \$10,000 in health care costs; leading health expenditures for the company include disability and income replacement associated with maternity. The Breastfeeding Support Program at

FUTURE DIRECTIONS

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 predominately male workforce (80%), a key focus of their lactation program includes providing coaching classes for men whose spouses or partners are breastfeeding. Recent research has revealed that partners of male employees who participate in the program are equaling the breastfeeding duration rates of female employees. Other companies such as Johnson & Johnson have similar programs that are targeted toward their male employees.¹⁵ Emphasis on breastfeeding as not simply a woman's issue but a family issue is increasing.

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MODEL PROGRAMS

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 two private mother's 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 700 mothers participating and a success rate of 36% of mothers who breastfeed for 6 months or longer. Aetna estimates a return on investment of approximately 2.18 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. Many have expressed excitement to return to work, and noted the advantages of reduced stress, a network of support from other breastfeeding mothers, and company backing of women balancing career and motherhood. Aetna recognizes the benefits of employee engagement at the workplace as a result of implementation.

Resources for Employers:

Medela, Incorporated, www.medela.com

Healthy Mothers, Healthy Babies, www.hmhbo.org

La Leche League International, www.la lecheleague.org

International Lactation Consultant Association
www.ilca.org

MCH Services, Incorporated.
(800) 822-6688

CBF Incorporated.
(800) 225-8129

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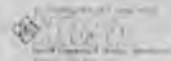
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Conversations with the Experts

Breastfeeding and Workplace Supports



Alison Stuebe

Bio: Alison Stuebe, MD, is a clinical fellow in maternal-fetal medicine at Brigham and Women's Hospital and a member of the board of the Massachusetts Breastfeeding Coalition.

See also Graphic: Any and Exclusive Breastfeeding Rates by Age and Additional Resources Related to Breastfeeding and Workplace Supports

An Interview with Alison Stuebe

By Judi Casey and Karen Corday



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Casey: Why is it important to support breastfeeding employees?

Stuebe: Breastfeeding is the physiologic way that human babies are fed. Seventy-seven percent of women in Massachusetts initiate breastfeeding, so it's also the most common way to feed a baby, at least at first. All major medical groups recommend that babies eat nothing but mother's milk for the first six months of life, and that mothers continue to breastfeed for the first year and beyond. One third of mothers are back at work three months after their baby is born, so for the recommended breastfeeding schedule to take place, employers need to support women so they may express their milk at work and take it home to their babies. We need to make a choice—do we throw up our hands and say that we can't meet a medical recommendation because of the way workplaces are set up, or do we try and change American employment so that the recommendation is feasible? If working mothers can't meet the breastfeeding standard, their babies face higher risks of infection and chronic disease, and their mothers face increased risk of breast cancer, ovarian cancer, and possibly Type 2 Diabetes. When we make breastfeeding difficult, we're not taking away a benefit, we're causing a risk. Breastfed babies also have fewer ear infections, which means fewer doctor visits, which means their parents miss less work.

Casey: How else does supporting breastfeeding benefit businesses?

Stuebe: From a purely medical standpoint, you're preventing doctor's visits by having healthier kids. Employees are also satisfied when they're able to do something that's important for their children and have a career at the same time. In organizations with breastfeeding supports, there has been higher productivity, greater staff loyalty, and enhanced public image for businesses who can call themselves breastfeeding friendly. There's also decreased absenteeism, and potential lower health care costs. I read a statistic that eighty percent of the Working Mother Top 100 businesses have lactation support available to employees.

Casey: What are some of the components of a workplace breastfeeding support program?

Stuebe: The key elements are space, time, and support. Space is a place where women can express milk. In a perfect world, that's a lovely, well-lit room with decorations, comfy chairs, and a variety of amenities, but at a minimum it's a private space with adequate lighting, a place to sit, an electrical outlet, and a way for employees to clean their hands, which can be wipes. Somewhere, there needs to be a refrigerator, and it's certainly reasonable for employees to put

their expressed milk in a cooler and store it in a staff refrigerator. For time, in an eight hour work day, women should pump two or three times, and it takes about ten or fifteen minutes each time to do so. Certainly the amount of time that someone takes for a cigarette break is not that different from the amount of time it takes to pump, and clearly the health benefit is different. The final element that is critical is developing a workplace lactation policy. It is really helpful if each mother does not have to negotiate support for her breastfeeding and "recreate the wheel." The Center for Disease Control has a model lactation policy, and they define the rationale, who is eligible, and what's available in very clear terms. The really elaborate programs include a support element where a lactation support consultant is contracted by the company to provide breastfeeding classes and help mothers both at home and when they return to work. That's the top of the line model; in bigger organizations this is possible, and it means a lot to mothers to know that their companies care about their well-being, the baby's well-being, and the transition back to work.

Casey: Are there any other best practices?

Stuebe: I think the Center for Disease Control program is a solid example. They have lactation classes, and the consultant has a 1-800 pager on twenty four hours a day for mothers who are CDC employees with breastfeeding questions or issues. They have lactation rooms on all of their campuses with a hospital-grade breast pump in each room; mothers can purchase a kit to attach to the pumps. They have a Return to Work 101 consult for returning mothers as well as breastfeeding discussion groups on their online bulletin boards, so people can discuss strategies and tips with one another. They also record how much women use the lactation room, so they can document usage. All of their information is available for download online at <http://www.cdc.gov/breastfeeding/>.

Casey: Why has the CDC taken this on as such an important issue?

Stuebe: Disease control and prevention starts with preventive health, and nursing babies is clearly preventive medicine at its best. A 1999 study in the Pediatrics Journal found that three months of exclusive breastfeeding saved approximately \$330 per child in health care costs alone. That's a pretty good risk-benefit ratio for a health intervention. I think that's why a lot of insurance companies have started covering breast pumps, which generally cost about \$300. If they can get women to breastfeed exclusively for three months, they've made back the retail cost of the pump. There's a growing appreciation that this is a public health issue, and unless there's a really compelling reason, babies should have access to their mother's milk in order to be healthier.

Casey: Do you have trouble convincing working mothers to breastfeed, or do workplace barriers make them give up breastfeeding too soon?

Stuebe: There are many different levels to it. As somebody who pumped for two kids while I was a resident in OB/GYN, I've lived it, and this gives me some credibility with my patients. What someone told me when I was starting my internship with a three month old was that there's two kinds of people: the kind that don't want to think about breastfeeding and just want you to go away and do it, and those who are supportive. If you just say "I'm going to pump now," which ever person they are, they're going to say "Ok, go!" That gave me a lot of confidence as an intern who'd been a doctor for three hours to say, "Excuse me, I need to go pump now." Then I just kept doing it and it kept working. I've heard about mothers doing all sorts of crazy things; one woman I know works in a nursing home, and she has to go down to the basement, sit on the side of a tub in a bathroom, and pump, because there's no where else to go. It's such a gift when a woman comes back to work and her employer says, "This is important. Here's a room and here's a key." Even if it doubles as a supply room, a place to sit down where it's clean and private, it makes a huge difference. It's hard for mothers to return to work, and knowing that the workplace values your baby and your relationship with your baby makes all the difference.

Casey: Are there any programs in place at the state level that encourage breastfeeding in the workplace?

Stuebe: Several states have come up with mother-friendly business designations; businesses that meet certain criteria in terms of having a policy, a space, and something on the books saying employees may use their break times to pump can receive this designation. Texas, Florida and I believe Oregon do this, and Washington State has a program in which businesses may register if they meet these criteria and indicate in their materials that they are mother-friendly.

Casey: What could be done to encourage workplaces to be more supportive of their breastfeeding employees?

Stuebe: I think it starts with education about why breastfeeding matters. Despite a whole lot of science, there's a huge number of people who don't think breast milk is different than formula. In a 2002 study, twenty-five percent of the people

surveyed didn't think there was a difference. It has improved since then—the National Breastfeeding Advocacy Campaign, which was a public health campaign that ran over the last two years, found that awareness had gone from twenty-five percent to fifty percent. However, even when there is an awareness of the difference, people can say "What does that have to do with me? I'm not a mother, I'm not a baby, it doesn't affect me." Employers need to know that mothers care about this very much and appreciate any help in making it work. The next step is to reward businesses that make it work; the mother-friendly business designation is an excellent way to point out who's doing a good job. The Massachusetts Breastfeeding Coalition has given out mother-friendly business awards to companies nominated by their employees. Legislation has been introduced in the last two sessions in Massachusetts to create the same mother-friendly designation to be administered by the Department of Public Health, so that could be in the works here. It does exist in other parts of the country.

Casey: Can you talk a little more about the Massachusetts Breastfeeding Coalition?

Stuebe: We're a group whose mission is to transform the culture to make breastfeeding the norm. Most of us are health care providers, so a lot of our work has focused on the medical system and how to ensure that hospital and medical practices give women the best shot at successful breastfeeding. There's clear data that shows that hospital information can make it or break it for people. However, when a mother goes back to work, it doesn't matter what the hospital does—if her employer isn't supportive, it's hard to continue breastfeeding. We're trying to address workplace concerns and work with employers who are interested to think about strategies that work for everyone.

Casey: Why wouldn't an employer be interested? In terms of the tradeoffs, it seems like a win-win situation for employers.

Stuebe: I think it's just a matter of not knowing—nursing mothers are not all employees at once. Someone comes back from a maternity leave and is exhausted with a newborn at home; advocating for change can be low on her list of priorities! It would be fantastic if when women handed in their FMLA paperwork, they received information on the lactation policy at their workplace.

An area where implementation is challenging is small businesses, particularly retail. If you are one store in a shopping mall, you can't have a pumping room. One solution we're trying to create is for the shopping center to designate space in the management offices for all nursing employees to use as they need it. We have a group of people who are interested in this idea, so we're going to put together a proposal and find a shopping center that will pilot this idea.

Casey: You would think that with all the data employers get about the costs of recruitment and retention, something as minimally expensive as a breastfeeding program would be easy to implement and encourage.

Stuebe: I think it just hasn't occurred to a lot of people—if you haven't done it or had a spouse that's worked and breastfed at the same time, it's simply not on your radar screen. I just recently started giving my patients a "Dear Employer" letter saying "Mrs. Jones had a baby on such-and-such a date. She is breastfeeding, and it would benefit both her and her infant if she could continue to pump when she got back to work. Please contact me if you have any questions." Doctors' notes can have an amazing power that we doctors can sometimes underestimate. For people from traditionally disadvantaged groups, it can be intimidating to go to your employer and let them know that you need something special, but if a doctor says you need to pump, it can help give you a voice.

Casey: I noticed that several states have enacted legislation that encourages support for breastfeeding. What have they done to make states more supportive?

Stuebe: Eleven states currently have some sort of work-related legislation on the books. Most of them essentially say that employers need to make a reasonable effort to provide space and break time if it's not too disruptive. Common phrases include "reasonable effort to provide a private location other than a toilet stall in close proximity to the workplace for this activity" and that they should provide daily unpaid break time for a mother to express milk for her infant. California has a \$100 fine if employers don't comply, which is the strictest on the books. Another approach is the one taken by Hawaii where employers may not prohibit an employee from pumping during break time, which is a little more conservative. Texas and Washington State have an infant-friendly or mother-friendly designation for companies that meet certain criteria. I think it would be fabulous if there were tax incentives for employers to support breastfeeding. Mayor Mike Bloomberg has just launched a big breastfeeding initiative in New York City around changing hospital policies and providing more visiting nurses. I didn't see a workplace focus as part of the initiative, but New York is

interesting because there are so many tiny businesses, so it's necessary to be creative. Some organizations offer flextime, working at home, baby at work programs, and on-site day care, which are much better than putting milk in the fridge and then taking it home, but these options are not currently available to most people.

Casey: What additional research would help support workplace breastfeeding?

Stuebe: There's a paucity of literature that I've been able to access. I think simple things like surveying employers about knowledge, attitudes, and beliefs about workplace lactation programs to discover the barriers would be helpful. I don't think there's been any formal assessment of the impact of different legislation and incentives to determine impact. Finally, looking into social marketing efforts to engage employers to address this issue is important—what gets people's attention and what makes them want to implement policies and programs. Similarly, there's not a lot on mothers' experiences and what they see as barriers—do they just need a pumping room, are they getting the support they need, and so on. It's clear there are lots of mothers going back to work really soon after giving birth, and if the Healthy People 2010's goal is fifty percent of mothers nursing at six months, we have a lot of work to do to reach that goal.

Casey: What are the next steps for the Massachusetts Breastfeeding Coalition?

Stuebe: We're working on finding groups to partner with us to look at this issue. We're having a panel discussion on workplaces at our conference scheduled for the fall. The conference is attended by health care professionals, so we're hoping to connect the health care side with the policy and workplace side. We also want to organize resources on our web site for employers. When we have a little more structure, I'd like to start attending meetings for workplace practitioners and presenting so people can learn about the ways in which they can support breastfeeding. Massachusetts is one of five states that has no breastfeeding legislation on the books at all; there's nothing that even says that women can breastfeed in public. That's definitely something we'd like to see change!

To contact Alison, please e-mail: astuebe@partners.org
Visit the Massachusetts Breastfeeding Coalition at <http://www.massbfc.org/>.

See also Graphic: Any and Exclusive Breastfeeding Rates by Age and Additional Resources Related to Breastfeeding and Workplace Supports

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Workplace Breastfeeding Support



United States Breastfeeding
COMMITTEE
PROMOTING • SUPPORTING • PROTECTING

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
Facilities		
<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>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>
Written Company Policy		
<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>
Workplace Education		
<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 employers 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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Returning to Work While Breastfeeding

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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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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	Full time: 10.6
		Part time: 33.4	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.^{2,11,14} 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 recreates 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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