

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SL&C 12614

**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.<sup>2,11,14</sup> For example, an appendix to the position paper on breastfeeding from the American Academy of Family Physicians<sup>2</sup> 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.<sup>15</sup> 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.<sup>14</sup> 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.<sup>15</sup> 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.<sup>15</sup>

An infant has a suction frequency of 40 to 126 sucks per minute (mean: 74 sucks per minute).<sup>15</sup> 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).<sup>8</sup> 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.<sup>11</sup> 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 180
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 basal suction pressure and cycling rate Double or single pumping Automatic cycling	Large and heavy Very 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.<sup>16,17</sup> 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,<sup>11,16,18-20</sup> in the refrigerator for three to eight days,<sup>11,16,18,20</sup> in a refrigerator-freezer unit with a separate freezer door for three to six months,<sup>11,16</sup> and in a separate freezer chest (20° C [4°F]) for 12 months.<sup>11,16,20</sup> 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.<sup>21</sup> [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.<sup>22</sup> 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).<sup>23</sup> 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.<sup>18</sup> The Occupational Safety and Health Administration states that "exposure to breast milk does not constitute an occupational hazard."<sup>24</sup> 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.<sup>6</sup> 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.<sup>5,22,25</sup> 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.<sup>23</sup> 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.<sup>23</sup> 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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**REFERENCES**

1. Breastfeeding and the use of human milk. American Academy of Pediatrics. Work Group on Breastfeeding. *Pediatrics* 1997;100:1035-9.
2. American Academy of Family Physicians. Breastfeeding (position paper). Accessed November 5, 2003, at: <http://www.aafp.org/x6833.xml>.

3. Mothers survey: breastfeeding trends through 2000. Columbus, Ohio: Ross Products Division, Abbott Laboratories, Inc., 2001. Accessed November 5, 2003, at: <http://www.ross.com/aboutRoss/Bumay.pdf>.
4. Healthy People 2010. 2d ed. Vol 2. Part B: focus areas 16-19. Maternal, infant, and child health. Breastfeeding, newborn screening, and service systems. Washington, D.C.: U.S. Dept. of Health and Human Services. 2000. Accessed November 5, 2003, at: [http://www.healthypeople.gov/Document/HTML/Volume2/16MICH.htm#\\_Toc49468868](http://www.healthypeople.gov/Document/HTML/Volume2/16MICH.htm#_Toc49468868).
5. U.S. Department of Labor. Bureau of Labor Statistics. The employment situation: September 2002. Employment status of the civilian population by sex and age. Washington, DC: U.S. Government Printing Office, 2002; USDL 02-570. Accessed November 5, 2003, at: <http://www.bls.gov/webapps/legacy/cosatab1.htm>.
6. Meek JY. Breastfeeding in the workplace. *Pediatr Clin North Am* 2001;48:461-74.
7. U.S. Department of Labor. The Family and Medical Leave Act of 1993. Public Law 103-3. Enacted February 3, 1993. Section 102 a1A. Accessed November 5, 2003, at: <http://www.dol.gov/esa/regs/statutes/whd/fmla.htm>.
8. Wyatt SN. Challenges of the working breastfeeding mother. *Workplace solutions*. AAOHN J 2002; 50:61E.
9. U.S. Department of Health and Human Services, Office on Women's Health. HHS blueprint for action on breastfeeding. Accessed November 5, 2003, at: <http://www.cdc.gov/breastfeeding/00binaries/blupmtbk2.pdf>.
10. National Center for Chronic Disease Prevention and Health Promotion. Breastfeeding. Lactation support programs in federal workplaces. Accessed November 5, 2003, at: [http://www.cdc.gov/breastfeeding/compend-fed\\_work.htm](http://www.cdc.gov/breastfeeding/compend-fed_work.htm).
11. Zinn B. Supporting the employed breastfeeding mother. *J Midwifery Womens Health* 2000;45:216-26.
12. Perez-Escamilla R, Pclitt E, Lonnerdal B, Dewey KG. Infant feeding policies in maternity wards and their effect on breast-feeding success: an analytical overview. *Am J Public Health* 1994;84:89-97.
13. Wright A, Rice S, Wells S. Changing hospital practices to increase the duration of breastfeeding. *Pediatrics* 1996;97:669-75.
14. Wight NE. Resources for physicians. Web sites, books, and organizations. *Pediatr Clin North Am* 2001;48:539-46.
15. Zoppou C, Barry SI, Mercer GN. Comparing breastfeeding and breast pumps using a computer model. *J Hum Lact* 1997;13:195-202.
16. Slusser W, Frantz K. High-technology breastfeeding. *Pediatr Clin North Am* 2001;48:505-16.
17. Philipp BL. Every call is an opportunity. Supporting breastfeeding mothers over the telephone. *Pediatr Clin North Am* 2001;48:525-32.
18. Hamosh M, Ellis LA, Pollock DR, Henderson TR, Hamosh P. Breastfeeding and the working mother: effect of time and temperature of short-term storage on proteolysis, lipolysis, and bacterial growth in milk. *Pediatrics* 1996;97:492-8.
19. Lawrence RA. Storage of human milk and the influence of procedures on immunological components of human milk. *Acta Paediatr Suppl* 1999;88:14-8.
20. Tully MR. Recommendations for handling of mother's own milk. *J Hum Lact* 2000;16:149-51.
21. La Leche League International. Human milk storage information. Accessed November 5, 2003, at: <http://www.la lecheleague.org/FAQ/milkstorage.html>.
22. Williamson MT, Murti PK. Effects of storage, time, temperature, and composition of containers on biologic components of human milk. *J Hum Lact* 1996;1:31-5.
23. Evergreen Hospital Medical Center. Evergreen Hospital Medical Center's basic course for lactation specialists 2001 course manual. Day One--breastfeeding anatomy, physiology and biospecificity. Section V. Kirkland, Wash.: Evergreen Hospital Medical Center, 2001:1-15.
24. U.S. Department of Labor. Occupational Safety and Health Administration. Standard interpretation: 12/14/1992 breast milk does not constitute occupational exposure as defined by standard. Standard no. 1910.1030. Accessed November 5, 2003, at: [http://www.osha-slc.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=20952](http://www.osha-slc.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20952).
25. Visness CM, Kennedy KI. Maternal employment and breast-feeding: findings from the 1988 National Maternal and Infant Health Survey. *Am J Public Health* 1997;87:945-50.

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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, 25% 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.

Sarvita, 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.

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

### ***Employer support is critical for successful breastfeeding.***

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

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

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

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

### ***Components for worksite breastfeeding support programs***

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

Minimal conditions to support breastfeeding:

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

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

Additional worksite provisions for maximal support

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

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

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

### ***Implementing a worksite lactation support program***

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

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

### ***Resources:***

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

### ***References:***

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

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

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

**Sarvita Programs**  
 Medela, Inc.  
 P.O. Box 680  
 McHenry, IL 60051-0680 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,<sup>20,21</sup> 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.<sup>22</sup> One-third of these mothers return to work within 3 months after birth and two-thirds return within 6 months.<sup>22</sup> 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.<sup>23</sup> 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.<sup>24</sup> 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.<sup>25-27</sup>



## Evidence of Effectiveness

Cohen et al.<sup>28</sup> 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.<sup>29</sup> 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.<sup>30</sup> 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.<sup>31,32</sup>

## 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.<sup>21</sup>

According to Bar-Yam,<sup>33</sup> 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.<sup>33</sup> Employers can use many different strategies to ensure time for breastfeeding or milk expression, including flexible work schedules and locations, break times for pumping, and job sharing.



Mothers who continue breastfeeding after returning to work need the support of their coworkers, supervisors, and others in the workplace. Individual employers can do a great deal to create an atmosphere that supports employees who breastfeed. Such an atmosphere will become easier to achieve as workplace support programs are promoted to diverse employers. Workplace support programs can be promoted to employers, including managers of human resources, employee health coordinators, insurers, and health providers serving many of a particular organization's employees.

## Program Examples

### *Employer Recognition*

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


### *Employer Incentives and Resources*

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

### *Support and Accommodation in the Workplace*

In 2002, the Arizona Department of Health Services adopted a breastfeeding policy for all of its employees. The goal is "to provide a positive work environment that recognizes a mother's responsibility to both her job and her child when she returns to work by acknowledging that a woman's





choice to breastfeed benefits the family, the employer, and society."<sup>34</sup> 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.<sup>35</sup>

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

### *Legislation*

Several states have enacted legislation that encourages support for breastfeeding in the workplace. The United States Breastfeeding Committee has made available an inventory and analysis of state legislation on breastfeeding and maternity leave that includes legislation related to employment.

This inventory can be viewed online or downloaded free of charge from <http://www.usbreastfeeding.org>. La Leche League International has compiled a searchable summary and state-by-state information about state legislation in five major areas related to breastfeeding, including employment. Go to <http://www.lalecheleague.org/LawBills.html> for more information.

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

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

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

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

## Resources

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

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

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

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

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

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

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

## Potential Action Steps

- Provide educational materials to employers about how supporting their employees who breastfeed benefits employers.
- Establish a model lactation support program for all state employees.
- Promote legislation to support work site lactation programs through mandates or incentives.
- Create work site recognition programs to honor employers who support their breastfeeding employees.



# 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> 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.<sup>2</sup>

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.<sup>3</sup> 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.<sup>4</sup> Known benefits for the infant include protection against diarrhea, lower respiratory infection, bacterial infections such as meningitis, UTIs, and otitis media (earaches). Breastfed infants have decreased incidence and severity of insulin dependent diabetes, lymphoma, ulcerative colitis, allergies and other digestive problems.<sup>5</sup> Breastfed babies also have a better chance for dental health and are one-third less likely to die of SIDS (Sudden Infant Death Syndrome).<sup>6,9</sup>

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.<sup>10</sup> 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.<sup>1</sup> 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

*continued on page 4*

ovarian cancer continuing long after the postpartum period.<sup>11,2</sup> 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.<sup>12</sup>

### 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.<sup>13</sup> 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.<sup>7</sup> Employee satisfaction and morale serves as an added recruitment incentive in today's tight labor market.<sup>14</sup>

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.<sup>3</sup>

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.<sup>14</sup> 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:

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The program has grown from 12 sites in 1995 to more than 250 sites across the country. More than 1000 women have enrolled in the program. CIGNA attributes the success of Working Well Moms to the scope of services provided. Program components include a mother friendly private room, access to a hospital-grade breast pump, as well as a 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.<sup>16</sup> 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 8.7 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.<sup>9</sup>

## 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.<sup>4</sup> Physical access to breast pumps and private rooms must be combined with appropriate outreach, education and flexibility for optimal results.<sup>15</sup> 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.<sup>6</sup>

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.<sup>17</sup> Ongoing communication between employers and vendors to assess program effectiveness enhances good outcomes for health and productivity.<sup>18</sup> In the event companies are not able to establish comprehensive lactation programs, particularly at all worksites, a broad

*continued on page 6*

TABLE I. 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 Doraine 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:

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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.<sup>16</sup>

### 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.<sup>18</sup> Emphasis on breastfeeding as not simply a woman's issue but a family issue is increasing.

*continued next page*

## References

- 1 "20 Facts on Women Workers", U.S. Department of Labor Women's Bureau. [www2.dol.gov](http://www2.dol.gov)
- 2 AAP Workgroup on Breastfeeding. "Breastfeeding and the Use of Human Milk". Pediatrics 1997; Vol. 100 No.6.
- 3 Hamilton J. "Breastfeeding in the Workplace". Report of the National Breastfeeding Policy Conference; November 1998:46-51.
- 4 "What Gives These Companies a Competitive Edge? Worksite Support for Breastfeeding Employees". Healthy Mothers, Healthy Babies.
- 5 Lawrence R. "Breastfeeding Advantages and Child Development". Report of the National Breastfeeding Policy Conference; November 1998:27-37.
- 6 Raisler J et al. "Breastfeeding and Infant Illness: A Dose-response Relationship?". Am J Publ Hlth 1999; 89(1):25-30.
- 7 Robinson H. "The Working Mother's Guide to Breastfeeding". Working Mother May 1998; 28-31.
- 8 Palmer B. "The Influence of Breastfeeding on the Development of the Oral Cavity: a Commentary". J Hum Lact 1998; 14(2):93-98.
- 9 "Corporate Lactation Programs", Medela, Inc. [www.medela.com/breastfeeding/working/corpprog.html](http://www.medela.com/breastfeeding/working/corpprog.html) 12/27/99
- 10 Horwood LJ, et al. "Breastfeeding and Later Cognitive and Academic Outcomes". Pediatrics 1998; 101(1):e9.
- 11 "Breastfeeding, Newborn Screening, and Service Systems". Healthy People 2010 Objectives; Chapter 16. January 2000.
- 12 Enger SM, et al. "Breastfeeding Experience and Breast Cancer Risk Among Post-Menopausal Women". Cancer Epidemiol Biomarkers Prev 1998; 7:365-69.
- 13 Springen K. "The Bountiful Breast". Newsweek June 1, 1998: 71.
- 14 Cohen R, Mrtek MB, Mrtek RG. "Comparison of Maternal Absenteeism and Infant Illness Rates Among Breastfeeding and Formula-feeding Women in Two Corporations". Am J Health Promot 1995; 10(2):148-53.
- 15 Marsha Walker, International Lactation Consultants Association; personal communication.
- 16 Rona Cohen, MCH Services, Inc.; personal communication - consultant to CIGNA Corporation
- 17 Neifert M. "Future Strategies in Breastfeeding Promotion". presented at Breastfeeding Promotion Consortium Meeting US Dept. of Agriculture. May 1999.
- 18 Camilla B. Fore, C&F Inc.; personal communication - consultant to Home Depot, Inc.

## 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](http://www.medela.com)

Healthy Mothers. Healthy Babies. [www.hmhb.org](http://www.hmhb.org)

La Leche League International. [www.lalecheleague.org](http://www.lalecheleague.org)

International Lactation Consultant Association  
[www.ilca.org](http://www.ilca.org)

MCH Services Incorporated.  
(800) 822-6688

CBF, Incorporated.  
(800) 225-8129

Cohen R, Mrtek MB, Mrtek RG. "Comparison of Maternal Absenteeism and Infant Illness Rates Among Breastfeeding and Formula-feeding Women in Two Corporations", *Am J Health Promot* 1995; 10(2):148-53.

Cohen R, Mrtek MB. The impact of two corporate lactation programs in the incidence and duration of breastfeeding by employed mothers. *Am J Health Promot* 1994; 8:436-41.

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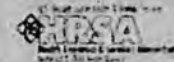
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## *Conversations with the Experts*

### 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

3 of 4

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' experience, 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](mailto: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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The Sloan Work and Family Research Network appreciates the extensive support we have received from the Alfred P. Sloan Foundation and the Boston College community.

E-mail: [wfnetwork@bc.edu](mailto:wfnetwork@bc.edu) - Phone: 617-552-1708 - Fax: 617-552-9202



*The Sloan Work and Family Research Network is funded by the Alfred P. Sloan Foundation*

**From:** Debi L Ballam [mailto:dballam@bartletthospital.org]  
**Sent:** Wednesday, February 27, 2008 3:07 PM  
**To:** Sen. Johnny Ellis  
**Subject:** SB 113

Dear Senator Ellis

I am writing on behalf of the proposed SB 113. I could not find the actual wording of the bill on line. However, I support legislation that would require employers to provide a space and break time for an employee to either breastfeed or to express milk for her child. The health care costs associated with lack of breast milk in this country are over \$3,600,000,000 (3.6 billion dollars) annually. Risks of not being breast-fed range from increases in infections rates to diabetes and certain cancers. Some risks of formula feeding extend beyond childhood and throughout the lifespan. Consequently all public health agencies from NIH and CDC to the American Academy of Pediatrics recommends public policy to support breastfeeding, including supporting women in the workplace who are breastfeeding by providing a space and break time to feed their baby or express milk for their baby. The benefits of breastfeeding are dose related; World Health Organization recommends breastfeeding for 2 years and beyond, long past the time many women need to return to the workforce.

I understand there is public testimony tomorrow, but as I work tomorrow, it is unlikely I will be able to come. Please accept this as my public testimony about the importance of supporting breastfeeding women in the workforce. Our community can only benefit from such legislation. We are helping women improve the health and welfare and potential intelligence (decreased IQ in formula fed babies) and helping the environment. (There is no garbage generated and no increased CO2 emissions with breastfeeding.) Additionally employees miss fewer workdays due to illness in their child, so productivity is improved. This is win-win legislation. Thank you for introducing it, and let me know if there is anything I can do to assist the passage of legislation supporting breastfeeding.

Debi Ballam, RN, IBCLC  
Patient Education/Staff Development  
Bartlett Regional Hospital  
3260 Hospital Drive  
Juneau, AK 99801  
907-796-8975 voice mail

**Testimony for SB 113 Nursing Mothers in Workplace  
February 28, 2008**

**Dana Kent R.D., L.D., International Board Certified Lactation Consultant; WIC Clinic  
Operations and State WIC Breastfeeding Coordinator**

**State of Alaska, Department of Health and Social Services,  
Division of Public Assistance, Family Nutrition Program, Women, Infants and Children  
Program**

I am here today to talk on the behalf of the Department of Health and Social Services in support of SB 113. This Bill provides flexibility in the work place for nursing mothers.

Seventy percent of employed women in the US with children under age 3 work full time. One-third of those women return to work within 3 months after giving birth, and two-thirds return within 6 months. Many women find it difficult to continue breastfeeding once they return to work. Obstacles to breastfeeding for working mothers include lack of flexible break time and a private place to express milk or breastfeed an infant.

I'd like to speak for a moment on the importance of breastfeeding. There is much in evidence based literature documenting the health benefits of breastfeeding. It is clear that; breastmilk is superior to artificial substitutes such as formula. The best food for an infant is mother's milk.

**Benefits of Breastfeeding**

Studies have found that breastfeeding reduces the risk of many childhood illnesses and conditions.

*Such as for children:*

- Sudden infant death syndrome (SIDS)
- Asthma
- Allergies
- Lymphomas and leukemia
- Respiratory illness and diarrhea
- Autoimmune thyroid disease
- Type I and type II diabetes
- Ulcerative colitis and Crohn's disease (diseases that impacts the large and small intestine)
- Multiple sclerosis
- Poorer school performance
- Respiratory syncytial virus (RSV- The most common cause of bronchiolitis and pneumonia among infants and children under 1 year of age.)
- Lower developmental and cognitive scores
- Childhood overweight and obesity

*Such as for mothers:*

- **Premenopausal breast cancer**
- **Ovarian cancer**
- **Thyroid cancer**
- **Osteoporosis**
- **Lupus**

#### **Benefits for Employers**

There are benefits to employers as well. Companies that have adopted breastfeeding support programs have noted:

- **Reduced absenteeism to care for ill children**
- **Lower health care costs**
- **Improved employee productivity**
- **Improved ability to attract and retain valuable employees**

Your support of SB 113 is an important step toward supporting Alaska's working mothers. This bill provides a win-win strategy for mothers, babies, work places, and our community.

Thank you.



**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**

DD

**cc: Senate Labor & Commerce Committee**

**TESTIMONY IN SUPPORT OF ALASKA SB 113 – February 28, 2008**

**Good afternoon. My name is Susan Hennon. I've come to speak to you today in support of Senate Bill 113.**

**I am a registered dietitian and have lived and worked here in Alaska for nearly 25 years. I currently coordinate the Women, Infants and Children's Program, the federal nutrition program more commonly known as WIC, which is administered here in Southeast Alaska by SEARHC, Southeast Alaska Regional Health Consortium. One of the most important and rewarding aspects of my job is helping the women we serve be successful in breastfeeding their babies. In addition to my professional experience, I breast fed both my children – one for two years, the other for three and a half years. I was thankfully able to give both of them a healthy start in life by breastfeeding, and they have both grown into healthy, intelligent and productive young adults. For both professional and personal reasons, I am a strong advocate for breastfeeding and know it is, without question, the healthiest way to feed a baby.**

**Senate Bill 113 is a modest bill that would legally allow all working mothers in the State of Alaska who are also currently breastfeeding a child to take breaks during their work day so that they could either breastfeed their baby or express their milk. I applaud your efforts to bring this bill into law. Returning to work can often cause a woman to stop breastfeeding because her milk supply can diminish due to decreased demand for milk. It's critical a woman be able to pump her milk when she is away from her child.**

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

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

SEARHC is one of the largest employers in SE Alaska, with a work force of over 1,000 employees. Our management understood they needed to be a leader regarding this important issue when they passed our progressive, consortium-wide Breastfeeding Employee Policy in 2006. They understood that we could not encourage other employers to allow its employees time to breastfeed or express milk without implementing such a policy ourselves. We are walking the talk, and our policy goes beyond the scope of SB 113 by providing paid time to our breastfeeding employees to either breastfeed their baby on site or to express their milk.

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

We have been successfully implementing this policy for two years now. It is one way we as employers can help create a breastfeeding culture in our society, where breastfeeding women are both supported and revered for their role in ensuring that the future citizens of Alaska are as healthy as they can be. As one of the members of the management team said at the time of SEARHC's decision to pass this policy, it was a "slam, dunk" decision, a no-brainer. I hope you consider this to be the case as well and pass this bill unanimously and without delay. I also encourage the State of Alaska, as an employer itself, to take the lead on this important health and social issue.

Thank you for your time, and I would be happy to answer any questions you might have about the policy SEARHC has developed.

Respectfully submitted by,

Susan Hennon, RD, LD, Coordinator  
SEARHC WIC Program  
3245 Hospital Drive  
Juneau, AK 99801  
Voice: 463-4096; Fax: 463-6672  
e-mail: [susan.hennon@searhc.org](mailto:susan.hennon@searhc.org)

BREASTFEEDING...



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## **SEARHC Breastfeeding Employee Policy Brief Summary of how it was accomplished**

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

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

A committee of two was established:

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

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

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

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

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

### **S'áxt' Hit Mt. Edgecumbe Hospital Introduces Regalia Friday**

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

**Click here for more on this story.**

### **SEARHC adopts employee breastfeeding policy**

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

**Click here for more on this story.**

### **Carving to start in May on Kootéeyaa Project Wellbriety totem pole**

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

**Click here for more on this story.**

### **SEARHC helps promote National Bike-to-Work Week**

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

**Click here for more on this story.**

### **Nurses recognized during National Critical Care Awareness and Recognition Month**

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

**Click here for more on this story.**

## **SEARHC adopts employee breastfeeding policy**

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

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

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

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

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

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

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

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

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# NewsBeat

SEARHC



ONLINE STAFF NEWSLETTER

JUNE 2007

## **SEARHC Mt. Edgecumbe Hospital earns Level IV trauma center rating**

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

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

## **Case management network improves patient care and access**

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

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

## **Healing Hand Foundation prepares to launch new employee-giving drive**

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

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

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

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

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

## **SEARHC employee breastfeeding policy wins state award**

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

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

Click here to return to FRONT PAGE

## **SEARHC employee breastfeeding policy wins state award**

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

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

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

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

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

**Click here to return to FRONT PAGE.**

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

### C. Confidentiality

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

#### 122 Employee Breastfeeding

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

SEARHC provides support to breastfeeding employees by:

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

### 201 Employment Applications

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

SEARHC

Human Resources Manual  
Effective: September 1, 2003  
Revised: January 2006

## SEARHC Employee and Supervisor Breastfeeding Plan

Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

### Plan:

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

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

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

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

### Release:

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

Employee signature \_\_\_\_\_

Employee printed name \_\_\_\_\_

Supervisor signature \_\_\_\_\_

Supervisor printed name \_\_\_\_\_

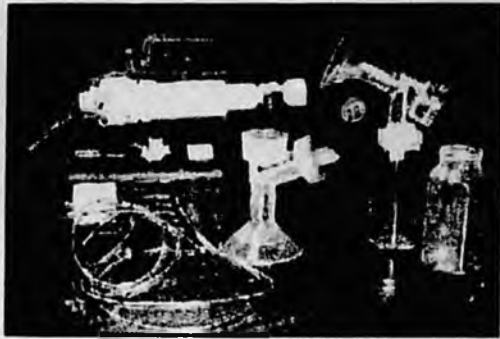
Date \_\_\_\_\_

March, 2006

SEARHC  
Human Resources Manual  
Effective: December 1, 2003  
Revised: January 2006

*Privacy Please!*

*Breastfeeding Mom at work.*



**INFORMATION PACKET**

**Proposed SEARHC Employee Breastfeeding Policy**

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

**on**

**February 14, 2006**

**To be presented by: Bill Perket, Human Resources Director**

**Advisory SEARHC staff:**

**Priscilla Skannes, RN, Juneau Medical Clinic**

**Susan Hennon, RD, LD, WIC Coordinator**

# Proposed SEARHC Employee Breastfeeding Policy

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

## ***Documentation in Support of Proposed SEARHC Employee Breastfeeding Policy***

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

## ***Letters of Support***

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

## In support of Breastfeeding

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

## SEARHC Employee Breastfeeding Policy

### Policy:

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

### Background:

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

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

### Procedure:

SEARHC provides support to the breastfeeding employee by:

1. Providing prenatal and postpartum breastfeeding education by qualified staff.
2. A limited number of electric breast pumps are available to loan to SEARHC employees free of charge through the nursing department. To borrow a pump, the following criteria must be met (listed in order of priority)
  - Mom with inadequate milk supply
  - Mom with premature baby
  - Student Mom returning to work and/or school six weeks after delivery
  - Working Mom returning to work six weeks after delivery

Note: these same criteria are used for SEARHC beneficiaries

3. Employees who breastfeed infants are provided a thirty-minute mid-morning break and a thirty-minute mid-afternoon break to nurse the baby or to pump their breasts. These breaks are for the sole purpose to support breastfeeding and are not to be used for any other purpose.
4. Employees may breastfeed in the privacy of their own office or in another private location on the SEARHC campus.
5. Prior to leaving for maternity leave, employees will schedule a time to talk with their supervisor about their breastfeeding intent, and a written plan will be developed (see attached form).

## SEARHC Employee and Supervisor Breastfeeding Plan

Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

### Plan:

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

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

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

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

### Release:

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

Employee signature \_\_\_\_\_

Employee printed name \_\_\_\_\_

Supervisor signature \_\_\_\_\_

Supervisor printed name \_\_\_\_\_

Date \_\_\_\_\_

**Documentation**  
**in support of**  
**PROPOSED SEARHC Employee Breastfeeding Policy**

For Business

# Breastfeeding: The Best Investment...

Worksite support  
of Breastfeeding  
employees improves  
your bottom line .



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, 88% 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 workplace 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 workplace breastfeeding support program through medical claims alone.

Employer support of breastfeeding is a reflected in:

- Improved employee morale and loyalty
- Improved image 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 workplace breastfeeding support programs. Company returns on their investment have been substantial.

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



Companies successfully implementing workplace lactation support programs include Citicorp, E.I. du Pont de Nemours and Co., 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 workplace 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.

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

## Employer support is critical for successful breastfeeding.

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

In some instances, a lack of support has kept a mother from returning to an employer or forced her to resign her position.

- In many other instances, worksite barriers keep a mother from even starting breastfeeding, eliminating the opportunity for mother or baby to receive the unique and vital benefits of breastfeeding.

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

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

## Components for worksite breastfeeding support programs

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

Minimal conditions to support breastfeeding:

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

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

Additional worksite provisions for maximal support

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

- Coverage of breastfeeding consultation services and supplies through the company's wellness program or health benefit 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 managers can participate as well.
- Where large numbers of employees participate, many companies contract out for such programs, services and supplies.

## Resources:

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

## References:

1. American Academy of Pediatrics, Work Group on Breastfeeding. Pediatrics 1997; 100(6):1035-1039.
2. Cohen R, Mink MB, Mink RG. Am J Health Promot 1995;10:148-53.
3. Danyliv NQ. U.S. news and World Report, Dec. 15, 1997. P. 79-81.
4. Sarvita Programs introductory pamphlet, McHenry, IL: Media Inc, 1993.

Companies encourage...  
 health professionals...  
 providing clinical lactation therapy...  
 Breastfeeding Control and Promotion

For more information, contact:  
 International Lactation Consultant Association  
 4101 Lake Boone Trail, Suite 201  
 Raleigh, NC 27607  
 Tel: 919/767-5161  
 Fax: 919/767-2816  
 Website: www.ilca.org

Sarvita Programs  
 Media, Inc.  
 P.O. Box 600

McHenry, IL 60051-0600 USA

Phone: 815/398-2222

### For local assistance, contact:

Guides who are breastfed...  
 members of lactation...  
 Women who breastfeed...  
 Breastfeeding Control and Promotion

Breastfeeding, Baby's Risk of Illness and Maternal Absenteeism.		
Impact of breastfeeding	Typical time away from work	Baby illness (not hospitalized)
Left in one-third	1-2 days	1-2 days
Left in one-third	1-2 days	1-2 days

5. Sarvita Programs introductory pamphlet, McHenry, IL: Media Inc, 1994.
6. Bailey, D. The Potential Health Care Cost of not Breastfeeding. Pamphlet, Lexington-Fayette County (KY, USA) Health Department, 1993.
7. Cohen R, Mink MB, Am J Health Promot 1994; 8:436-441.

Employer support is critical for successful breastfeeding



## Breastfeeding

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

### Background

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

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

### Policy

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

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

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