



Conversations with the Experts

Breastfeeding and Workplace Supports



Alison Stuebe

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

An Interview with Alison Stuebe

By Judi Casey and Karen Corday

Casey: Why is it important to support breastfeeding employees?

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

Casey: How else does supporting breastfeeding benefit businesses?

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

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

Stuebe: The key elements are space, time, and support. Space is a place where women can express milk. In a perfect world, that's a lovely, well-lit room with decorations, comfy chairs, and a variety of amenities, but at a minimum it's a private space with adequate lighting, a place to sit, an electrical outlet, and a way for employees to clean their hands, which can be wipes. Somewhere, there needs to be a refrigerator, and it's certainly reasonable for employees to put their expressed milk in a cooler and store it in a staff refrigerator. For time, in an eight hour work day, women should pump two or three times, and it takes about ten or fifteen minutes each time to do so. Certainly the amount of time that someone takes for a cigarette break is not that different from the amount of time it takes to pump, and clearly the health benefit is different. The final element that is critical is developing a workplace lactation policy. It is really helpful if each mother does not have to negotiate support for her breastfeeding and "recreate the wheel." The Center for Disease Control has a model lactation policy, and they define the rationale, who is eligible, and what's available in very clear terms. The really elaborate programs include a support element where a lactation support consultant is contracted by the company to provide breastfeeding classes and help mothers both at home and when they return to work. That's the top of the line model; in bigger

organizations this is possible, and it means a lot to mothers to know that their companies care about their well-being, the baby's well-being, and the transition back to work.

Casey: Are there any other best practices?

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

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

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

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

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

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

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

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

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

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

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

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

idea, so we're going to put together a proposal and find a shopping center that will pilot this idea.

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

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

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

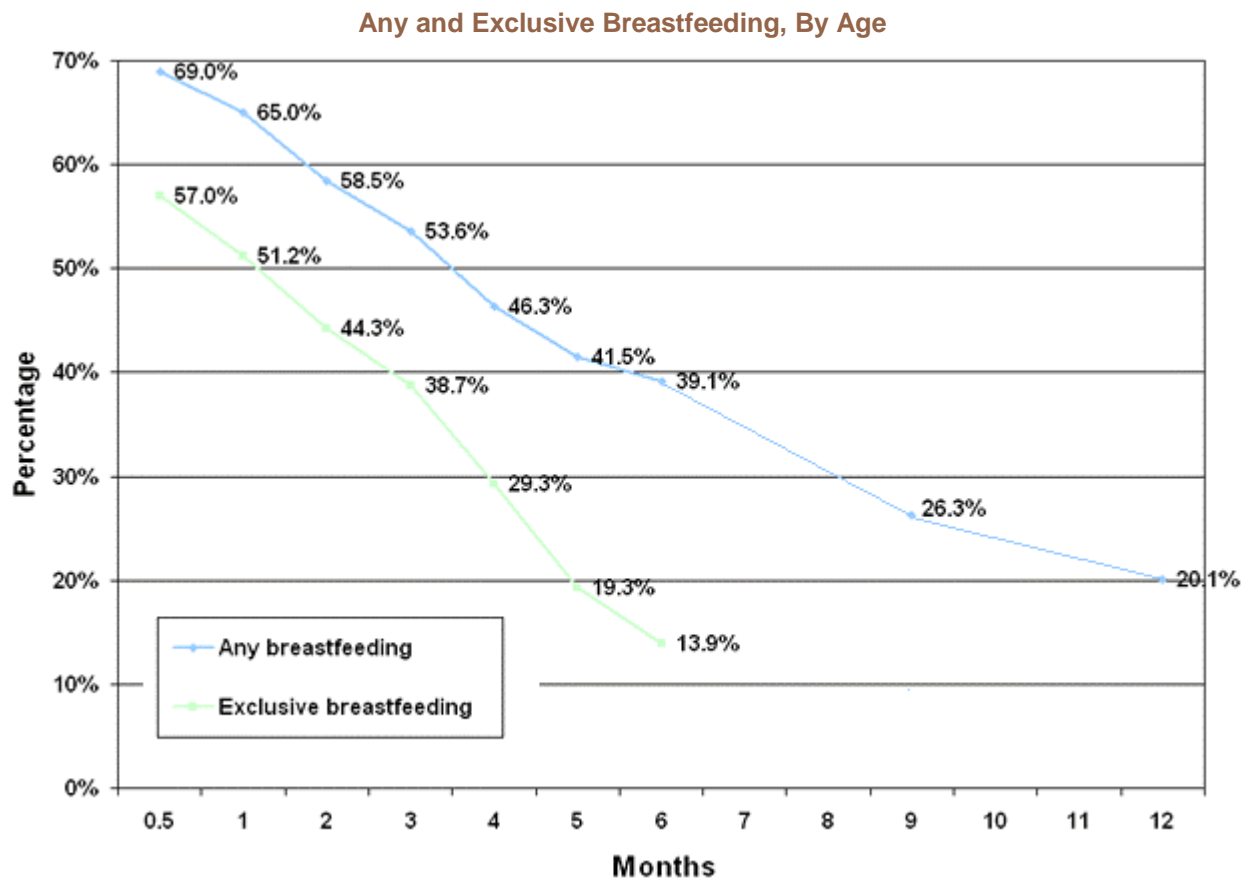
Stuebe: Eleven states currently have some sort of work-related legislation on the books. Most of them essentially say that employers need to make a reasonable effort to provide space and break time if it's not too disruptive. Common phrases include "reasonable effort to provide a private location other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

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

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

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Visit the Massachusetts Breastfeeding Coalition at <http://www.massbfc.org/>.




Source: Center for Disease Control. (2005). *Table 3: Any and exclusive breastfeeding by age*. Retrieved May 25, 2007, from the Center for Disease Control website: http://www.cdc.gov/breastfeeding/data/NIS_data/2005/age.htm.


Additional Resources Related to Breastfeeding and Workplace Supports

Breastfeeding Works: This project of the Breastfeeding Task Force of Greater Los Angeles promotes support for lactation in the workplace. The site includes information on the economic benefits of breastfeeding, including a complete review and analysis available in PDF format: <http://www.breastfeedingworks.org/econ-review-bf2002.pdf>.

- To access the website, click here: <http://www.breastfeedingworks.org>.

 **Global Perspectives - HHS Blueprint and Breastfeeding Policy Statements:** The National Women's Health Information Center of the U.S. Department of Health and Human Services has developed a "comprehensive framework on breastfeeding for the nation" and compiled the policy statements of fifteen other American and international health organizations.

- To access the website, click here: <http://www.womenshealth.gov/breastfeeding/index.cfm?page=233>.

 **Global Perspectives - La Leche League: Breastfeeding and the Law:** "The La Leche League, "founded to give information and encouragement, mainly through personal help, to all mothers who want to breastfeed their babies," has compiled information on breastfeeding legislation, family law, and employment regulations both in the United States and around the world.

- Visit the website at: <http://www.la lecheleague.org/Law/LawMain.html?m=0.1>.

MCH Services, Inc.: MCH is the "leading provider of single and multi-site corporate lactation programs." Their site includes research articles, facts, and information about the ROI of breastfeeding programs in the

workplace.

- Visit the homepage at: <http://www.mchservicesinc.com/>.

Workplace Lactation Programs for Breastfeeding Moms: "Tulane University's Tulane Xavier National Center of Excellence in Women's Health created this pamphlet that includes a sample letter to the HR department, sample costs and breakdown of providing a lactation room or program, a lactation program checklist, examples of workplace breastfeeding policies, and real-world examples of lactation programs in businesses across the United States."

- Access the pamphlet in PDF format:
http://www.tulane.edu/~tuxcoe/NewWebsite/com_womens_health/pdf/workingmomsbreastfeeding.pdf.

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