

Investing in Workplace Breastfeeding Programs and Policies



AN EMPLOYER'S TOOLKIT

- 1** | The Business Case for Breastfeeding Promotion
- 2** | Workplace Breastfeeding Options
- 3** | Breastfeeding Promotion Program Components
- 4** | Employer Case Studies
- 5** | Getting Started
- 6** | Methods of Measuring Success
- 7** | Other Ways to Support Breastfeeding Women
- 8** | Tools for Employers
- 9** | Information for Breastfeeding Employees
- 10** | Resources

Acknowledgements

This toolkit is adapted from the 2008 Health Resources and Services Administration (HRSA) and Every Mother Inc. publication entitled *The Business Case for Breastfeeding*.

The Center for Prevention and Health Services at the National Business Group on Health, would like to thank the U.S. Department of Health and Human Services Office on Women's Health and the Health Resources and Services Administration's Maternal and Child Health Bureau for their generous support of *Investing in Workplace Breastfeeding Programs and Policies: An Employer's Toolkit*. The National Business Group on Health appreciates the expertise of Cathy Carothers, Every Mother Inc. as well as the excellent case studies contributed by CIGNA, Corning Incorporated and Texas Instruments Incorporated.

Contributing Staff from the Center for Prevention and Health Services, National Business Group on Health

Wendy I. Slavit, MPH, CHES

Editor, Author and Project Coordinator

Georgette Flood

Editor and Research Associate

Kathryn Phillips, MPH

Former Manager and Author

Cynthia Reeves Tuttle, PhD, MPH

Project Development and Oversight

Ronald A. Finch, EdD

Project Oversight

Citation and Reproduction

Investing in Workplace Breastfeeding Programs and Policies: An Employer's Toolkit was generously funded by a grant from the U.S. Department of Health and Human Services Office on Women's Health and the Health Resources and Services Administration's Maternal and Child Health Bureau. All materials are in the public domain. When referencing this toolkit, please use the following citation:

Slavit W, editor. *Investing in Workplace Breastfeeding Programs and Policies: An Employer's Toolkit*. Washington, DC: Center for Prevention and Health Services, National Business Group on Health; 2009.

About the Center for Prevention and Health Services

The Center houses Business Group projects related to the delivery of prevention and health services through employer-sponsored plans and worksite programs. Employers should look to the Center for

- Current information and practical recommendations from both federal agencies and professional associations;
- Analyses of model programs from other employers; and
- Findings from recent clinical and health service research.

For more information, e-mail healthservices@businessgrouphealth.org.

About the National Business Group on Health

Founded in 1974, the National Business Group on Health is the nation's only non-profit organization devoted exclusively to representing large employers' perspective on national health policy issues and providing practical, forward-thinking solutions to its members' most important health care and health benefits challenges. Members of the Business Group drive today's health agenda while exchanging ideas for controlling health care costs, improving patient safety and quality of care, increasing productivity, supporting healthy lifestyles and sharing best practices in evidence-based health benefits design with senior management, HR professionals, and medical directors from leading corporations. Recognized as the leading voice of large employers, the Business Group represents over 300 members, primarily Fortune 500 companies and large public sector employers, who provide health care for more than 55 million U.S. workers, retirees and their families.

Helen Darling, President

1 | The Business Case for Breastfeeding Promotion



1 | The Business Case for Breastfeeding Promotion

INTRODUCTION TO BREASTFEEDING

BREAST MILK—MORE THAN JUST FOOD

More than 70% of new mothers now follow their doctor's advice to breastfeed immediately after birth. However, women employed full-time are less likely to initiate breastfeeding and to continue breastfeeding once they return to work. Only 25% of employed women with children under age 1 combine working and breastfeeding for at least a month.¹

Breastfeeding is an essential part of the overall reproductive cycle for the mother, resulting in faster recovery from pregnancy. A healthy mother means an employee who is absent less often and able to contribute more productively to her workplace. Breastfeeding may also decrease employee absences associated with caring for a sick child since it has important short- and long-term health benefits for both children and women. During the first several months of life, infants who are breastfed exclusively receive stronger protection against infection than those who are not.² A longer duration of breastfeeding may also provide a stronger protective effect.

Breastfeeding lowers the risk of:²

Child

- Ear infections
- Respiratory infections
- Dermatitis
- Gastrointestinal disorders
- Asthma (young children)
- Obesity
- Type 1 and 2 Diabetes

Mother

- Weight gain
- Maternal postpartum depression
- Cancers (breast, ovarian, endometrial)
- Type 2 Diabetes
- Osteoporosis

The American Academy of Pediatrics (AAP) and the American Association of Family Physicians (AAFP) recommend that

- Babies receive nothing but breast milk for about the first 6 months of life; and
- Mothers continue breastfeeding *at least* until the end of a baby's first year.

WHY WOMEN NEED TO EXPRESS MILK

Milk production is a constant, ongoing process. Every time the nursing baby consumes milk, the mother's body automatically makes more milk to replace it. The more often the baby feeds, the more milk the mother's body produces. If the baby does not take the milk directly, it must be regularly removed by hand or with an efficient breast pump about as often as the baby usually feeds. This process is called expressing milk. If a baby does not breastfeed and the mother does not express milk, the mother's breasts become overly full and uncomfortable. This can lead to an infection and potentially a drop in her milk supply.

Most women who return to work are able to sustain their milk supply and avoid pressure and discomfort by simply expressing their milk every two to three hours for about 15 minutes per session. After the baby is 6 months old and begins eating solid foods, the number of milk expression breaks usually begins to diminish.

WHY EMPLOYERS CARE

Workplace breastfeeding programs may help to mitigate health care costs, lost productivity and absenteeism by

- Reducing the risk of some short- and long-term health issues for women and children;
- Decreasing employee absences associated with caring for a sick child;
- Promoting an earlier return from maternity leave; and
- Increasing retention of female employees.

LOWER HEALTH CARE COSTS

Breastfeeding can reduce medical costs for mother and child. For every 1,000 babies not breastfed, there are an extra 2,033 physician visits, 212 days in the hospital and 609 prescriptions.³

LOWER ABSENTEEISM

One-day absences to care for sick children occur more than twice as often for mothers of formula-feeding infants.⁴

KEEPING VALUABLE EMPLOYEES

Employee turnover is costly for business. Employers are interested in retaining valuable employees, including those who go on maternity leave. Providing family-centered programs to help employees balance family and work commitments can positively impact retention rates, resulting in potential cost savings to the company. A study of multiple companies with lactation support programs found an average retention rate of 94%.⁵

POSITIVE PUBLIC RELATIONS

Company breastfeeding programs may help employers build goodwill within the community. In addition, any recognition given to breastfeeding-friendly worksites can be valuable because it gives businesses a competitive advantage when recruiting and retaining employees.

EMPLOYMENT LEGISLATION

As of the beginning of 2009, more than 40 U.S. states have enacted breastfeeding-related legislation. Currently, 21 states plus the District of Columbia and Puerto Rico have legislation specifying the rights and responsibilities of employers in supporting breastfeeding employees. Most of these laws require that employers provide reasonable time and private accommodations for employees to express milk at the workplace. A 50-state summary of breastfeeding laws is available from the National Conference of State Legislatures (NCSL) at <http://www.ncsl.org/programs/health/breast50.htm>.

FACTORS THAT INFLUENCE BREASTFEEDING AMONG WORKING WOMEN

Mothers are the fastest-growing segment of the U.S. workforce.^{6,7} In the past 20 years, the percentage of new mothers in the workforce has increased by more than 80% to a current level of 60%.⁸ One third of working mothers return to work within three months of the birth of their child and two thirds return within six months.^{6,7} Only 15% of employers offer paid maternity leave other than short-term disability insurance.⁹

Employment plays a key role in a woman's decisions about infant feeding. A woman's career plans have the most significant impact on both whether she breastfeeds exclusively and for how long she breastfeeds.¹⁰ Working outside the home negatively affects both initiation and duration of breastfeeding.^{6,7}

- 60% of women with children under the age of 3 are employed.⁸
- As mentioned earlier, only 25% of employed women with children under age 1 combine working and breastfeeding for at least a month.¹

FULL-TIME EMPLOYMENT

Women employed full-time are less likely to initiate breastfeeding and to continue breastfeeding once they return to work.¹¹

- Many women choose full-time work due to economic necessity and fringe benefits.¹²
- Mothers planning to work part-time are more likely to initiate breastfeeding¹³ and to breastfeed longer,^{11, 14} with the longest duration rates associated with part-time employment of less than 20 hours per week.¹⁵
- Women who are not employed outside the home generally breastfeed at least eight weeks longer than mothers who work full-time.¹⁴

ETHNICITY

Although maternal employment is an obstacle to breastfeeding in all ethnic groups, it is a particular concern in the African-American population. African-American women tend to have lower rates of breastfeeding, return to work sooner, and are more likely to work full-time than other population groups.^{11, 12, 16-18} The need for worksite support is especially crucial among African-American mothers.¹⁹

INCOME

Disadvantaged women with lower income levels appear to have the greatest difficulty combining work and breastfeeding²⁰ and are often employed in low-wage jobs whose settings make continued breastfeeding difficult.¹⁶ The Welfare Reform Act has led to more women returning to work sooner than they had planned, resulting in significant issues with maintaining breastfeeding.²¹

MATERNITY LEAVE

A 16-country study found that adequate maternity leave policies might increase breastfeeding sufficiently to prevent one to two neonatal deaths per 2,000 live births.²² Many women in the United States are not able to take a long maternity leave due to financial pressures. African-American women and women employed in low-wage jobs tend to take shorter maternity leaves.^{23, 24}

A 16-week maternity leave is considered ideal for helping mothers establish and maintain a good milk supply,¹² and a leave of at least 6 weeks increases the likelihood that women will initiate breastfeeding compared to those who take a shorter leave.¹⁴

Although the 1993 Family and Medical Leave Act (FMLA) provides for unpaid maternity leave, many women are not eligible for or do not use this benefit. Only 20% of mothers in the United States meet the eligibility criteria, which include employment in a workplace of more than 50 employees, working more than 24 hours per week, and employment for at least a year of continuous service.¹² Other women choose not to participate in FMLA because they cannot afford to take unpaid leave.

ACCOMMODATIONS IN THE WORKPLACE

There is ample evidence that a supportive work site environment with a private place to express milk and access to a quality breast pump helps women feel more confident in continuing to breastfeed after returning to work,¹² and that lack of accommodations contributes to shorter breastfeeding duration.²⁵ Women who do not express milk regularly experience a drop in milk supply that leads to early weaning.²⁶

REFERENCES

1. Zinn B. Supporting the employed breastfeeding mother. *Journal of Midwifery and Women's Health*. 2000;145(3):216-226.
2. Department of Health and Human Services, Office on Women's Health. *HHS Blueprint for Action on Breastfeeding*. Washington, DC: Office on Women's Health; 2000.
3. Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics*. 1999;103(4):870-876.
4. Cohen R, Mrtek MB, Mrtek RG. Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. *American Journal of Health Promotion*. 1995;10(2):148-153.
5. Ortiz J, McGilligan K, Kelly P. Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatric Nursing*. 2004;30(2):111-119.
6. United States Breastfeeding Committee. *Workplace breastfeeding support*. Raleigh, NC: United States Breastfeeding Committee; 2002.
7. Biagioli F. Returning to work while breastfeeding. *American Family Physician*. 2003;68(11):2201-2208.
8. U.S. Department of Labor Women's Bureau. Employment status of women and men in 2008. Available at: http://www.dol.gov/wb/factsheets/Qf-ESWMo8_txt.htm. Accessed May 15, 2009.
9. Society for Human Resource Management. *2008 Benefits Survey Report*. Available at: <http://www.shrm.org/>. Accessed April 17, 2009.
10. McKinley N, Hyde J. Personal attitudes or structural factors? A contextual analysis of breastfeeding duration. *Psychology of Women Quarterly*. 2004;28:388-399.
11. Ryan AS. The resurgence of breastfeeding in the United States. *Pediatrics*. 1997;99(4):e12.
12. Galtry J. Lactation and the labor market: breastfeeding, labor market changes, and public policy in the United States. *Health Care Women Int*. 1997 Sep-Oct;18(5):467-80.
13. Scott JA, Landers MC, Hughes RM, Binns CW. Factors associated with breastfeeding at discharge and duration of breastfeeding. *Journal of Paediatrics and Child Health*. 2001;37(3):254-261.
14. Fein SB, Roe B. The effect of work status on initiation and duration of breast-feeding. *Am J Public Health*. 1998;88(7):1042-1046.
15. Gielen AC, Faden RR, O'Campo P, Brown CH, Paige DM. Maternal employment during the early postpartum period: Effects on initiation and continuation of breast-feeding. *Pediatrics*. 1991;87(3):298-305.
16. Cricco-Lizza R. The milk of human kindness: Environmental and human interactions in a WIC clinic that influence infant-feeding decisions of Black women. *Qual Health Res*. 2005;15(4):525-538.
17. Caulfield L, Gross S, Bentley M, et al. WIC-based interventions to promote breastfeeding among African-American women in Baltimore: effects on breastfeeding initiation and continuation. *Journal of Human Lactation*. 1998;14(1):15-22.
18. Klerman J, Leibowitz A. Job continuity among new mothers. *Demography*. 1999;36(2):145-155.
19. Hermann M. Encouraging breastfeeding among African Americans. *Journal of the American Dietetic Association*. 2001;101(11):8.
20. Kimbro RT. On the job moms: work and breastfeeding initiation and duration for a sample of low-income women. *Maternal Child Health Journal*. 2006;10(1):19-26.
21. Haider SJ, Jacknowitz A, Schoeni RF. Welfare work requirements and child well-being: evidence from the effects on breast-feeding. *Demography*. 2003 Aug;40(3):479-97.
22. Ruhm C. Parental leave and child health. *Journal of Health Economics*. 2000;19(6):931-960.
23. Anderson D, Shapiro D. Racial differences in access to high-paying jobs and the wage gap between black and white women. *Industrial and Labor Relations Review*. 1996;49(2):273-286.
24. Nichols L. Then comes the baby in the baby carriage: the economic resource use of new mothers. *Abstracts International*. 2001;61(7):2925-A.
25. Corbett-Dick P, Bezek SK. Breastfeeding promotion for the employed mother. *J Pediatr Health Care*. 1997 Jan-Feb;11(1):12-9.
26. Arora S. et al. Major factors influencing breastfeeding rates: mother's perception of father's attitude and milk supply. *Pediatrics*. 2000;106(5):e67.

2 | Workplace Breastfeeding Options



2 | Workplace Breastfeeding Options

| | BASIC SERVICES | ADVANCED | STATE OF THE ART |
|-------------------------------|---|---|---|
| Lactation Room Options | Electrical Outlet (standard 110V) | Electrical Outlet (standard 110V) | Electrical Outlet (standard 110V) |
| | Room locks from the inside | Room locks from the inside | Room locks from the inside |
| | Comfortable chair | Comfortable chair, footstool | Recliner |
| | Table or flat surface to hold the breast pump | Table or flat surface to hold the breast pump | Table or flat surface to hold the breast pump |
| | Disinfectant wipes | Disinfectant wipes | Disinfectant wipes |
| | Room is located near a source of running water | Room has a sink | Room has a sink |
| | Employee brings her own breast pump | Employer pays for rental of a breast pump, or provides a hospital-grade multi-user electric breast pump that is purchased or rented | Employer subsidizes or provides a portable electric breast pump, or provides a hospital-grade multi-user electric breast pump |
| | | | Breast pumps are also provided for partners of male employees |
| | Employee brings her own attachment kit if hospital-grade pump is used | Employer subsidizes the cost of attachment kits for hospital-grade pump | Employer provides the attachment kit for employees |
| | Employee stores milk in a public area refrigerator or personal cooler | Employer provides personal coolers for storing milk | Employer provides a small refrigerator within the room for storing milk |
| | Room is clean | Room is clean | Room is clean |
| | | Bulletin board for posting baby photos and notes of support | Bulletin board for posting baby photos and notes of support |
| | | Educational resources are available | Educational resources are available |
| | | Desk or table top space is provided | Desk or table top space is provided |
| | | Attractive wall hangings, floral arrangement, etc. | Attractive wall hangings, floral arrangement, etc. |
| | | | Telephone is available for employee to check voicemail messages |
| | | Computer terminal with VS PC/ internet access is available | |

Continued on next page

Workplace Breastfeeding Options, continued

| | BASIC SERVICES | ADVANCED | STATE OF THE ART |
|--------------------------------------|--|--|---|
| Milk Expression/Child Feeding | Employee takes usual lunch and break times to express milk; extra time needed is considered unpaid leave time | Extra time that may be needed is made up as part of a flexible schedule (coming in early, staying late, etc.) | Break time is considered paid time, whether the employee goes over the allotted break time or not |
| Education | Company makes pregnancy and breastfeeding pamphlets, books, and videos available | Company offers classes on pregnancy and breastfeeding during the lunch hour | Education is available for dads as well as partners of male employees |
| Lactation Consultants | Company provides mothers with names of lactation consultants and other resources in the community | Company contracts with an IBCLC or other lactation expert to assist employees with their questions or concerns | Contract lactation expert services are also available for female partners of male employees |
| Other Workplace Supports | Names of local support group meetings are available to employees; a bulletin board for sharing notes of encouragement provided in lactation room | Company hosts regular support group meetings | Providing electronic options for staying connected in the lactation room and at home |
| | Company provides onsite childcare for quick and easy direct access to the baby during breaks | Company allows mother to bring the baby to work during the first few months | Company provides onsite childcare for quick and easy direct access to the baby during breaks or allows mother to bring the baby to work during the first few months |

| OPTION | PUMP COSTS | ATTACHMENT KIT COSTS | TOTAL ANNUAL COST |
|--|-----------------------------------|------------------------------------|---|
| Purchase a multi-user hospital-grade pump | \$1,125 (one time expense) | \$850 per year (\$42.50 x 20 kits) | \$1,975 first year, \$850 per year thereafter |
| Rent a multi-user hospital grade pump | \$780 per year (\$65 x 12 months) | \$850 per year (\$42.50 x 20 kits) | \$1,630 per year |
| Single user portable electric breast pumps | \$5,000 per year (\$250 x 20) | \$0 (attachment kits are included) | \$5,000 per year |

NOTE: Costs are figured as a general average. Actual prices could be more or less, depending on the types of pumps selected and the company from which they are acquired.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration and Every Mother Inc. *The business case for breastfeeding*. Rockville, Maryland: U.S. Department of Health and Human Services; 2008. Available at: <http://www.ask.hrsa.gov/detail.cfm?PubID=MCH00254&recommended=1>. Accessed May 15, 2009.

3 | Breastfeeding Promotion Program Components



3 | Breastfeeding Promotion Program Components

A comprehensive workplace breastfeeding promotion program includes a private space, time available for mothers to express milk, breastfeeding education and workplace support.

SPACE

PRIVACY DURING MILK EXPRESSION

Of utmost importance to a breastfeeding employee when she returns to work is a location where she can comfortably and safely express milk during the workday. This can be a woman's private office (if it can be locked) or an on-site, designated lactation room(s) with an electrical outlet where breastfeeding employees can use a pump to express milk during the workday. Many employees work in open areas or cubicles that are not private. Simple lactation rooms can be created out of little-used areas within existing building space. Companies with large numbers of female employees can create lactation "suites" by installing partitions or curtains in the lactation room to accommodate multiple users at one time. The nominal cost is usually a one-time expenditure (other than costs involved with standard maintenance), and the return on investment is continuous since many breastfeeding women can make use of the facility over a long period of time.

ALLOCATING SPACE

- The amount of space needed for a lactation room is minimal.
- It does not require a full-sized office.
- The size can be as small as 4' x 5' to accommodate a comfortable chair and a small table or shelf for a breast pump.
- While examining options, involve facilities management staff along with at least one breastfeeding employee experienced in milk expression. This will increase awareness of the importance of allocating space for lactation rooms in future building renovations or additions.

SPACE OPTIONS

- An infrequently-used existing office space or other room.
- An infrequently-used space near an employee lounge or other area where a sink is available.
- A clean, infrequently-used closet or small storage area.
- A small corner of a room to section off with either permanent walls or portable partitions.
- A walled-off corner of a lounge adjacent to the women's restroom.
- Adapting a "small unused space" that is currently not well-utilized.
- A conference room, a vacant office, a storeroom or a dressing room.

ROOM AMENITIES

- An electrical outlet;
- Lock on door;
- Safe, clean environment;
- Chair and shelf or table for breast pump; and
- Access to nearby running water.

Note: The American Institute of Architects provides a “Best Practice in Lactation Room Design” document with recommendations for lactation room setup and amenities. The guidelines are available at www.aia.org.

Breastfeeding employees should never be expected to express milk in a restroom!

Restrooms are unsanitary, usually lack appropriate electrical connections, and do not provide a place to comfortably operate a breast pump.

NUMBER OF ROOMS NEEDED

The number of rooms needed depends on several factors, including the size of the company, the number of female employees of childbearing age, and the number of buildings on campus. For instance, if it will take women a long time to walk to the lactation room, consider setting up multiple sites that are more conveniently located. Companies with large numbers of female employees have created lactation “suites” by installing partitions or curtains in the lactation room to accommodate multiple users at one time.

DECIDING ON BREAST PUMP EQUIPMENT

A quality electric breast pump can help women quickly and efficiently express breast milk. Some women will own their own breast pump. Often, insurance companies will subsidize the cost of a pump. Employers can also choose to contract with a breast pump company or local medical supply business to purchase or rent a breast pump for their employees.

Breast Pump Equipment Options

- Employee could bring her own portable pump. Portable pumps are designed for working mothers to take to and from work.
- Health insurance plan could subsidize the cost of portable pumps.
- Company could provide or subsidize a portable pump.
- Company could purchase or rent a hospital-grade electric pump that more than one employee can use at work.

Hospital-grade electric pump

- Durable and lasts for many years.
- Most efficient system for collecting milk and helping a mother maintain her milk supply.
- Operates with a standard 110V electrical outlet and enables women to pump from both breasts at the same time to reduce the amount of time needed to express milk.
- Sanitary—designed specifically to keep milk from going into the pump.
- Can be safely used by more than one user.
- Companies can purchase or rent a hospital grade pump for each lactation room.
- Cleaning the pump is the responsibility of each user after she completes her pumping session.
- Each breastfeeding employee will also need her own milk collection kit. This kit includes tubing that connects to the pump and containers to store the milk. Employers can choose to either provide or subsidize the cost of a milk collection kit for each employee, or simply ask women to purchase their own.

Portable electric breast pump

- Light enough to transport to and from work and can be used to express milk at work, at home or during travel.
- Often packaged in a discreet business-style carrying case that includes a personal cooler for safely storing the milk collected throughout the day, a milk collection kit, and storage containers for the milk.
- Designed for personal use and cannot be safely shared with other women for sanitary reasons.
- Some employers choose to provide portable pumps as an employee health benefit; others subsidize the cost of the pump.

STORING HUMAN MILK

Because of its unique antibacterial properties, breast milk can be safely stored at room temperature, in a personal cooler, in a refrigerator or in a freezer. Employees should discuss options for storing their milk with their supervisors. Most women are more comfortable keeping their milk in a safer, more private place than a public shared refrigerator. Occasionally, colleagues may not be comfortable with milk being stored in a shared refrigerator. Employers should respect the needs of all employees. Breast milk should always be labeled with the employee's name and the date it was collected. Employees take responsibility for storing their own milk and taking it home at the end of each work period to give to childcare providers.

MILK STORAGE OPTIONS

- The mother can elect to use her own personal cooler.
- The company can provide a small cooler (or provide a portable electric pump which includes a cooler).
- The company can provide a small “college dorm room”-sized refrigerator in or near the lactation room.

Storage Duration of Fresh Human Milk for Use with Healthy Full Term Infants

| LOCATION | TEMPERATURE | DURATION | COMMENTS |
|---|---------------------------------------|-------------|--|
| Countertop, table | Room temperature (up to 77°F or 25°C) | 6–8 hours | Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler. |
| Insulated cooler bag | 5-39°F or -15-4°C | 24 hours | Keep ice packs in contact with milk containers at all times, limit opening cooler bag. |
| Refrigerator | 39°F or 4°C | 5 days | Store milk in the back of the main body of the refrigerator. |
| Freezer compartment of a refrigerator | 5°F or -15°C | 2 weeks | Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality. |
| Freezer compartment of refrigerator with separate doors | 0°F or -18°C | 3–6 months | |
| Chest or upright deep freezer | -4°F or -20°C | 6–12 months | |

Source: Centers for Disease Control and Prevention. *Proper handling and storage of human milk: Academy of Breastfeeding Medicine storage duration of fresh human milk for use with healthy full term infants guidelines*. Available at: http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm. Accessed May 4, 2009.

SCHEDULING ROOM USAGE

If large numbers of breastfeeding employees will use the room, companies may want to consider scheduling room usage. In order to maintain privacy when scheduling, each user can be given a number to use rather than her name. The lactation room should be kept locked between uses to safeguard equipment, supplies and milk that may be stored in a refrigerator. Companies may issue a key or electronic access code to each woman enrolled in the lactation support program. Keys may also be retained by the program coordinator, staff nurse or other designated individual and checked out by mothers as needed.

ROOM SCHEDULING METHODS

- Electronic sign-in (a computerized room schedule) that allows employees to log in their preferred pumping times daily or weekly.
- Schedule sign-in sheet or dry-erase board kept in the room or by the person who has the key to the room.
- E-mail notices sent to employees who are using the room.
- First-come, first-served basis, with an “Occupied” sign outside the door (this is effective if there are only a few women needing the room).

CLEANING THE ROOM

Lactation program policies should stipulate that individual users take responsibility for keeping the room clean. Disinfectant, anti-microbial wipes or spray should be provided so that each user can clean the outside of the pump and the area around the pump when she is finished. Wastebaskets should be emptied daily. If a cleaning crew is not available, consider a schedule that assigns users to conduct routine inspection and cleaning of the room. Employers can provide general maintenance oversight of the room within their administrative services department.

TIME

TIME TO EXPRESS MILK

- The amount of time a woman needs to express milk is usually handled easily during the regular allowable break times.
- Women typically require two or three pumping sessions of about 15 minutes each, excluding any time needed to go to and from the lactation room.
- As the baby begins eating solid foods around 6 months, pumping sessions often become less frequent.
- After the baby reaches 12-15 months, most women have ceased expressing milk altogether.

Sometimes it is more efficient for women to simply feed their infants directly. This can work well if the company provides on-site childcare, if the childcare provider is able to bring the baby to the mother during the work period, or if the company allows the employee to bring her infant to work for the first few months.

If extra time is needed for milk expression or direct infant feeding, flexibility to make up the time before or after the usual work schedule helps make this expenditure of time manageable. Organizations that offer a flexible schedule report that their employees are so appreciative of the program that abuse of the system is rare.

FLEXIBLE BREAKS AND WORK OPTIONS

A GRADUAL TRANSITION BACK TO WORK

Ideally, new mothers need at least 6-12 weeks of maternity leave to recover from childbirth and to establish milk production.¹ When a woman is not able to take this time, employer support can help her transition back to work so she can maintain her milk supply. This gradual easing back into the workplace allows time for her to adjust to her body's changing needs.

BACK TO WORK TRANSITION OPTIONS

- Part-time employment or telecommuting for a few weeks before resuming full-time work.
- Working longer hours four days per week and taking a day off in the middle of the work week to rebuild milk supply by being with the baby.
- Returning to work on a Thursday or Friday to allow the weekend to rebuild milk supply before facing an entire week of separation from the baby.
- Allowing employees with private offices to bring young babies to work one or more days per week. Under these policies, women are encouraged to breastfeed their babies directly in the privacy of their own office.
- Job-sharing can be highly effective for both employees and the employer.

EDUCATION

Because successful breastfeeding is a learned behavior, basic breastfeeding information, made available beginning during pregnancy, helps both male and female employees make informed choices about infant feeding and builds support among family members and colleagues. Employers may offer a variety of educational options.

Educational programs have been shown to increase the proportion of women who initiate breastfeeding immediately after birth by 23% and the number of women who continue to breastfeed for one to three months by 39%.²

PRENATAL EDUCATION

- Classes for both mothers and fathers can be provided during lunch breaks to educate families about infant feeding options and the breastfeeding support they can expect in their workplace.
- Even in companies with predominantly male employees, classes for both expectant fathers and their pregnant partners are a valued health benefit that can result in higher rates of breastfeeding.
- Brown-bag “lunch and learns” can be taught by a staff nurse, an International Board Certified Lactation Consultant (IBCLC) from the community, a local La Leche League Leader, or another health professional from a hospital or doctor’s office. Local breastfeeding coalitions can also provide names of qualified instructors.
- Consider permitting employees to take leave to attend classes available in the community. Classes are often available through local hospitals, private health clinics, La Leche League or local breastfeeding groups.
- Employers may also want to provide pamphlets, books and videos on working and breastfeeding for pregnant employees.
- Employers may want to include a breastfeeding page on their company website with downloadable resources, useful links and Frequently Asked Questions about working and breastfeeding.

Topics for Prenatal Classes

- Reasons to breastfeed.
- Basic breastfeeding techniques.
- Tips for balancing work and breastfeeding.
- Proper procedures for expressing and storing human milk.

POSTPARTUM LACTATION COUNSELING

Research has shown that lactation support by a qualified expert helps women to continue breastfeeding longer. In 2004, the private-sector cost of counseling to promote breastfeeding initiation and continuation averaged \$23 per session; approximately 95% of all paid claims fell within the range of \$0 to \$81 per session.³ Postpartum lactation support services often include one-on-one assistance in the hospital or at home to help mothers get breastfeeding off to a good start.

Some health insurance companies will pay for up to two visits with an International Board Certified Lactation Consultant (IBCLC). Employers can check with their health insurance providers to see if lactation consults or breast pumps are included health benefits. An employer contract with a lactation consultant may also include ongoing access to a lactation consultant to help employees address the challenges of maintaining and building their milk supply as their babies mature and they continue to work.

Employers may also consider privately contracting with an IBCLC or other health professional to provide lactation support. Another option is to give employees contact information for lactation consultants in the community, hospital or private clinic nurses, La Leche League breastfeeding counselors, 24-hour breastfeeding hotlines, and/or support groups that can help women deal with potential issues related to breastfeeding.

BACK TO WORK EDUCATION

An employer contract with an IBCLC or other health professional often includes a personalized “Back to Work Consult” as a company health benefit. This consult can help mothers make the transition back to work, assist them in learning to use a breast pump, and answer their questions. The session includes specific information tailored to the employee’s unique situation, including

- Setting up a milk expression schedule at home and work to fit her needs.
- Identifying places at work to express milk.
- Learning effective techniques for milk expression.
- Storing and handling human milk in ways that fit her specific situation.
- Maintaining and building milk supply.
- Talking with her supervisor about her needs.
- Adjusting to the physical and emotional demands of returning to work.

WORKPLACE SUPPORT

Nearly all breastfeeding employees report that what they value most about their company’s lactation program is company support, including verbal and written support from supervisors, colleagues and other breastfeeding employees. Written worksite policies can help ensure supportive practices.

SUPPORT FROM SUPERVISORS

Employees appreciate the support they receive from supervisors. This support can be enhanced in a variety of ways.

- Incorporate information about the basic needs of breastfeeding employees in established company training programs for managers and supervisors.
- Establish program policies that recognize the needs of breastfeeding employees in the workplace.
- Encourage supervisors to offer breastfeeding employees the flexibility to adjust meeting times around their scheduled pumping sessions as well as provide positive feedback on their choice to breastfeed.
- Disseminate information about the designated room and other components of the lactation support program, including any prenatal classes, support groups, etc.

CO-WORKER SUPPORT

Research shows that most co-workers, particularly both male and female employees who have children of their own, support company health benefit programs that include lactation support. Occasionally, some co-workers might view these services as unfair, particularly if they perceive that they will be required to cover the breastfeeding mother's tasks or shifts. These concerns should be addressed by the manager or supervisor. Supervisors can remind employees that breastfeeding can improve the health of mothers and babies. Supporting co-workers in taking scheduled breaks to provide breast milk for their babies can help reduce the number of unplanned absences due to a sick child. Mothers who worry about co-worker resistance sometimes discontinue breastfeeding earlier than planned or hesitate to request lactation support from their supervisors.

Successful company lactation programs consider the needs of both the breastfeeding employee and her co-workers. Formal and informal guidance from company managers and appropriate consultants can help with any adjustments that might be needed during the program's implementation. Some strategies to gain co-worker support include

- Including co-worker representatives as part of the initial planning phase to identify and address potential concerns.
- Promoting the program as a company health benefit.
- Communicating other ways the company accommodates employee needs (e.g., fitness program breaks).
- Communicating the benefits of the program, including lower absenteeism rates, lower turnover rates, higher productivity, and faster return to the workplace.
- Maintaining ongoing communication with both the breastfeeding employee and her co-workers to ensure that the program is working well.

MOTHER-TO-MOTHER SUPPORT

Women value sharing successful strategies for managing breastfeeding and benefit from advice and support from other breastfeeding employees. Employers can help facilitate mother-to-mother support opportunities by arranging a monthly lunchtime mothers' meeting or facilitating an electronic discussion board on the company's website. Some lactation rooms feature a bulletin board or photo album for women to post photos of their babies and to share stories of their babies' progress.

REFERENCES

1. Staehelin K, Berteau PC, Stutz EZ. Length of maternity leave and health of mother and child—a review. *Int J Public Health*. 2007;52(4):202-209.
2. Guise JM, Palda V, Westhoff C, Chan BKS, Helfand M, Lieu TA. The effectiveness of primary care-based interventions to promote breastfeeding. U.S. Preventive Services Task Force. *Ann Fam Med*. 2003; 1(2): 70-78.
3. Donnelly A, Snowden H, Renfew M, Woolridge M. Commercial hospital discharge packs for breastfeeding women (Cochrane review). In: *The Cochrane Library*, Issue 2, 2004. Chichester, UK: John Wiley & Sons, Ltd.

4 | Employer Case Studies



4 | Employer Case Studies

CIGNA PHILADELPHIA, PA.

CIGNA (NYSE:CI), a global health service company, is dedicated to helping people improve their health, well-being and security. CIGNA Corporation's operating subsidiaries provide an integrated suite of medical, dental, behavioral health, pharmacy and vision care benefits, as well as group life, accident and disability insurance, to more than 46 million people throughout the United States and around the world. In 1995, CIGNA implemented a comprehensive program to eliminate worksite barriers that keep women from choosing to breastfeed and continuing to breastfeed after returning to work. Today, for those mothers who choose to breastfeed their babies and wish to continue to breastfeed after returning to work, CIGNA's program helps make the transition easier—and healthier—for mother and child. The program, CIGNA Moms, is designed to help a mother provide the best nutrition for her baby by making it easy to breastfeed before and after her return to work.

- Breastfeeding is supported by extensive evidence in the medical literature. Breastfeeding support ensures optimum success for mother and baby and lowers costs. Mothers receive ongoing support from a network of breastfeeding experts before and after the birth of the baby.
- Before delivery, a lactation consultant talks with expectant mothers about what they can do to prepare for breastfeeding and what to expect when the baby arrives.
- After the baby arrives, during a mother's short-term disability or Family Medical Leave, a lactation consultant is in contact with her to answer questions, talk about a healthy breastfeeding diet, discuss proper breast care, and help mothers prepare to return to work while continuing to breastfeed.
- Before a mother returns to work, a lactation consultant teaches her how to properly store milk, gives tips on maintaining milk supply, and explains how to use a breast pump.
- For six months following a mother's return to work, a lactation consultant will contact her every few weeks to answer questions and confirm that both mother and baby are doing well.

When an expectant mother enrolls in CIGNA Moms, the following services are provided at no charge:

- Ongoing advice and help from a professional lactation consultant;
- Access to Nursing Mothers' Rooms at CIGNA office sites;
- Portable breast pump;
- A milk storage system and carrying case and a personal set of bottles, breast shields and tubing to ensure proper hygiene when expressing milk; and
- Literature on breast engorgement, breastfeeding and working, milk storage and collection, and managing nipple soreness.

With an employee pool of approximately 26,000, 75% of whom are women, company officials believe that the potential cost reductions in health care expenses and employee turnover more than offset the nominal expenses of implementing and maintaining a program that supports an employee's decision to breastfeed. The CIGNA Moms program is available at all CIGNA offices nationwide, with approximately 300 to 400 employees participating annually.

With so many employees participating, word of mouth seems to be the best advertising for the CIGNA Moms program. CIGNA integrates information about its breastfeeding program in its maternity program and wellness programs.

Employees with CIGNA Medical coverage can also enroll in the CIGNA Healthy Pregnancies, Healthy Babies program, a telephonically-based coaching program, or use the March of Dimes “Healthy Babies, Healthy Business” (HBHB) program which is a multi-dimensional Internet-based health education program available on the mycigna.com member website.

PROGRAM COMPONENTS

| | |
|-------------------------------------|---|
| Private Area to Express Milk | Onsite Nursing Mothers’ Rooms are included in floor plans for CIGNA workplaces or if no room is available, there is alternate space provided. All locations have at least one room that either contains a sink or has one nearby. Depending on the number of employees, some locations have Nursing Mothers’ Rooms on every floor or in the onsite health center (large spaces with curtains and sinks). |
| Breastfeeding Equipment | All women enrolled in the program are given a breast pump that is easy to travel with, a carrying case and all needed supplies. The portable pumps are necessary as some women travel frequently for work. |
| Milk Expression Scheduling | Flexible scheduling for milk expression needs during regular break times. |
| Education | Prenatal education kit, classes, and consultation with a lactation consultant before and after giving birth. |
| Support | Telephone support for breastfeeding women during maternity leave, a return-to-work consultation, and ongoing support from a lactation consultant. Mothers also support one another, sharing stories and pictures in the Nursing Mothers’ Rooms. |
| Program Impact* | <ul style="list-style-type: none">• Annual savings of \$240,000 in health care expenses for breastfeeding mothers and children;• 77% reduction in lost work time due to infant illness, with annual savings of \$60,000;• Lower pharmacy costs due to 62% fewer prescriptions;• Increased breastfeeding rates—72.5% at 6 months compared to the national average of 21.1% for employed mothers; and• Recognition as a Workplace Model of Excellence by the National Healthy Mothers/Healthy Babies Coalition. |

* A formal study published in 2000 and conducted by the UCLA Centers for Healthy Children found that the program enabled mothers to efficiently express breast milk without impacting workplace productivity and did indeed result in substantial cost savings to the company. The program also accomplished its goal of improving breastfeeding rates among its employees, which are now significantly higher than the national average.

CORNING INCORPORATED

CORNING, N.Y.

Corning Incorporated (NYSE: GLW), headquartered in Corning, N.Y., is the world leader in specialty glass and ceramics. The Company creates and makes keystone components that enable high-technology systems for consumer electronics, mobile emissions control, telecommunications and life sciences. Corning succeeds through sustained investment in R&D, over 150 years of materials science and process engineering knowledge, and a distinctive collaborative culture.

Corning began its breastfeeding program in March 1997. Program implementation took about six months of planning, meetings and gaining buy-in from facility management. Corning faced some challenges when setting up its program, including locating space to provide adequately furnished rooms that are both private and secure, obtaining lactation consultants in rural areas, and scheduling breaks for factory workers. The initial costs were minimal and related to setting up or constructing the rooms and providing room amenities.

- Lactation rooms for nursing mothers are made available in all buildings nationwide, including manufacturing plants. As of February 2009, Corning had 19 U.S. locations with lactation rooms.
- Most lactation rooms are used by one nursing mother at a time. When needed, a privacy screen is used to divide a larger room into separate areas to allow several women to use the room at the same time.
- Amenities include a table, a chair, a breast pump, a telephone (for emergencies or voicemail), germicidal cleaner, and a sign-in sheet. Optional items may include a sink, lockers, and a refrigerator for storing milk.

A Corporate Lactation Consultant is available for phone consultations. Some locations also provide on-site consultants. The lactation consultant is responsible for scheduling room usage. A sign-in sheet is used to track participation. There is no limit on the number of times an employee can contact the lactation consultant.

Corning provides an internal employee website to promote the breastfeeding support program. Employees can learn about the program, find lactation room locations, and obtain contact information for lactation consultants. A brochure is also available to inform employees about the program.

Several other programs are offered to promote maternal and child health. These include:

- Newsletters;
- On-site prenatal classes;
- Free prenatal vitamins;
- A 24-hour advice nurse line; and
- Online information and resources on healthy pregnancy.

Phasing back into work after maternity leave is encouraged by Corning. Employees discuss the details of their return to work with their supervisors. Two weeks before returning to work, Corning also offers a work site meeting between the participant and the lactation consultant to review the transition to work and pumping procedures.

PROGRAM COMPONENTS

Private Area to Express Milk

Lactation rooms are made available in all buildings nationwide, including the manufacturing plants. Some rooms are large enough for multiple users but are often used by one person at a time. When needed, a privacy screen can divide the room into separate areas to enable several women to use the room at the same time. Amenities include a table, a chair, a breast pump, a telephone (for emergencies or voicemail), germicidal cleaner, and a sign-in sheet. Optional items may include a sink, lockers, and a refrigerator for storing milk.

Breastfeeding Equipment

Corning provides a hospital-grade pump; employees buy the attachment kit. The same brand and model of pump is provided in all lactation rooms so that employees working in multiple locations have compatible pumps. Employees can also borrow a personal pump for up to two weeks when traveling for business or vacation.

Milk Expression Scheduling

Employees express milk during designated breaks as worked out with their supervisor. Scheduling can be a bit more difficult for hourly employees working on production lines. Phasing back in to work is encouraged by the employer and negotiated between employees and supervisors.

Education

Prenatal classes are available onsite. The health benefits of breastfeeding are incorporated into the class curriculum. Prenatal vitamins are provided at no cost for employees through the medical plan pharmacy benefit.

Support

Access to lactation support through a lactation consultant service contracted by the company. In addition, referrals to public/private community resources are offered for situations beyond the scope of the program.

TEXAS INSTRUMENTS INCORPORATED

DALLAS, TEXAS

Texas Instruments (NYSE: TXN), headquartered in Dallas, Texas, provides innovative semiconductor technologies to help customers create the world's most advanced electronics. TI employs 26,000 employees worldwide with 11,600 employees based in the United States. Female employees represent only 23% of its U.S. workforce.

The fact that the TI workforce is predominantly male did not deter breastfeeding mothers from requesting an onsite lactation support program. A grassroots campaign by breastfeeding mothers in the early 1990s captured the attention of managers at TI. Early program challenges included securing adequate funding and space. TI worked with facilities management to help identify space for lactation rooms—existing rooms that already had plumbing or were located near a restroom. Additionally, TI decided to include at least one lactation room in each new building it designed.

Nursing Mothers' Rooms are now found in all TI buildings nationwide, including the manufacturing plants. Breastfeeding mothers can complete scheduling requests for lactation rooms online. Each room locks from the inside and a code is needed for entrance. Room amenities include:

- A comfortable chair;
- A hospital-grade breast pump;
- A flat surface area for the pump;
- A telephone;
- A wireless Internet connection; and
- A refrigerator for storing milk.

To accommodate breastfeeding mothers, TI offers flexible work options for mothers returning to work. Phasing back in to work is encouraged by the employer and negotiated between employees and supervisors. Breastfeeding employees express milk during designated breaks as worked out with their supervisor.

Onsite occupational nurses are available to help breastfeeding mothers. Furthermore, breastfeeding mothers are encouraged to work with lactation consultants contracted by the company. Lactation consultants provide 24-hour phone support.

The Work-Life department is responsible for promoting, implementing and maintaining the breastfeeding support program. TI also offers several other family-friendly benefits, including onsite school break and summer programs for children of employees.

Word of mouth and an internal employee website are used to promote the breastfeeding support program. [LiveHealthyAtTI.com](https://www.ti.com/livehealthyatTI) is the TI internal employee website to promote good health and well-being for all employees. A section of this website is devoted to resources for pregnant employees, offering a wealth of information on topics such as prenatal care, healthy pregnancy and a newborn's first few weeks. Pre-pregnancy education programs are also available.

PROGRAM COMPONENTS

| | |
|-------------------------------------|---|
| Private Area to Express Milk | Nursing Mothers' Rooms are in all buildings nationwide, including the manufacturing plants. Typical size: 10' x 10.' Amenities include a comfortable chair, a breast pump, a flat surface area for the pump, a telephone, a wireless Internet connection and a refrigerator for storing milk. |
| Breastfeeding Equipment | TI provides a hospital-grade pump; employee buys the attachment kit. |
| Milk Expression Scheduling | Employees express milk during designated breaks as worked out with their supervisor. Phasing back in to work is encouraged by the employer and negotiated between employees and supervisors. |
| Education | Employees can access the pregnancy center on the LiveHealthyAtTI.com website which offers a wealth of information ranging from prenatal care and healthy pregnancy to baby's first weeks. |
| Support | Access to 24-hour lactation support through a lactation consultant service contracted by the company. |

5 | Getting Started



5 | Getting Started

Tips for Employers

- Start small with a simple pilot program.
- Actively solicit input from employees to determine their needs.
- Gain buy-in from company stakeholders.
- Get help from available community resources.

Lactation support programs for employees can be tailored to fit company needs—as simple or as elaborate as desired. Companies typically report that developing a program is easier than they had anticipated. Program models are as varied as the companies themselves, but a few basic guidelines apply to most start-up situations

BEGIN A PILOT PROJECT

Most companies with successful lactation support programs recommend starting small with a pilot project that may grow as the needs of employees become more apparent. Most employers report that providing a basic space for milk expression takes little time and effort and reaps significant benefits in employee satisfaction and retention. Employers can later add other components such as education resources, flexible break options, lactation support and additional lactation rooms or amenities.

ASSESS THE NEED FOR A PROGRAM

Assessing the business environment can help build justification and support for a lactation support program and assist in the strategic planning process. Employers should ask the following questions:

- How many women in their child-bearing years work for the company?
- How many employees are likely to use a support program?
- Which department should be responsible for program oversight?
- How should space be allocated for a lactation room?
- What resources are available to equip the lactation room?
- What program policies need to be developed?
- What kind of recordkeeping will the program require?
- What are the best ways to promote the program to potential participants, their colleagues and supervisors, and the general community?

GAIN BUY-IN

Managers and supervisors have a powerful role as partners with human resources professionals in creating a supportive environment in the workplace. A breastfeeding-friendly work environment may be cost-effective. The initial costs may be modest while helping companies achieve business goals and support the goals of individual units.

DETERMINE THE ADMINISTRATIVE HOME FOR THE PROGRAM

Most companies establish the administrative home for a lactation support program within the human resource division, integrating it comfortably with other human resources services and offerings such as:

- **Employee health benefits platform**
Offers broad appeal and an opportunity to market the program as an important and valued employee benefit.
- **Employee wellness or health programs**
Builds on shared goals of improving the health and well-being of employees.
- **Employee Assistance Programs**
Provide support and short-term problem-resolution services to employees and families.
- **Family and work-life programs**
Increase the opportunity for maximum exposure and promotion through family-centered programs already in place.

CONSIDER CONVENING A TASK FORCE

Employers may consider convening a task force of company stakeholders to identify issues pertinent to the business and recommend program policies that will address the needs of breastfeeding employees. Below is a list of potential company stakeholders and how they can contribute to a workplace breastfeeding program.

| POTENTIAL COMPANY STAKEHOLDERS | HOW THEY CONTRIBUTE |
|---|--|
| Human Resource Specialist | <ul style="list-style-type: none"> • Understands employee needs and motivators. • Knows how to integrate a new program within existing company programs and policies. • Experienced at quantifying the return on investment (ROI) for programs. • Assists in evaluating the program's potential as part of existing employee satisfaction surveys. |
| Wellness Coordinator or Occupational Health Nurse | <ul style="list-style-type: none"> • Skilled in addressing health needs of employees. • Provides creative ideas and support for integrating the program into existing employee health services. |
| Facilities Management | <ul style="list-style-type: none"> • Provides solutions for adapting or converting building space for use as lactation rooms. • Provides expertise in planning future building projects which include space for lactation rooms. • Knowledgeable about security, accessibility, housekeeping considerations, and equipment maintenance issues. |
| Current and Previous Breastfeeding Employee | <ul style="list-style-type: none"> • Understand the needs and issues of breastfeeding women in their particular work site situation. • Represent employees from different staff levels and positions, providing the most useful guidance in creating a program that meets diverse needs. |
| Representative Staff from a variety of departments | <ul style="list-style-type: none"> • Provide feedback on potential concerns that might arise from co-workers when the lactation support program is implemented. |
| Pregnant Employees | <ul style="list-style-type: none"> • Provide feedback on typical concerns about returning to work and sustaining lactation as well as advice on the types of messages that provide reassurance about the support they can expect from the company. |
| Finance Department | <ul style="list-style-type: none"> • Provides guidance on current and future funding resources and assists in resource allocation strategies. |
| Public Relations | <ul style="list-style-type: none"> • Assists in promoting the program with potential users, colleagues and supervisors. • Promotes the program within the community as a valuable employee benefit. |
| Supervisors | <ul style="list-style-type: none"> • Provide insight on merging business needs with employee concerns. |

IDENTIFY COMMUNITY RESOURCES

A variety of community experts can also be brought onto the task force to assist with designing a program that will address the needs of both the company and its employees.

These community resources can also provide direct services to breastfeeding employees.

Health Professionals

Many companies find that health professionals at hospitals as well as obstetric and pediatric care programs are valuable resources. A hospital community outreach program may also provide useful information.

Lactation Consultants

An International Board Certified Lactation Consultant (IBCLC) is a credentialed health professional who can provide direct breastfeeding education and clinical counseling for mothers who have breastfeeding questions and concerns. Some lactation consultants can also assist businesses in establishing appropriate accommodations for lactating employees.

Breastfeeding Coalitions

Many states and local areas have breastfeeding coalitions that address the needs of breastfeeding women. Lactation experts and educators, peer counselors, medical professionals and other community leaders are usually active members. Coalitions can often assist companies in implementing a lactation program.

The national Maternal and Child Health Bureau project *The Business Case for Breastfeeding* provides training and technical assistance to support businesses in establishing lactation programs. Breastfeeding coalitions in the following states have been selected to participate:

- Alabama
- Alaska
- Arizona
- California
- Connecticut
- District of Columbia
- Georgia
- Hawaii
- Indiana
- Iowa
- Kansas
- Louisiana
- Michigan
- New York
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Texas
- Utah
- Vermont
- West Virginia

La Leche League International

This mother-to-mother organization offers breastfeeding support groups and knowledgeable volunteers who provide one-on-one assistance to new mothers by telephone or in person. In some communities, a local leader with expertise in helping working mothers is available to teach classes or assist work sites.

Insurance Carriers

Check with the company's primary insurance carrier to explore policies and benefits for breastfeeding employees. Insurance companies may cover breastfeeding resources and services such as consultations with a lactation consultant, breast pumps, home nurse visits during the early postpartum period, and breastfeeding supplies.

Other Community Organizations

Groups such as the March of Dimes, Healthy Mothers Healthy Babies Coalition, and Healthy Start initiatives may have community outreach specialists who can assist in establishing a program or providing resources and services to employees. The local Chamber of Commerce may also have access to information about other companies in the community that offer lactation support programs and services.

PROMOTE THE PROGRAM

Once the program is in place, it should be widely promoted with potential users (both breastfeeding employees and male employees whose partners are pregnant), as well as with colleagues, supervisors and managers. Promotion builds both interest and needed support for the program. Some companies find that integrating a breastfeeding support program with existing work-life programs works well since breastfeeding support can then be promoted as part of a broad group of other programs. Promoting the program in the wider community also helps build a positive image for the company.

Ways to Promote the Program

- Employee wellness or health fairs.
- Staff meetings.
- Open house for the lactation room (serve refreshments and invite the media).
- Articles in internal print or web-based newsletters.
- Outreach tables set up in prominent areas, with lactation consultants from the program on hand to answer questions and distribute materials to employees.
- Promotional packets for pregnant employees and partners of employees.
- Word of mouth.
- “Lunch and Learn” sessions.
- Baby shower for expectant employees and partners.
- Posters and bulletin board displays.
- Employee health benefits mailings.
- Company-wide mailing or e-mail.
- Paycheck stuffers promoting the program.

IMPLEMENT THE PROGRAM

Actual implementation of the program can be completed by the task force, current or previous breastfeeding employees within the organization, or other interested individuals. Some companies contract with a corporate lactation program to develop and operate a program; others may bring in a community lactation consultant as a program advisor. Most companies find that once it is in place, the program is easy to maintain.

6 | Methods of Measuring Success



6 | Methods of Measuring Success

Collecting simple data to document the progress and value of the lactation support program will help quantify the potential return on investment, which in turn can be useful in securing ongoing funding and support for the program.

It is helpful to start with a process evaluation to obtain feedback from women who use the program; this will aid in ongoing program improvement. Options for collecting this feedback include

- **Usage Logs**

A record kept in the lactation room for users to record the hours the room is in use and to communicate any needs that may arise. To maintain privacy, each participant may be given a number rather than using her name. Usage logs are valuable in demonstrating participation and determining the need for additional rooms.

- **Employee Satisfaction Surveys**

These surveys collect feedback from the women who benefited from the program about what they valued most as well as their recommendations for improving the program.

Typical questions measure satisfaction with the lactation room accommodations, the availability of the room when needed, the willingness of supervisors to provide needed flexibility for milk expression breaks, and the usefulness of resources or materials. Also note the length of time the employee breastfed. If the company program is provided for partners of male employees as well, they should be included in the employee satisfaction survey, even if they are only receiving some of the services. Other sources of evaluation information include

- **Co-Worker Satisfaction Surveys**

A survey of co-workers can provide insight into how well the program is being accepted and what concerns might need to be addressed.

- **Records Kept by the Program Manager**

These can include rates of absenteeism and turnover, health care costs, and breastfeeding direction among employees using the program.

7 | Other Ways to Support Breastfeeding Women



7 | Other Ways to Support Breastfeeding Women

Health benefits can be structured to support breastfeeding in several ways.

COUNSELING TO PROMOTE BREASTFEEDING

The United States Preventive Services Taskforce (USPSTF), the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) all recommend that clinicians counsel women on the importance of breastfeeding during routine prenatal and postpartum care.

The National Business Group on Health recommends that employers provide coverage for primary care counseling as well as counseling provided by International Board Certified Lactation Consultants (IBCLCs). (For more information, please see the National Business Group on Health's *Investing in Maternal and Child Health: An Employer's Toolkit*—http://www.businessgrouphealth.org/benefitsttopics/et_maternal.cfm. Prenatal counseling and support is important in encouraging women to initiate breastfeeding; postpartum support is essential in encouraging women to continue breastfeeding their infants.

| SUMMARY PLAN DESCRIPTION LANGUAGE: BREASTFEEDING COUNSELING | |
|---|--|
| Covered Counseling | Structured breastfeeding education and behavioral counseling is a covered benefit for all pregnant and lactating women. Counseling may be provided in an office setting, during hospitalization for labor/delivery, or in the patient's home after the birth of her child. |
| Initiation, Cessation and Interval | Counseling to promote breastfeeding initiation and continuation is a covered benefit for all pregnant and lactating women. There is no maximum number of sessions, provided that the care is medically necessary. |

Source: Campbell KP, Lanza A, Dixon R, Chattopadhyay S, Molinari N, Finch RA, editors. *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage*. Washington, DC: National Business Group on Health; 2006.

BREAST PUMPS

In addition to providing coverage for lactation counseling and support, employers should also consider covering breast pumps as durable medical equipment (DME). Breast pumps allow women to pump and save their milk when they are separated from their infants. The National Business Group on Health recommends that employers provide all women with one-time coverage of a hospital-grade breast pump.

BANKED BREAST MILK

A small minority of infants may not be able to breastfeed due to complications such as extreme prematurity. Also, some mothers may not be able to provide their own breast milk due to physical limitations or other complications. But infants who cannot take their own mother's milk can still benefit from breast milk.

Employers should consider covering banked breast milk for specific medical conditions and situations. Banked breast milk is milk that is donated by lactating women, sterilized, processed and

stored for use by other infants. While banked breast milk is appropriate only for a small minority of infants, it can have a dramatic impact on their short- and long-term health outcomes. Preterm infants who do not receive breast milk are at an increased risk for costly health problems such as necrotizing enterocolitis (a gastrointestinal disease) and sepsis. Both necrotizing enterocolitis and sepsis can mean extra days in the neonatal intensive care unit (NICU). The incremental costs of not feeding preterm infants human milk in the NICU are estimated at \$9,669 per infant, even when the costs of alternate forms of nutrition are included.¹ Thus, banked breast milk is an important health care benefit to consider providing

BABY-FRIENDLY HOSPITALS

“Baby-friendly” is a designation awarded by the World Health Organization and the United Nations Children’s Fund to hospitals worldwide that follow the “Ten Steps to Successful Breastfeeding.” Baby-friendly hospitals encourage and support breastfeeding by allowing mothers and babies to room together and by refusing to provide formula samples, advertisements or coupons to pregnant and postpartum women.

Women who do not initiate breastfeeding within the first few days after birth are unlikely to breastfeed their infants at all. In fact, the first few hours after birth are extraordinarily important for breastfeeding, since infants and mothers must learn together how to effectively attach and suckle. Hospital policies and procedures have a significant impact on whether mothers feel encouraged to begin breastfeeding. Babies born at baby-friendly hospitals are more likely to be breastfed because their mothers have access to nurses and lactation consultants, they are not fed formula unless there is a medical indication, and their parents do not receive incentives to formula feed such as free formula samples. Currently there are 77 baby-friendly hospitals in the United States.²

Employers have opportunities to encourage their employees to select a baby-friendly hospital. Here are some examples:

- Provide pregnant employees with a list of baby-friendly hospitals in their area. If there is no baby-friendly hospital within a reasonable distance of the woman’s home, provide information directly to her on the importance of breastfeeding and on what a new mother can do to ensure that she receives the breastfeeding support she needs while in the hospital.
- Reduce or eliminate maternity or inpatient co-pays/co-insurance for health plan beneficiaries who select a baby-friendly hospital as their maternity center.
- Provide cash or material incentives (e.g., a baby car seat) to employees who opt to give birth in a baby-friendly hospital.

Leave policies can also help support breastfeeding.

DISABILITY MANAGEMENT

In the United States, normal pregnancy is the cause of 21% of all short-term disability (STD) claims, and “pregnancy complications” (as a group of conditions) are the cause of 12% of long-term disability claims.³ Women on pregnancy-related disability, whether during the prenatal period or the postpartum period, should be sent educational materials on the importance of breastfeeding and information on breastfeeding support available in the workplace. Pregnant/postpartum women on disability should have regular contact with a case manager and should be receiving other health

education materials. Adding information on breastfeeding is a simple step that can have a dramatic impact on the health of women and their babies.

MATERNITY LEAVE

When women are on maternity leave, Family Medical Leave Act (FMLA) or another type of leave during the postpartum period, it is important that they receive information about breastfeeding support available at work. Women who work outside the home may be less likely to continue breastfeeding or to breastfeed exclusively. One reason for this is the perceived difficulty of combining work with breastfeeding: women with short or unpaid maternity leaves, or women who simply wish to return to the workforce as early as possible, may choose not to initiate breastfeeding at all because they believe it will be difficult or impossible to continue once they return to work. Simple and concise education materials, such as those provided in sections 8 and 9, can be sent to women while they are on leave. These materials should reinforce the importance of breastfeeding and explain the facilities and policies available in the workplace to support breastfeeding.

FLEXIBLE WORK ARRANGEMENTS

On-site childcare

On-site childcare, whether operated by the employer or a separate company, can facilitate breastfeeding.

Bring baby to work option

Some employers, especially those whose employees typically have private offices, allow women with young babies to bring them to work one or more days per week. While age limits vary, most employers with “bring-your-baby-to-work” policies allow women to bring infants younger than about 6 months. Under these policies, women are encouraged to breastfeed their babies directly in the privacy of their own offices. Babies under 6 months old are typically immobile (they don’t crawl or climb) and are less distracting (to their mothers and to other employees) than older infants.

Many women find it easier or more beneficial to directly breastfeed their infants rather than use a breast pump. Therefore, on-site childcare facilities and bring-your-baby-to-work programs have some advantages.

SUMMARY

Because women have different needs and preferences, it is important to provide a wide array of breastfeeding options. Employers who are not able to provide the full suite of on-site breastfeeding programs (e.g., nursing mothers’ room, lactation consultation services, education, etc.) should consider providing robust health care benefits such as those described above. These benefits can help employees initiate and sustain breastfeeding.

REFERENCES

1. Wight N. Donor human milk for preterm infants. *J Perinatol*. 2003;21:249-254.
2. Baby Friendly Hospital Initiative USA. *Baby-friendly hospital and birth centers*. Available at: <http://www.babyfriendlyusa.org/eng/o3.html>. Accessed September 16, 2008.
3. Unum. *Cancer remains top cause of Unum’s disability claims; research finds supportive workplace can aid recovery, May 1, 2008*. Available at: <http://www.unum.com>. Accessed July 23, 2008.

8 | Tools for Employers



8 | Tools for Employers

The following tools will help employers assess the need for a workplace breastfeeding program, plan a program, communicate the program to employees, and obtain feedback about the value of the program. Needs assessment and evaluation tools can assist in the creation of a comprehensive breastfeeding policy and provide a typical timeline for implementing a breastfeeding program. Communication tools are helpful in promoting your new or existing breastfeeding program and its benefits. These promotional materials can be used in newsletters, on bulletin boards, and in break areas.

NEEDS ASSESSMENT AND EVALUATION TOOLS

- Policy for Supporting Breastfeeding Employees
- Timeline for Implementing a Lactation Support Program
- Lactation Program Assessment Form
- Lactation Support Program Feedback Form for Supervisors and Colleagues
- Lactation Support Program Feedback Form for Breastfeeding Employees

COMMUNICATIONS MATERIALS

- Talking Points for Human Resources and Benefits Directors
- Drop-In Newsletter Communications

POLICY FOR SUPPORTING BREASTFEEDING EMPLOYEES

In recognition of the well-documented health advantages of breastfeeding for infants and mothers, [name of company] provides a supportive environment to enable breastfeeding employees to express their milk during work hours. This includes a company-wide lactation support program administered by [name of department].

[Name of company] subscribes to the following work site support policy. This policy shall be communicated to all current employees and included in new employee orientation training.

COMPANY RESPONSIBILITIES

Breastfeeding employees who choose to continue providing their milk for their infants after returning to work shall receive:

■ Milk Expression Breaks

Breastfeeding employees are allowed to breastfeed or express milk during work hours using their normal breaks and meal times. For time that may be needed beyond the usual break times, employees may use personal leave or may make up the time as negotiated with their supervisors.

■ A Place to Express Milk

A private room (not a restroom) shall be available for employees to breastfeed or express milk. The room will be private and sanitary, located near a sink with running water for washing hands and rinsing out breast pump parts, and have an electrical outlet. If employees prefer, they may also breastfeed or express milk in their own private office, or in other comfortable locations agreed upon in consultation with the employee's supervisor. Expressed milk can be stored [*in general company refrigerators/in designated refrigerators provided in the lactation room or other location/in employee's personal cooler*].

■ Breastfeeding Equipment

[Name of company] [*provides/subsidizes/rents*] electric breast pumps to assist breastfeeding employees with milk expression during work hours. The company provides [*a hospital grade pump that can be used by more than one employee and/or a portable personal use electric breast pump that the employee retains*] throughout the time the employee is breastfeeding. [*If using a standard hospital-grade pump, indicate whether the company provides/subsidizes a personal attachment kit or where the employee can purchase the kit.*] [*Indicate whether breast pumps are also available for partners of male employees.*]

■ Education

Prenatal and postpartum breastfeeding classes and informational materials are available for all mothers and fathers, as well as their partners.

■ Staff Support

Supervisors and managers are responsible for alerting pregnant and breastfeeding employees to the company's work site lactation support program and for negotiating policies and practices that will help facilitate each employee's infant feeding goals. It is expected that all employees will assist in providing a positive atmosphere of support for breastfeeding employees.

[List other components specific to your company's program]

EMPLOYEE RESPONSIBILITIES

■ Communication with Supervisors

Employees who wish to express milk during the work period shall keep supervisors and managers informed of their needs so that appropriate accommodations can be made to satisfy the needs of both the employee and the company.

■ Maintenance of Milk Expression Areas

Breastfeeding employees are responsible for keeping milk expression areas clean, using anti-microbial wipes to clean the pump and area around it. Employees are also responsible for keeping the general lactation room clean for the next user. This responsibility extends to both designated milk expression areas and other areas where milk may be expressed.

■ Milk Storage

Employees should label all milk expressed with their name and date collected so it is not inadvertently confused with another employee's milk. Each employee is responsible for proper storage of her milk using *[company provided refrigerator/personal storage coolers]*.

■ Use of Break Times to Express Milk

When more than one breastfeeding employee needs to use the designated lactation room, employees can use the sign-in log provided in the room to negotiate milk expression times that are most convenient or best meet their needs.

TIMELINE FOR IMPLEMENTING A LACTATION SUPPORT PROGRAM

Note: The actual time frame for implementing a lactation support program varies, and can be much shorter or longer depending on the size of the company and other internal or external factors. The steps of this process, however, are applicable to most companies.

MONTH 1

Initial Program Planning

- Review existing research about the value of a lactation support program.
- Talk to other employers who have implemented successful lactation programs.
- Identify potential stakeholders within the company and initiate dialogue about the program.
- Contact community resources to identify options for
 - Consultation in establishing the corporate program;
 - Formal and informal education for employees;
 - Direct lactation assistance for breastfeeding employees; and
 - Acquisition of breast pump equipment.

MONTH 2

Research

- Examine any company data related to employee absenteeism and turnover rates, numbers of female workers of childbearing age, maternity leave policies, etc.
- Identify employee needs and environmental constraints to breastfeeding within the company (either through a formal needs assessment or through dialogue with pregnant employees and women who are currently or were previously breastfeeding).

MONTH 3

Strategy Planning

- Convene a stakeholders' meeting with representatives from diverse departments to discuss the results of the data collection process and review options for
 - Milk expression break policies;
 - Constructing, renovating, or converting a designated space in the office into one or more lactation rooms;
 - Breast pump equipment;
 - Storage and handling of human milk; and
 - Gaining buy-in from other employees.
- Establish a mechanism for gathering baseline data that can later be used as a comparison for tracking program success.

MONTH 4

Program Development

- Present the program strategy to management and appropriate departments to gain approvals and buy-in.
- Assign a task force to begin program development.
- Begin development of a company-wide breastfeeding support policy.
- Process contracts and purchase orders required for program components, including
 - Facilities contractors;
 - Breast pumps;
 - Amenities for the lactation room;
 - Lactation consultation services; and
 - Educational and promotional materials.
- Complete the physical improvements needed for a lactation room.

MONTHS 4-5

Program Implementation

- Plan a coordinated approach to announce and promote the program.
- Inform department heads, managers and supervisors about the program.
- Conduct a brief training orientation about the program with current employees.

ONGOING

Program Tracking and Evaluation

- Establish a feedback system for breastfeeding employees, co-workers, and supervisors in order to gather ongoing input to help streamline the program.
- Communicate with supervisors and managers regarding the impact of the program.
- Review company absenteeism and turnover rates periodically to track the potential impact of the program.

EMPLOYER LACTATION PROGRAM ASSESSMENT FORM

| HUMAN RESOURCES | |
|---|--|
| Number of employed women of childbearing age (16-44) | |
| Percent of female employees employed full-time | |
| Number of male employees ages 16-44 | |
| Number of pregnancies among employees annually | |
| Breastfeeding rates of employees (if known) | |
| Current turnover rate among women who take maternity leave | |
| Current rates of absenteeism among new mothers and fathers | |
| COMPANY POLICIES | |
| What existing policies provide support services for breastfeeding employees? | |
| What is the company's maternity leave policy? Does the company provide FMLA or disability insurance for maternity leave? | |
| What policies allow for a gradual return to work following maternity leave? <input type="checkbox"/> Part-time employment <input type="checkbox"/> Job-sharing <input type="checkbox"/> Telecommuting <input type="checkbox"/> Flextime <input type="checkbox"/> Other _____ | |
| What break policies could be adapted to allow for milk expression breaks? | |
| What new policies would need to be developed to provide for lactation support? | |

PROGRAM COMPONENTS

| | |
|--|---|
| What department could likely serve as the administrative home for the lactation support program? | <input type="checkbox"/> Wellness division <input type="checkbox"/> Employee health unit <input type="checkbox"/> Human Resources <input type="checkbox"/> Personnel <input type="checkbox"/> Other _____ |
| What funding is available to support a lactation support program? | |
| What realistic options do women currently have for expressing milk in privacy during the work period (other than a restroom)? | <input type="checkbox"/> Personal office <input type="checkbox"/> Office of another employee <input type="checkbox"/> Designated lactation room <input type="checkbox"/> Other space |
| If no designated lactation room exists, what options might be available for a space with an electrical outlet that can be locked? | <input type="checkbox"/> Unused office space <input type="checkbox"/> Closet or other small space <input type="checkbox"/> A room created within another space <input type="checkbox"/> Other _____ |
| What type of breast pump equipment do breastfeeding employees currently receive? | <input type="checkbox"/> None—employees use their own breast pump equipment <input type="checkbox"/> Company purchases hospital-grade electric breast pumps <input type="checkbox"/> Company rents hospital-grade electric breast pumps <input type="checkbox"/> Company provides/subsidizes portable personal use pumps |
| Where do employees currently store breast milk that they express during work hours? | <input type="checkbox"/> Employee-provided cooler pack <input type="checkbox"/> Company-provided cooler pack <input type="checkbox"/> Small refrigerator designated for breast milk storage <input type="checkbox"/> Public shared refrigerator <input type="checkbox"/> Unknown |
| What educational materials are currently available for pregnant and breastfeeding employees? | <input type="checkbox"/> Prenatal/postpartum classes <input type="checkbox"/> Pamphlets <input type="checkbox"/> Books <input type="checkbox"/> Videos <input type="checkbox"/> Company website <input type="checkbox"/> Information about community resources <input type="checkbox"/> Other _____ |
| What community resources are available to assist in developing a lactation support program and/or to provide direct services to breastfeeding employees? | <input type="checkbox"/> Hospital or private clinic nurses <input type="checkbox"/> Lactation consultants at the hospital or in private practice <input type="checkbox"/> La Leche League group <input type="checkbox"/> Local breastfeeding coalition <input type="checkbox"/> Other groups |
| What in-house promotion options are available? | <input type="checkbox"/> Company newsletter <input type="checkbox"/> Memos/e-mails <input type="checkbox"/> Company website <input type="checkbox"/> Employee health fair <input type="checkbox"/> Other _____ |

LACTATION SUPPORT PROGRAM FEEDBACK FORM

For Supervisors and Colleagues of Breastfeeding Employees

As you know, the company provides a lactation support program to assist breastfeeding employees with providing their milk to their infants. We value your feedback on ways the program can continue to improve to meet the needs of all employees.

How many colleagues or employees under your supervision are you aware of who are currently participating in the company lactation support program? _____

Have you attended an employee orientation or training event on the program? yes no

How do you feel the following lactation program components have impacted the breastfeeding employee(s)?

| PROGRAM COMPONENTS | Positive Impact 3 | No Impact Observed 2 | Negative Impact 1 |
|--|----------------------|-------------------------|----------------------|
| Availability of a lactation room for milk expression | | | |
| Opportunity to breastfeed baby at work | | | |
| Flexible breaks for milk expression | | | |
| Flexible return to work policy (ex: part-time, job sharing, telecommuting, flex-time, etc.) | | | |
| Work site education opportunities such as prenatal classes and monthly support groups | | | |
| Other: _____ | | | |

How do you feel these same components impact the operation of your department?

| PROGRAM COMPONENTS | Positive Impact 3 | No Impact Observed 2 | Negative Impact 1 |
|--|----------------------|-------------------------|----------------------|
| Availability of a lactation room for milk expression | | | |
| Opportunity to breastfeed baby at work | | | |
| Flexible breaks for milk expression | | | |
| Flexible return to work policy (ex: part-time, job sharing, telecommuting, flex-time, etc.) | | | |
| Work site education opportunities such as prenatal classes and monthly support groups | | | |
| Other: _____ | | | |

Please describe what you feel works BEST about the company's lactation support program.

Please describe what may NOT be working well about the company's lactation support program.

What suggestions or ideas do you feel would help improve the program?

Other comments:

Name (*Optional*) _____

Position/Title (*Optional*) _____

Department (*Optional*) _____

LACTATION SUPPORT PROGRAM FEEDBACK FORM

For Breastfeeding Employees

Thank you for Participating in our Company Lactation Support Program!

Congratulations on continuing to breastfeed after your return to work! Please take just a few moments to complete this lactation support program feedback form to provide us with your suggestions on ways we can continue to improve services to breastfeeding employees. We urge you to continue to spread the news about the program to your pregnant and breastfeeding colleagues, as well.

How old was your baby when you returned to work? _____ months weeks

How long did you express milk at work for your infant? _____ months weeks

How long did you breastfeed or provide your milk for your infant?

_____ years months weeks

How old was your baby when you first introduced formula or drinks other than breast milk?

_____ months weeks days

How valuable were lactation program services to helping you meet your infant feeding goals? On a scale of 1-5, with 5 being “Extremely Valuable” and 1 being “Did not Participate.”

| | Extremely Valuable 5 | Valuable 4 | Somewhat Helpful 3 | Not Helpful 2 | Did not Participate 1 |
|--|-------------------------|---------------|-----------------------|------------------|--------------------------|
| MILK EXPRESSION ROOM | | | | | |
| Company-designated lactation room | | | | | |
| Private office | | | | | |
| Other location: (please indicate) _____ | | | | | |
| Breastfed baby at work | | | | | |

| | Extremely Valuable 5 | Valuable 4 | Somewhat Helpful 3 | Not Helpful 2 | Did not Participate 1 |
|---------------------------------|-------------------------|---------------|-----------------------|------------------|--------------------------|
| MILK STORAGE | | | | | |
| Company-designated refrigerator | | | | | |
| Public shared refrigerator | | | | | |
| Personal Cooler | | | | | |

| | Extremely Valuable 5 | Valuable 4 | Somewhat Helpful 3 | Not Helpful 2 | Did not Participate 1 |
|---|-------------------------|---------------|-----------------------|------------------|--------------------------|
| BREAST PUMP EQUIPMENT | | | | | |
| Company-provided or -subsidized breast pump | | | | | |
| Personal breast pump at home or work | | | | | |

| | Extremely Valuable 5 | Valuable 4 | Somewhat Helpful 3 | Not Helpful 2 | Did not Participate 1 |
|--|-------------------------|---------------|-----------------------|------------------|--------------------------|
| EDUCATION | | | | | |
| Prenatal breastfeeding class taught at work | | | | | |
| Pamphlets and videos provided by company | | | | | |
| “Back to work” class before or after returning to work | | | | | |
| Access to company-provided lactation consultant or health professional for personal lactation assistance | | | | | |

| | Extremely Valuable 5 | Valuable 4 | Somewhat Helpful 3 | Not Helpful 2 | Did not Participate 1 |
|--------------------------------|-------------------------|---------------|-----------------------|------------------|--------------------------|
| SUPPORT | | | | | |
| Support from supervisor | | | | | |
| Support from colleagues | | | | | |
| Mother-to-mother support group | | | | | |

Which lactation support services did you find most helpful?

What worksite challenges made it more difficult to reach your infant feeding goals?

What recommendations do you feel the company should consider to further improve the program?

If you marked “Did not Participate” for any of the answers above, please indicate your reason(s) for not participating:

Other comments:

Name (*Optional*) _____

Position/Title (*Optional*) _____

Department (*Optional*) _____

CORPORATIONS & LACTATION SUPPORT

TALKING POINTS FOR HUMAN RESOURCES AND BENEFITS DIRECTORS

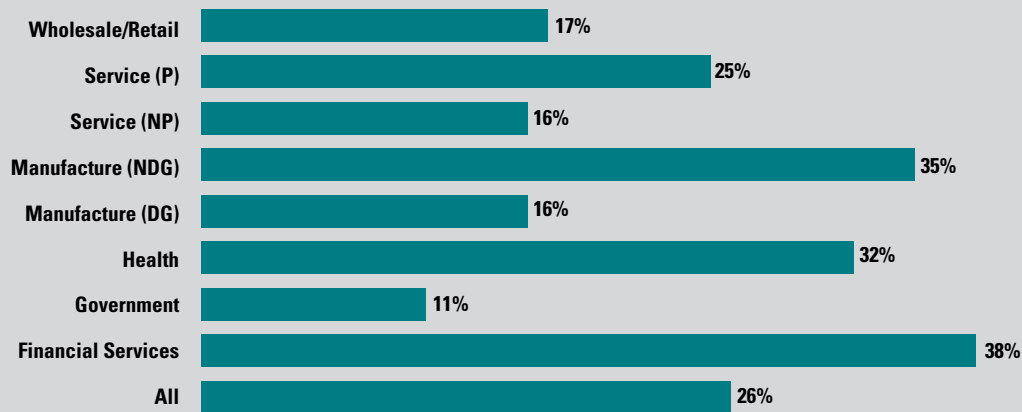
WOMEN IN THE WORKFORCE

- Mothers are the fastest growing segment of the U.S. workforce.¹
- In the past 20 years, the percentage of new mothers in the workforce has increased by more than 80% (current level 60%).²

BREASTFEEDING & WORKING MOTHERS

- Working outside the home negatively affects initiation and duration of breastfeeding.¹
- 1/3 of working mothers return to work within 3 months of the birth of their child and 2/3 return within 6 months.¹
 - Only 18% of employers offer paid maternity leave (other than short-term disability).³

Lactation Program Benefits By Industry



Source: Society for Human Resource Management. *2007 Benefits Survey Report*. Available at: <http://www.shrm.org>. Accessed April 17, 2008.

BREASTFEEDING BENEFITS

Lower short-term risk of:⁴

CHILD

- Ear infections
- Respiratory infections
- Dermatitis
- Gastrointestinal disorders

MOTHER

- Weight gain
- Maternal postpartum depression

Lower long-term risk of:⁴

CHILD

- Asthma (young children)
- Obesity
- Type 1 and 2 Diabetes

MOTHER

- Cancers (breast, ovarian, endometrial)
- Type 2 Diabetes
- Osteoporosis

BREASTFEEDING PROGRAM BENEFITS

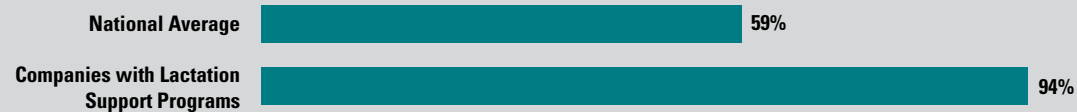
- Improves retention.
- Mitigates lost productivity / absenteeism.
 - One-day absences to care for sick children occur twice as often for mothers of formula-fed infants.⁶
 - Earlier return from maternity leave.
- Higher employee loyalty.
- Recognition as a “family friendly” business.

Lower Health Care Costs

- Health insurance studies have documented that infants who are exclusively breastfed for three months or longer have overall health care costs that are \$300-\$400 less per year than infants who are bottlefed.²
- CIGNA reported in a two-year study of 343 employees an annual savings of \$240,000 in health care expenses and \$60,000 in reduced absenteeism rates, as well as 62% fewer prescriptions.⁷

Retention

Retention Rate for Employees of Companies with Lactation Support Programs



Source: Ortiz J, McGilligan K, Kelly P. Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatr Nurs.* 2004 Mar-Apr;30(2):111-9.

Lower Absenteeism & Turnover Rates

- One-day absences to care for sick children occur more than twice as often for mothers of formula-feeding infants.⁶
- A study of multiple companies with lactation support programs found an average retention rate of 94%.⁸

EMPLOYER CASE EXAMPLES

- Aetna estimated that implementing a lactation program saved the company \$1,435 in medical claims per breastfed infant during the first year of life. Total claims savings = \$108,737/ ROI of 3 to 1.⁹
- CIGNA's Working Well Moms Program saw a savings of \$300,000 in annual health care expenses for breastfeeding mothers and their children. The program also reduced absenteeism among breastfeeding mothers.³

BASIC NEEDS OF BREASTFEEDING EMPLOYEES ARE MINIMAL

- Time and space to express milk regularly.
- Support from supervisors and colleagues.
- Information on how to successfully combine breastfeeding with employment.
- Access to health professionals who can assist with breastfeeding questions and concerns.

Employer Support of Gradual Return to the Workplace

BASIC NEEDS

- Gradual phase back into work to allow mother and baby time to adjust to the separation.

FLEXIBLE OPTIONS

- Part-time for a period of time.
- Job sharing.
- Telecommuting.
- Flexible scheduling (e.g., taking off Wednesdays for a period of time).

Private Room for Milk Expression

BASIC NEEDS

- 4'x 5' minimal space.
- Access to nearby running water.
- Electrical outlet.
- Lock on door.
- A restroom is NOT a sanitary place to breastfeed or express milk!

FLEXIBLE OPTIONS

- Private locked office, conference room, or other space.
- Lactation room set up in small office space.
- Construct walls to enclose a small space in a larger room or other area.

Room Amenity Options

- Lock on door.
- Safe, clean environment.
- Chair and shelf or table for breast pump.
- Access to nearby running water.
- Breast pump equipment options:
 - Employee could bring her own.
 - Company could purchase or rent a durable pump that more than one mother can use.
 - Company could provide or subsidize a portable pump designed for working mothers to take to and from work.

Time to Express Milk

BASIC NEEDS

- Two to three 15-20 minute breaks during a typical 8-hour work period (plus time to go to the site).

FLEXIBLE OPTIONS

- Use regular allotted breaks and lunch period.
- Excess time that may be needed can be made up before or after work, as part of lunch period, or at other times negotiated with supervisors.

Milk Storage Options

- Employee could use her own personal cooler.
- Company could provide a small college dorm room-sized refrigerator for the lactation room.
- A public shared refrigerator could be used if desired by mothers and co-workers.

Education

BASIC NEEDS

- Prenatal information on breastfeeding.
- Postpartum assistance in the hospital, at home, and back at work.

FLEXIBLE OPTIONS

- Prenatal and postpartum breastfeeding class.
- Informational materials and videos.
- Company contract with a lactation expert to provide education and assistance.
- Individualized back-to-work consult with the contract lactation expert.
- Referrals to community classes and lactation experts.

Support

BASIC NEEDS

- Support from company managers, supervisors, and co-workers.
- Mother-to-mother support.

FLEXIBLE OPTIONS

- Worksite lactation support policy.
- Training for supervisors and co-workers.
- Mother-to-mother support group.
- Electronic Listservs or company web-based connection network.

BEGINNING A LACTATION SUPPORT PROGRAM IN YOUR COMPANY

- Establish as part of company health benefit services.
- House within the wellness division.
- Convene a task force with key company stakeholders to identify needs and solutions.
- Gain assistance from community resources.
- Promote the program with all employees, supervisors, and co-workers to gain leadership and support.

WHO CAN HELP

- International Board Certified Lactation Consultants (IBCLCs).
- Health professionals from hospitals or doctor's offices.
- Local breastfeeding coalitions.
- La Leche League.
- Community groups such as March of Dimes, Healthy Mothers Healthy Babies, and other local groups.

References

1. United States Breastfeeding Committee. *Workplace breastfeeding support* [issue paper]. Raleigh, NC: United States Breastfeeding Committee; 2002.
2. U.S. Department of Labor Women's Bureau. Employment status of women and men in 2008. Available at: http://www.dol.gov/wb/factsheets/Qf-ESWMo8_txt.htm. Accessed May 15, 2009.
3. Society for Human Resource Management. *2007 Benefits Survey Report*. Available at: <http://www.shrm.org>. Accessed April 17, 2008.
4. Department of Health and Human Services, Office on Women's Health. *HHS Blueprint for Action on Breastfeeding*. Washington, DC: Office on Women's Health; 2000.
5. Ball TM, Wright, A. (1999). Health care costs of formula-feeding in the first year of life. *Pediatrics*, 103(4):871-876.
6. Cohen R, Mrtek MB, Mrtek RG. (1995). Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. *American J of Health Promotion*, 10(2):148-153.
7. Dickson V, Hawkes C, Slusser W, Lange L, Cohen R, Slusser W. (2000). The positive impact of a corporate lactation program on breastfeeding initiation and duration rates: help for the working mother. Unpublished manuscript. Presented at the Annual Seminar for Physicians on Breastfeeding, Co-Sponsored by the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and La Leche League International. Chicago, IL: July 21, 2000.
8. Ortiz J, McGilligan K, Kelly P. (2004). Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatric Nursing*, 30(2):111-119.
9. American Academy of Family Physicians. Summary of Policy Recommendations for Periodic Health Examinations. AAFP Policy Action. Revision 6.0; August 2005.

DROP-IN NEWSLETTER COMMUNICATIONS

#1 - INITIAL PROGRAM ANNOUNCEMENT

MERGING MOTHERHOOD AND WORK: NEW LACTATION PROGRAM ANNOUNCED

[*Name of Company*] announces plans to establish a lactation support services program for female employees and partners of male employees who choose to breastfeed their new babies. The program will be established as part of the company's health benefit program.

Lactation support programs are a growing trend in businesses today as a means of improving family services to employees. More than 70% of new mothers now breastfeed their infants because of the proven health benefits to both infants and mothers. Research shows that breastfed infants are significantly less likely to suffer from illnesses, infections and obesity. Mothers who breastfeed also enjoy significant health benefits, including faster recovery from pregnancy and reduced risk of breast cancer and osteoporosis. The American Academy of Pediatrics recommends that infants receive nothing but breast milk for the first 6 months of life, and continued breast milk for at least a year or more.

Corporate lactation programs have been proven to help mothers continue to provide their milk for their infants. These programs often include designated lactation rooms for milk expression during work hours, access to efficient breast pump equipment, education programs, and access to health professionals who can assist with questions and concerns.

If you are a pregnant or breastfeeding employee, we invite you to submit your ideas for services that will be most helpful. Any employee who would like to provide input into the process is invited to contact [*name of department/contact person*] with suggestions. A task force will be convened to identify needs, review suggestions, and discuss the best approach for our company. Contact our office if you would like to be a part of this task force.

#2 - PROGRAM LAUNCH ANNOUNCEMENT

NEW LACTATION HEALTH BENEFIT SERVICES ANNOUNCED

[Name of Company] announces the launching of a lactation support program for breastfeeding women who wish to continue providing their milk for their infants after they return from maternity leave.

The lactation support program is part of the company's health benefit services, and was developed following careful planning and review of suggestions from employees. The program includes:

- A designated safe, private area for expressing milk during work hours. The room is located [give location]
- Access to an electric breast pump for quick and efficient milk removal [describe the type of pump and milk collection kit available]
- Educational materials and classes [indicate date, time, and location]
- Monthly support group meeting [indicate date, time and location]
- Access to a lactation consultant for assistance with breastfeeding.

Research shows that supporting breastfeeding employees is a WIN-WIN for everyone. Breastfeeding is recommended by all major medical organizations as the optimal way to feed infants because of its significant health advantages. Breastfeeding is also healthier for mothers—for example, it lowers the risk of breast cancer and speeds recovery from pregnancy. This all translates into positive benefits for companies, including lower health care costs.

[Name of company] is proud to join hundreds of other businesses across America who provide lactation support for their employees. We are pleased that our breastfeeding employees can successfully merge their important priorities of family and work through onsite lactation support, and we urge supervisors and co-workers to lend their support.

#3—EDUCATIONAL EVENT ANNOUNCEMENT

MAKING IT WORK: BREASTFEEDING AND WORK CLASSES OFFERED

The [name of department] announces new educational classes on breastfeeding and working for expectant mothers and fathers. The following classes are available:

PREPARING FOR BABY

- How to get a good start with breastfeeding;
- Basic breastfeeding techniques; and
- How to work breastfeeding into your work life.

Date: _____

Time: _____

Location: _____

BACK TO WORK

- How to use a breast pump;
- Setting up a workable milk expression schedule;
- Storing milk;
- Maintaining a good milk supply; and
- Talking with colleagues and supervisors about your needs.

Date: _____

Time: _____

Location: _____

Classes are taught by [name of instructor, credentials, and organization] and are open to all expectant or new mothers and fathers. Partners are also welcome to attend. For more information, contact [name of contact/department].

9 | Information for Breastfeeding Employees



9 | Information for Breastfeeding Employees

WHERE TO FIND BREASTFEEDING HELP AND SUPPORT

- Your health care provider
- Lactation consultants in your community www.ilca.org
- La Leche League International 1-800-LALECHE or www.llli.org
- U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) www.mchb.hrsa.gov/
- U.S. Department of Health and Human Services (HHS)/Office on Women’s Health 1-800-994-WOMAN (9662) or www.womenshealth.gov
- Pumping Mothers’ Support—www.pumpingmoms.org
- Working and Pumping—www.workandpump.com
- March of Dimes—www.marchofdimes.com
- Healthy Mothers Healthy Babies Coalition—www.hmhb.org/

GETTING STARTED WITH BREASTFEEDING

DURING PREGNANCY

- Pregnancy is the best time to prepare for breastfeeding and returning to work.
- Attend prenatal classes which may be available at your hospital, workplace or private physician clinic.
- Attend La Leche League meetings to learn more about how to combine breastfeeding and employment.
- Talk with your supervisor to discuss your plans to breastfeed. Find out if your company provides a lactation support program for employees and, if not, ask about a private area where you can comfortably and safely express milk.

DURING YOUR MATERNITY LEAVE

- Take as many weeks off as you can. At least six weeks helps you recover from childbirth and establish breastfeeding. Taking 12-16 weeks is even better.
- Focus on your baby during this time and make time to rest for 20-30 minutes every few hours. Housework can wait or be taken on by other family members and friends.
- Practice expressing your milk by hand or with a quality breast pump, and freeze one to two ounces at a time to save for your baby after you return to work. This also helps you build up your milk supply. Choose times during the day when you seem to have the most milk. For many women, this is early in the morning. Some women express milk during or after their baby nurses since the milk has already “let down” and flows easily.
- Be patient with yourself. It takes time for both you and your baby to adjust to your new lives together. Follow your baby’s cues for when and how long to breastfeed, and enjoy this special time together.

- Help your baby adjust to taking breast milk from a bottle (or cup for infants older than 3-4 months) shortly before you return to work. Because babies are used to nursing with Mom, they usually drink from a bottle or cup when offered by somebody else.
- Talk with your family and your childcare provider about your progress and your intent to continue breastfeeding, and let them know you are counting on their support and help.

BACK AT WORK

RETURN TO WORK GRADUALLY

Talk with your supervisor about options that have worked for other women.

- Start back to work part-time for a brief period before working full-time.
- Work from home or combine working at home and at work.
- Go back to work on a Thursday or Friday or just before one to two days off, depending on your work week. This gives you and your baby a shorter separation period so that you can adjust to being away from each other before you go back to work full-time.
- Take Wednesdays off for a few weeks for a mid-week break, and breastfeed on your baby's schedule to rebuild your milk supply.
- Work a split shift, with a long break in the middle of the day to go home and be with your baby. This can work well for hospitality workers.
- Consider using childcare close to work so you can visit and breastfeed your baby, if feasible, based on your work schedule.
- When you arrive to pick up your baby from childcare, take time to breastfeed first. This will give you both time to reconnect before traveling home and returning to other family responsibilities.
- While age limits vary, some employers have a “bring-your-baby-to-work” policy. This policy allows women to bring infants younger than 6 months to work so they can breastfeed during the day. Check with your employer to see if they have a “bring-your-baby-to-work” policy or if they might be willing to begin one. Learn more at www.babiesatwork.org.

GET A QUALITY BREAST PUMP

A good-quality double electric breast pump may be your best strategy for efficiently removing milk during the workday. Contact your local hospital or public health department to find out where to buy or rent a good pump. Electric pumps that allow you to express milk from both breasts at the same time reduce pumping time. Find out if your company insurance policy provides partial or full coverage for the cost of a breast pump.

IDENTIFY A PRIVATE PLACE TO EXPRESS MILK

Work with your supervisor to determine a private place to express your milk. Many companies provide a lactation program with a dedicated private lactation room for expressing milk.

- If, during pregnancy, you find out that your company does not provide a private lactation room, identify a temporary private area you can use. Ideas: an employee office with a door, a conference room, or a little-used closet or storage area. The basic essentials are that the room is private, can be locked when in use, and has an electrical outlet if you are using an electric breast pump.
- Explain to your supervisor that it is best not to express milk in a restroom. Restrooms are unsanitary and there are usually no electrical outlets. It can also be difficult to manage a pump in a toilet stall.

WHEN TO EXPRESS MILK

During a typical eight-hour work period, express milk for about 10-15 minutes two or three times. Remember that in the first months of life, babies need to breastfeed 8 to 12 times in 24 hours. So you need to express and store milk when you are away from your baby during usual feeding times. This will maintain a sufficient amount of milk for your childcare provider to feed your baby while you are at work. The number of times you need to express milk at work should be the same as the number of feedings your baby will need while you are away. As the baby gets older, the number of feeding times may decrease. When babies are around 6 months old and begin solid foods, they often need to feed less often. Many women use their regular breaks and lunch period to pump. Others talk with their supervisor about coming in early and/or staying late to make up the time needed to express milk. It usually takes 15 minutes to express milk, plus time to get to and from the lactation room.

SAMPLE PUMPING SCHEDULE AT WORK

Traditional 8-hour work period:

| | | | | |
|--------------------------------|---|--|--|--------------------------------|
| 8:00 a.m. Begin work | 9:45-10:00 a.m. Use break to express milk | 12:00 noon Take allowed lunch period to express milk | 2:30-2:45 p.m. Use break to express milk | 5:00 p.m. Leave work |
|--------------------------------|---|--|--|--------------------------------|

STORING YOUR MILK

Because your milk is full of antibodies that fight germs and bacteria, it can be safely stored and given to the baby later. Breast milk is food, so it is safe to keep in an employee refrigerator or a cooler with ice packs. Discuss with your supervisor the best place for you to store your milk. If you work in a medical field, do not store milk in the same refrigerators as medical specimens. Be sure to label the milk container with your name and the date you expressed the milk.

Storage Duration of Fresh Human Milk for Use with Healthy Full Term Infants

| LOCATION | TEMPERATURE | DURATION | COMMENTS |
|---|---------------------------------------|-------------|--|
| Countertop, table | Room temperature (up to 77°F or 25°C) | 6–8 hours | Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler. |
| Insulated cooler bag | 5-39°F or -15-4°C | 24 hours | Keep ice packs in contact with milk containers at all times, limit opening cooler bag. |
| Refrigerator | 39°F or 4°C | 5 days | Store milk in the back of the main body of the refrigerator. |
| Freezer compartment of a refrigerator | 5°F or -15°C | 2 weeks | Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality. |
| Freezer compartment of refrigerator with separate doors | 0°F or -18°C | 3–6 months | |
| Chest or upright deep freezer | -4°F or -20°C | 6–12 months | |

Source: Centers for Disease Control and Prevention. *Proper handling and storage of human milk: Academy of Breastfeeding Medicine storage duration of fresh human milk for use with healthy full term infants guidelines*. Available at: http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm. Accessed May 4, 2009.

GETTING SUPPORT FOR BREASTFEEDING

Approaching Your Supervisor

Most employers are happy to provide the support you need, as long as they know what your needs are and how important it is for you to have their support. If your company does not have a breastfeeding support program, it could be that no one has asked for one.

- Breastfeeding is the healthiest choice for your baby, resulting in fewer illnesses, infections, and certain types of skin irritations (dermatitis). It also helps you recover from pregnancy and may reduce your risk of certain types of cancer. Be sure to discuss these important reasons to breastfeed with your supervisor.
- Your supervisor may not know what you need to continue breastfeeding. Simply explain your basic needs for privacy and flexible breaks to express milk.
- If you are uncomfortable talking about your breastfeeding needs in person, consider writing a letter or memo first. This also documents your need for support and gives your supervisor time to think about your needs before you discuss it together.
- Show how meeting your breastfeeding needs will benefit the company.
 - Employees are less likely to miss work to take care of a sick baby because the baby is healthier. (This is true for both moms and dads.)
 - Health care costs are lower since both baby and mother are healthier.
 - Employees who receive support for breastfeeding are happier and more productive.
- Explain that you are committed to keeping the milk expression area clean when you are through, storing your milk properly, and not taking longer than necessary for milk expression breaks.
- Be prepared. Consider possible concerns your supervisor might have and offer solutions. Be a team member. Be sensitive to the issues that are important to your company, and show how supporting your efforts to breastfeed can help you both accomplish your goals.
- Be sure to show your appreciation for efforts made by your supervisor to support your breastfeeding.

Dealing with Co-workers

- Seek to understand co-workers' concerns and work together to find solutions.
- Let co-workers know that breastfeeding is not only the healthiest choice for you and your baby; it also helps lower the company's health care costs.
- If other workers do not understand the breaks you are taking to express milk, remind them that you are using allowed breaks and making up any additional time you miss.

Finding Other Breastfeeding Mothers

- Seek out other breastfeeding mothers at work and share experiences and tips through e-mail or even a monthly lunchtime mothers' support meeting. If there are no other breastfeeding women at work, ask your local hospital for information about local mothers' groups.

RESOURCES

American Academy of Pediatrics (AAP)

American Academy of Pediatrics' breastfeeding initiative contains a resource guide with websites and publications—from both AAP and other organizations—for families about breastfeeding.

www.aap.org/breastfeeding/

La Leche League International

La Leche League was founded to give information and encouragement, mainly through individual help, to all mothers who want to breastfeed their babies, while complementing the care of the physician and other health care professionals. Its website offers numerous publications, including books, pamphlets and articles on breastfeeding, parenting, and managing employment with breastfeeding. La Leche League mothers' groups are located in many areas throughout the country.

www.llli.org or 1-800-LALECHE

March of Dimes

The March of Dimes' mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. The website also contains educational information about breastfeeding strategies, pictorial guides, and support groups. Local March of Dimes chapters may also be a helpful resource.

www.marchofdimes.com

MyPyramid for Pregnancy and Breastfeeding

This website has nutrition tools to help mothers eat right during pregnancy and lactation.

www.mypyramid.gov/mypyramidmoms/

U.S. Department of Health and Human Services/Office on Women's Health

Downloadable information sheets on breastfeeding. A toll-free telephone information line is also available (800-994-9662), staffed by operators who are trained peer counselors. "Easy Guide to Breastfeeding" booklets, offered as free downloads, are tailored for five different audiences (white, African-American, American Indian and Alaska Native, Chinese and Latina).

www.womenshealth.gov

10 | Resources



10 | Resources

COMMUNITY RESOURCES

Local Health Care Professionals

Contact your local hospital or private clinic for names of practitioners who may be available to consult with you in establishing your program or providing direct services to employees. These may include childbirth instructors, lactation consultants, nurses, pediatricians, family physicians, obstetricians, nurse practitioners, nurse midwives and others.

International Board Certified Lactation Consultants (IBCLCs)

The International Lactation Consultant Association (ILCA) publishes an online directory of International Board Certified Lactation Consultants available to assist mothers with breastfeeding. IBCLCs are health care professionals who specialize in breastfeeding techniques and management. IBCLCs may also be available to provide technical assistance to your company in setting up a lactation program.

www.iblce.org

International Board of Lactation Consultant Examiners (IBLCE)

The primary purpose of the International Board of Lactation Consultant Examiners is to benefit the public by setting standards for the lactation consultant profession. Its website contains information on the credential and discusses ways that a lactation consultant can help families with breastfeeding.

www.iblce.org/

International Lactation Consultant Association (ILCA)

The professional association for IBCLCs includes a national affiliate, the United States Lactation Consultant Association (USLCA), and numerous state and regional affiliates across the country that are highly active in community-level breastfeeding promotion and support. Local affiliate groups may be available to assist work sites with establishing a lactation support program and can help you identify qualified individuals to provide direct assistance to breastfeeding employees. ILCA has a detailed directory of lactation consultants by zip code, available at www.ilca.org.

Breastfeeding Coalitions

Most states have a state and/or local breastfeeding task force or coalition composed of health professionals and community leaders who promote and support breastfeeding. Assisting local work sites with lactation support for employees is within the mission of many of these groups. Contact your local hospital, local lactation consultant or La Leche League group to find out what is available in your area. A state/territory breastfeeding coalition directory with websites and contact information is available at the website of the United States Breastfeeding Committee at

www.usbreastfeeding.org/State-Coalitions/coalitions-directory.html

La Leche League International

La Leche League was founded to give information and encouragement, mainly through individualized help, to all mothers who want to breastfeed their babies, while complementing the care of the physician and other health care professionals. Its website includes numerous publications, including books, pamphlets, and articles on breastfeeding, parenting, and managing employment with breastfeeding. La Leche League mothers' groups are located in many areas throughout the country. To find state-by-state listings of La Leche League leaders and groups as well as a complete state-by-state listing of legislation regarding breastfeeding (including laws supporting working women), please visit www.llli.org or call 1-800-LALECHE.

U.S. GOVERNMENT AGENCIES

U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB)

A HRSA Information Center and two MCHB websites (www.mchb.hrsa.gov/pregnancyandbeyond/depression/default.htm) (www.ask.hrsa.gov/) offer a broad array of resources for women, teens, children, infants, families and their health care providers. The national "Business Case for Breastfeeding" project includes a resource kit and individual components for both employers and mothers, available free of charge at the HRSA Information Center at www.ask.hrsa.gov/ or by calling 1-888-ASK-HRSA.

U.S. Centers for Disease Control and Prevention (CDC)

The comprehensive CDC website includes the most up-to-date recommendations, statistics and research on breastfeeding. It also contains helpful links and resources related to working and breastfeeding.

www.cdc.gov/breastfeeding

U.S. Department of Health and Human Services/Office on Women's Health

The National Women's Health Information Center (NWHIC) is a reliable and current information resource on women's health today. Guidelines for workplaces on the breastfeeding support that new mothers need are included in a "Blueprint for Action on Breastfeeding," media materials, and downloadable information sheets on breastfeeding. "Easy Guide to Breastfeeding" booklets, offered as free downloads, are tailored for five different audiences (white, African-American, American Indian and Alaska Native, Chinese and Latina).

www.womenshealth.gov

NATIONAL AND INTERNATIONAL ORGANIZATIONS

America's Health Insurance Plans (AHIP)

America's Health Insurance Plans is a national association representing members who provide health benefits to more than 200 million Americans. AHIP advocates on behalf of health insurance plans. It also conducts education, research and quality assurance programs. An AHIP program entitled "Advancing Issues in Women's Health: Health Plans' Innovative Programs in Breastfeeding Promotion" is available free at

www.ahip.org

Healthy Mothers/Healthy Babies Coalition (HMHB)

The National Healthy Mothers, Healthy Babies Coalition publishes information about maternal and child health issues from preconception to early childhood, relevant both in the United States and internationally. HMHB provides fact sheets in many languages on various topics, as well as links to local organizations.

www.hmhb.org

United States Breastfeeding Committee (USBC)

The USBC’s mission is to improve the nation’s health by working collaboratively to protect, promote and support breastfeeding. It produces downloadable “issue papers” on the cost benefits of breastfeeding and the importance of work site and childcare support programs.

www.usbreastfeeding.org

STATE AND LOCAL ORGANIZATIONS

National Conference of State Legislatures (NCSL)

The National Conference of State Legislatures is a bipartisan organization that serves the legislators and staffs of the nation’s 50 states, its commonwealths and territories. NCSL provides research, technical assistance, and opportunities for policymakers to exchange ideas on the most pressing state issues. Its website covers many health topic areas at the state level and includes a 50-state summary of breastfeeding laws.

www.ncsl.org

RESOURCES FOR MOTHERS—MATERIALS

U.S. Department of Health and Human Services/Office on Women’s Health

Downloadable information sheets on breastfeeding. A toll-free telephone information line is also available (800-994-9662), staffed by operators who are trained peer counselors. “Easy Guide to Breastfeeding” booklets, offered as free downloads, are tailored for five different audiences (white, African-American, American Indian and Alaska Native, Chinese and Latina).

www.womenshealth.gov

March of Dimes

The March of Dimes’ mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. The website also contains educational information on breastfeeding strategies, pictorial guides, and a listing of support groups. Local March of Dimes chapters may also be a helpful resource.

www.marchofdimes.com

OTHER IMPORTANT ORGANIZATIONS

Academy of Breastfeeding Medicine (ABM)

A worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation. A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success.

www.bfmed.org/

American Academy of Pediatrics (AAP)

Provides general information related to child health and more specific guidelines concerning pediatric issues. The Academy has many programs and activities, including policy statements and practice guidelines, publications, and other child health resources.

www.aap.org/

American Academy of Family Physicians (AAFP)

The American Academy of Family Physicians is one of the largest national medical organizations, representing family physicians. Resources on its website include information on immunizations and on issues facing family physicians. The Family Doctor site provides easy-to-understand information on a variety of health topics relevant to men, women and children.

www.aafp.org and www.familydoctor.org

American College of Obstetrics and Gynecologists (ACOG)

The American College of Obstetrics and Gynecologists is a nonprofit organization of women's health care physicians. Its website provides information on a wide variety of women's and children's health topics, such as adolescent health, health disparities, perinatal HIV, women with disabilities and smoking cessation.

www.acog.org

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

AWHONN provides professional resources and support for nurses and evidence-based care to support women throughout the lifespan as well as newborns.

www.awhonn.org

National Association of Pediatric Nurse Practitioners (NAPNAP)

NAPNAP promotes optimal health for children through leadership, practice, advocacy, education and research.

www.napnap.org

The World Alliance for Breastfeeding Action (WABA)

The World Alliance for Breastfeeding Action promotes breastfeeding globally and provides contacts for breastfeeding groups in many countries as well as information about breastfeeding in the workplace, breastfeeding and HIV, and other issues.

www.waba.org.my



**National
Business
Group on
Health**

CENTER FOR PREVENTION
AND HEALTH SERVICES

50 F Street NW, Suite 600 • Washington, DC 20001

Phone (202) 628-9320 • Fax (202) 628-9244 • www.businessgrouphealth.org

This initiative was generously funded by a grant from the U.S. Department of Health and Human Services Office on Women's Health and the Health Resources and Services Administration's Maternal and Child Health Bureau Grant No. G96MCo4447.