Making it Work:

*Improving Worksite Support for Breastfeeding Mothers*

Presented by: Cathy Carothers, IBCLC, FILCA
Every Mother, Inc.
cathy@everymother.org

**Objectives:**
1. Identify at least two ways to help breastfeeding moms prepare for their return to work.
2. List at least two solutions for facilitating worksite support for moms; and
3. Describe strategies for empowering breastfeeding moms to approach employers for breastfeeding support at work.

**Profile of Working Women**
- National legislation in the United States under the Affordable Care Act requires employers to provide hourly workers with reasonable time and private space that is not a bathroom to express milk during the work period. (*DOL, Bureau of Labor Statistics*)
- Today nearly 60% of women are in the workforce in the United States, and similar figures are seen in many developed countries across the world.
- Women with children are the fastest growing segment of the work force. Today in the U.S., 71.4% of women with children are in the work force, and 56% of women with infants under the age of one are in the work force. (*DOL, Bureau of Labor Statistics*)

**North Carolina Statistics**
- Infant mortality rates are indicators that measure the health and well-being of a population.
- In North Carolina, the state infant mortality rate in 2014 was 7.08 deaths per 1,000 births. The national rate is 5.82.
- There are wide variations, however, showing that in some counties the infant mortality rate is much higher...up to 17.8 per 1,000 live births.
- It should also be noted that the infant mortality rates are nearly twice as high for African American babies compared to Caucasian babies.
- Breastfeeding rates in North Carolina also tend to be much lower for African American mothers compared to Caucasian, Hispanic, and Asian mothers. Because breastfeeding rates have been linked to infant mortality rates, this poses grave concerns for health educators to seek solutions to help women continue breastfeeding more exclusively and for longer durations...especially after they return to work.
Common Barriers to Breastfeeding Among Employed Women

- Around 80% of breastfeeding women discontinue breastfeeding within the first month back at work. (Cardenas 2005)
- Challenges include:
  - Short maternity leave
  - Emotional and physical demands
  - Lack of support from family
  - Lack of accommodations in the workplace
  - Lack of support from employer and co-workers
- Emotional challenges include role conflicts, competing demands, fatigue, sadness, and guilt.

Barriers of Low-Wage Earners

For women working in low-wage jobs, additional challenges can make breastfeeding difficult, including:

- Earlier return to work
- Faster return to work among African American mothers
- Job settings that are not conducive to milk expression or breastfeeding
- Lack of job autonomy and flexibility
- Erratic work schedules and nonstandard hours
- Lack of job security; perception that women are replaceable (therefore leading to hesitancy bringing up breastfeeding needs with supervisors)

<table>
<thead>
<tr>
<th>Job Reality</th>
<th>Low-Wage Earners</th>
<th>Middle Income Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can Take Off to care for Sick Child</td>
<td>24%</td>
<td>54%</td>
</tr>
<tr>
<td>Have a say in when to take breaks</td>
<td>33%</td>
<td>57%</td>
</tr>
<tr>
<td>Have a say in the start/ quitting time</td>
<td>12%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Health Impact of Low-Wage Environments

- Increases in chronic diseases
- Fewer health benefits and paid sick leave
- Increased levels of stress
- Increased perception of fatigue
- Resource: *Nickel and Dimed* (Ehrenreich 2001)
Findings from the New York Department of Health

Mothers:

- WIC mothers are not aware of their rights under either the Federal or New York state nursing breaks laws
- Though all women wanted to continue breastfeeding, most were not comfortable talking with their male supervisor about their needs; women need advice and language for how to begin the conversation
- Co-workers are not always supportive of breastfeeding employees
- Biggest issues are lack of time and private space
- Women need help to navigate breastfeeding at work
- Other onsite challenges include eating a meal or snack and expressing milk at the same time
- WIC mothers tend to rely on family members to provide free childcare support; not all families are knowledgeable about breastfeeding or eager to care for a breastfed child

Employers:

- Lack knowledge about both Federal and state breastfeeding laws (particularly among smaller companies without an HR manager)
- Are unaware of the bottom line benefits to the business for supporting nursing moms at work
- Have never or rarely thought about the issue
- Lack knowledge about the needs of nursing women
- Are embarrassed about breastfeeding and are uncomfortable discussing it
- Would support a breastfeeding mom if requested; however, most do not recall ever having been approached
- Are more willing to support a “responsible” employee
- Have barriers:
  - Worry that women will “take advantage” of the privilege
  - Lack available space to accommodate nursing women
  - Believe that giving up break time will be too costly for the business

Federal and State Legislation

- Federal legislation housed under Section 7 of the Fair Labor Standards Act of 1938
- Language of federal legislation:
  - “Reasonable Time”
  - “Private space shielded from view from coworkers and the public”
  - Space cannot be a bathroom
  - Milk expression breaks do not have to be paid
  - Limited to hourly workers considered “non-exempt”
- North Carolina
  - Does not have state legislation related to worksite support for breastfeeding mothers
• North Carolina does have a state agency policy on breastfeeding that is applicable to the more than 83,368 state employees (as of April 2017).
• Policy is available at: [http://ncbfc.org/breastfeeding-laws-regulations/](http://ncbfc.org/breastfeeding-laws-regulations/)
• The provisions in this policy align with the Federal legislation, with some additional requirements for agencies:
  ✓ If the mother requires more time than the allotted break time for expressing milk, the agency should make reasonable efforts to allow her to use either paid leave of unpaid time for this purpose.
  ✓ The private space for milk expression must have a door that can be secured or locked.
  ✓ The space must have adequate lighting AND electrical outlets for operating the breast pump.
  ✓ The policy does not distinguish between types of jobs or salaried vs. hourly jobs.

**Helping Mothers Prepare for their Return to Work**

- Support for mothers begins by helping her identify her goals and then providing information and support to help her reach her family’s goals.
- Mothers also need:
  • A supportive work environment
  • Adequate maternity leave
  • Flexible return to work options
  • Direct access to the baby
  • Private time and space to express milk
  • Access to professional support
  • Support from managers and coworkers
  • Support from family (partner and female relatives are especially critical)

**During Maternity Leave**

- Establish milk production through evidence-based practices
- Importance of the magical first hour for building milk supply
- Skin to skin contact in the first hour – and beyond
- Frequent milk removal
- Using maternity leave to exclusively breastfeed to build production capacity
- Getting help with early problems

**After Returning to Work**

- Use the supply – but replace it!
- Breastfeed exclusively when home with the baby
- Finding a relaxing area to express milk
• Setting up a realistic pumping schedule (Wright 2013) - [http://lactationmatters.org/2012/05/17/pumping-strategies-for-the-working-mother/](http://lactationmatters.org/2012/05/17/pumping-strategies-for-the-working-mother/)
• Using expressed milk

**Building Milk Production**
• Skin to skin helps increase production
• Fully empty breasts at least once daily
• Breastfeed at night
• Power pumping (*concept by Cathy Genna*)
• Frequent milk removal and breast stimulation
• Hands-on milk expression (Jane Morton)

**Back at Work**
- Getting organized
  • Pumping schedules
  • Phasing back to work
  • Preparing baby for mom’s return to work
- Approaching supervisors
  • Begin during pregnancy
  • Focus on mother’s needs and her desire to be a productive employee
  • Language to consider:
    
    *It is important to me to be a good employee and continue contributing to making this a great place to work. It’s also important to me to breastfeed my baby for my child’s health. In fact, my doctor has urged me to continue breastfeeding for his long-term health and for my own health. I’m going to need your help to make that happen, and I have a few ideas we could talk about.*

  
  - Dealing with co-workers
    • “Breaks are predictable; absences are not!”
    • Establishing a sense of teamwork
  - Engaging family members
    • Include them in counseling and education efforts
    • Provide simple guidelines on handling human milk
  - Creative solutions for break time for expressing milk
    • Reasonable breaks protected under law
    • Using standard breaks (fixed or as needed)
    • Going home to breastfeed
    • Bringing baby to work
    • Staff coverage options (floater staff, supervisor/manager provides coverage, staff help each other out)
  - Creative solutions for private space
    • Permanent space options
Handout: Assisting and Empowering New Mothers

- Flexible space options
- Outdoor/mobile options
- Empowering mothers and building confidence

Resources for Supporting Nursing Moms

- Presentation platform available for downloading at the website of the United States Breastfeeding Committee at: [www.usbreastfeeding.org/SNMW-platform](http://www.usbreastfeeding.org/SNMW-platform).

References


Patient Protection and Affordable Care Act. Section 4201, “Reasonable Break Time for Nursing Mothers”, HR 3590. Text of Sec. 4207 only available online at: www.usbreastfeeding.org. Full Affordable Care Act available online at: http://docs.house.gov/rules/hr4872/111_hr3590_engrossed.pdf


The Urban Institute. Lower-Wage Workers and Flexible Work Arrangements. 2010.


