

Breastfeeding and Health Among Working Mothers and Infants

In the early 1970s, most women fed their infants formula from birth rather than breastfeeding or bottle-feeding them breast milk. Among women who initiated breastfeeding, only 5 percent sustained the practice for six months or more.¹ Since then, the medical risks of formula-feeding have become better understood. Infants who are primarily or exclusively formula-fed are more likely to become obese; develop Type I diabetes, childhood asthma, sepsis, diarrhea, ear infections, and delayed cognitive development; and die prematurely from Sudden Infant Death Syndrome or other causes.^{2,3} Mothers face health risks from formula feeding as well. They are likelier to develop postpartum depression, diabetes, cardiovascular disease, breast and ovarian cancers, rheumatoid arthritis, and osteoporosis.^{2,3} If worksites take a few simple steps to support feeding infants breast milk, these risks can be reduced.⁴

Under the Affordable Care Act and the Fair Labor Standards Act, all firms with more than 50 employees are required to provide break time and a private space for nursing employees to express breast milk for at least one year after birth. The space may not be a bathroom, though it can be a room reserved for temporary use. More information is available from the U.S. Department of Labor's Wage and Hour Division at www.dol.gov/whd/regs/compliance/whdfs73.htm.

Best Practices to Promote Breastfeeding*

Providing nursing employees the privacy needed to express breast milk. It is best to provide a private room (a five-by-seven room is sufficient⁵) with a comfortable chair and a source of clean water.

- Nursing women need to rinse and clean breast pumps and wash their hands.
- They also need a clean refrigerator to store bottled breast milk.

Allowing flexible breaks. Nursing women need to express milk approximately every three hours for approximately 15 minutes each time. It is usually best to have a policy allowing nursing women to request breaks from their supervisor.

Educating pregnant employees about breastfeeding.

- Pregnant employees should be taught about the risks of formula feeding.
- They should be offered practical guidance on how to continue breastfeeding after returning to work through classes, telephone coaching, or pamphlets.

Providing social support for breastfeeding at work. Mothers who have nursed their infants can support pregnant or newly nursing women by posting their stories in the milk expression room or on an organization website. They can also make their contact information available.

*All best practices are from HRSA's "The Business Case for Breastfeeding: Easy Steps to Supporting Breastfeeding Employees" document. For more information visit <http://womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/easy-steps-to-supporting-breastfeeding-employees.pdf>.

Texas' Mother-Friendly Worksite Program

Texas has pioneered promoting best practices for worksite lactation support, launching its Mother-Friendly Worksite Program in 1995.

Strategy. Texas encouraged state businesses to support lactating mothers by offering them this special designation and publicizing the awardees on its website and with press releases.

Criteria. Organizations can earn the **Basic** designation by implementing best practices, such as the ones described in this brief. They can earn **Silver** status by exceeding the Basic-level support in a significant way, such as allowing part-time transitions back to work. They can earn **Gold** status by supporting lactation comprehensively, including options such as on-site daycare with breaks for breastfeeding.

Success. By December 2011, **more than 250 state businesses** had earned at least a Basic designation.

*For more information, visit www.texasmotherfriendly.org.

Supporting Breastfeeding Reduces Healthcare Costs Without Lowering Productivity

More than 70 percent of new mothers attempt to breastfeed their newborns, but only a fraction (15%) maintain breastfeeding for six months. More than half of new mothers supplement breastfeeding with formula feeding.⁶ Exclusive breastfeeding, or breastfeeding combined with feeding infants pumped breast milk, provides the greatest health benefits. There are many benefits for the employer.

- Mothers who work at organizations that promote breastfeeding return to work more quickly after childbirth and are likelier to remain employees.⁷
- Mothers who feed their infants mainly breast milk miss one-third fewer work days because of a sick child.⁷
- It was estimated in 2007 that if 90 percent of new mothers fed their infants only breast milk for the first six months of life, the United States would save \$13 billion in healthcare costs per year.⁸
- Studies show that allowing breaks to express breast milk does not lower productivity. In fact, it reduces absenteeism and increases productivity.⁵

Creating a Worksite that Supports Breastfeeding

In addition to the four best practices described in this brief, proactive organizations have offered other beneficial support. Here are some examples.

Allow teleworking, if possible, for nursing mothers. Directly breastfeeding is associated with the greatest health benefits for mothers and infants.

Provide on-site or nearby childcare. Combined with flexible breaks, this allows mothers to breastfeed babies at the times that infants become hungry.

Providing expert guidance: Many states have **breastfeeding coalitions** to help businesses implement breastfeeding support, including providing links to regional experts. **La Leche League** also provides one-on-one telephone assistance and free coaching classes for expecting and nursing mothers.

Recommendations

The American Academy of Pediatrics and the American Academy of Family Physicians recommend the following:

- **Babies should consume nothing but breast milk for the first six months of life**, with other foods, not including formula, gradually introduced thereafter.
- Mothers should **provide breast milk by breastfeeding as much as possible** during the infant's first six months.

¹ Wright AL, Scanler RJ. "The Resurgence of Breastfeeding at the End of the Second Millennium." *The Journal of Nutrition*, vol. 131 no. 2 421S-425S. 2001. Available at <http://jn.nutrition.org/content/131/2/421S.long>. Accessed 3-7-2013.

² Agency for Healthcare Research and Quality. "Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries." 2007. Available at <http://archive.ahrq.gov/clinic/tp/brfouttp.htm>. Accessed on 3-7-2013.

³ Kramer M, Aboud F, Mironova, *et al.* "Breastfeeding and child cognitive development: New evidence from a large randomized trial." *Archives of General Psychiatry* 65(5):578-85. 2008. Available at <http://www.ncbi.nlm.nih.gov/pubmed/18458209>. Accessed 3-7-2013.

⁴ U.S. Surgeon General. "The Surgeon General's Call to Action to Support Breastfeeding." Available at <http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>. Accessed 3-7-2013.

⁵ Texas Department of State Health Services. "Myths About Worksite Lactation." Available at: http://www.texasmotherfriendly.org/files/document_41.pdf. Accessed 3-7-2013.

⁶ CDC. "Breastfeeding among U.S. children born 2009-2011, CDC National Immunization Survey." Available at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm. Accessed 3-7-2013.



Worksite Wellness: Breastfeeding Promotion

⁷ 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*. 10(2):148-53. 1995. Available at <http://www.ncbi.nlm.nih.gov/pubmed/10160049>. Accessed 3-7-2013.

⁸ Bartick M, Reinhold A. "The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis." *Pediatrics*. 125(5):e1048-56. 2010.