



breastfeeding

Following Tradition Works
for Working Women

Breastfeeding in the American Indian Worksite



Policy Toolkit

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Developed by the Inter-Tribal Council of Michigan

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About the Inter-Tribal Council of Michigan: The Inter-Tribal Council of Michigan is a consortium of Michigan’s twelve federally recognized tribes and the American Indian Health and Family Services Agency in Detroit. The mission of the ITCM is to help promote the health, well-being and quality of life of Indian people in Michigan.

1 | BREASTFEEDING IN THE WORKPLACE



*“With her small head
pillowed against your
breast and your milk
warming her insides,
your baby knows a
special closeness to
you”*

*La Leche League “The
Womanly Art of
Breastfeeding”*

1 | BREASTFEEDING IN THE WORKPLACE

INTRODUCTION

According to 2009 data from the Centers for Disease Control, American Indian and Alaska Native (AI/AN) youth have the highest prevalence of obesity and overall and are the only group with increasing rates. ²⁷ In adulthood these rates are even higher; nearly 40% of AI/AN adults are obese and an additional 30% are overweight. ²⁷ Obesity is known to contribute to Type 2 diabetes, high blood pressure, cardiovascular disease, asthma, sleep apnea, low self-esteem, depression, and social discrimination. ²⁷

Many factors contribute to the problem of youth and adult overweight and obesity in the American Indian population including lower breastfeeding rates, lack of access to grocery stores with adequate healthful choices, and, the lack of safe places to play and exercise. According to the American Academy of Pediatrics, breastfeed infants have lower risks of obesity, diabetes, and ear infections. ²⁸ Breast milk is the ideal first food for all infants and provides a wealth of benefits for both mother and baby. However, without the support from their environments, new mothers may find breastfeeding too difficult of a process to start and maintain.²⁸

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 the age of one-year old 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 and a longer duration of breastfeeding may also provide a stronger protective effect.²

For the Child, Breastfeeding Lowers the Risk of:	For the Mother, Breastfeeding Lowers the Risk of:
Obesity	Weight Gain
Type 1 and Type 2 Diabetes	Type 2 Diabetes
Ear Infections	Cancers of the Breast, and Ovaries
Asthma in young children	Postpartum Depression
Respiratory Infections	Osteoporosis
Skin Inflammation or Infection	

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, an additional 212 days in the hospital and an extra 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. More recently, on March 23, 2010 The President of the United States of American signed the Affordable Care Act into law. The Patient Protection and Affordable Care Act (“Affordable Care Act”) ²⁹ amended section 7 of the Fair Labor Standards Act which requires employers to provide nursing employees with:

- Reasonable break time to express breast milk
- A place, other than a bathroom, that may be used to express milk
- For up to one year after the child’s birth

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

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

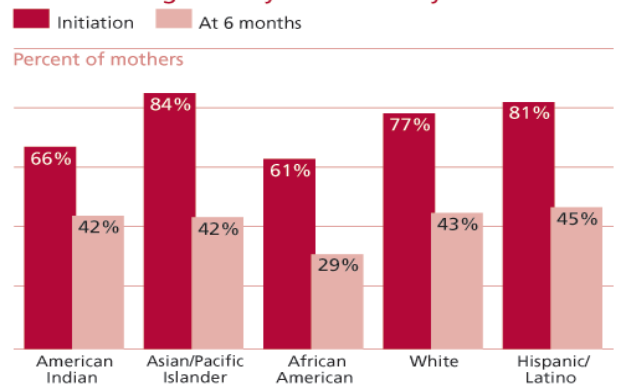
Women employed full-time are less likely to initiate breastfeeding and to continue breastfeeding once they return to work.¹¹

- 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

Maternal employment is an obstacle to breastfeeding in all ethnic groups, and is of particular concern in the Native American population. According to the 2005 CDC National Immunization Survey, Native Americans are less likely than their non-Native peers to breastfeed. Breast milk is known as the first traditional food for Native American, but the colonization of the Native American population discouraged the inclusion of many traditional foods including breast milk. The lower breastfeeding rates are compounded for low-income

Breastfeeding rates by race/ethnicity



Source: National Immunization Survey, CDC 2005

women and those with less education, two more consequences of past colonization, that have tended to hit Native women disproportionately.

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 In addition, 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. 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

BREASTFEEDING POLICIES AT TRIBAL WORKPLACES

Case Study: Saginaw Chippewa Indian Tribe

In order to understand how worksite breastfeeding support policies may impact tribal employers and employees, a prospective policy impact assessment was conducted using data from the Saginaw Chippewa Indian Tribe (SCIT). The SCIT is home to approximately 3,300 tribal members, with about 200 square miles of tribal land in the central lower peninsula of Michigan. The Tribe is one of the largest employers in the community. Between Tribal Operations (tribal college, community centers, administration, and other departmental offices) and Tribal Enterprises (casinos and other recreation) the Tribe has a little less than 3,900 employees across approximately 35 worksites.

In 2010, the SCIT council adopted a tribal-wide resolution supporting breastfeeding in the community. Within each worksite, an organizational policy is needed to specify the procedures and protections that will be enforced to support breastfeeding for females at each site. While the majority of the 21 worksites that make up Tribal Operations are covered by a breastfeeding support policy, no worksites categorized as Tribal Enterprises have such a policy. The result is that about one-fifth (19%) of all tribal employees are covered by a policy, and the majority of tribal employees (81%) are not.

This case study used tribe-specific data to measure current attitudes, behaviors, and health status for tribal employees. Tribe-specific data were gathered by tribal employees through human resources records, employee and manager surveys, and health center data. In addition, where there were gaps in tribe-specific data, reliable and valid data from research studies were applied to tribal data in order to estimate the health effects and costs associated with several key outcome areas. Estimates for sites with a breastfeeding support policy and those without one were calculated, and these figures were then used to project the impact of expanding the breastfeeding support policy to cover all tribal worksites (versus only some of the worksites being covered currently). Estimates of the potential impact of policy expansion were calculated in six major outcome areas:

- Breastfeeding rates
- Job retention
- Maternal illness
- Maternal mental health
- Infant illness
- Childhood obesity

The estimates presented in the results are rough approximations; they do not take into account all contributing factors and are based on simple projections using current rates and outcomes. Because it was necessary to supplement tribe-specific data with data from national research studies, the specific dollar amounts are not necessarily representative of the actual results the Tribe might observe given the varying costs for different employee levels and worksites. While the estimates in this case study allow tribes to consider how policy changes could impact tribal employees, operations, and employer's share of health care costs, the estimated costs of implementing such policies were not factored into this case study due to the widely variable nature of tribal worksites and too many unknown factors. These costs would need to be estimated and factored into the calculations to determine if an overall positive savings could be expected.

It is also important to note that differences observed among employees in worksites covered by a policy and worksites not covered by a policy could also be related to other factors. For example, the worksites that are currently covered by a policy may also be most conducive to breastfeeding for other reasons (i.e. work environment, manager attitudes, scheduling restrictions, salaried vs. hourly employment status).

RESULTS

More Infants would be Breastfed.

More female employees at worksites with a policy reported having ever breastfed their infant than at worksites without a policy. An overwhelming 92% of women covered by a worksite policy reported that their child was ever breastfed. By comparison, within non-policy worksites, 85% of infants were ever breastfed. This pattern was consistent for the length of time women reporting continuing breastfeeding as well. The percent of women at worksites covered by a policy compared to those not covered by a policy was consistently higher for breastfeeding for 3+ months (75% vs. 60%) and 6+ months (52% vs. 38%).

The average length of breastfeeding for women covered by a policy was 7.29 months compared to 4.25 months for women in worksites not covered by a policy. One factor likely contributing to this difference is the employee's ability to take sufficient breaks at work to support expressing breast milk; for female employees covered by a policy, approximately 78% reported that their breaks were sufficient in time and frequency to support breastfeeding needs, compared to just 32% of those working at sites where there is no policy.

More Female Employees would return to Work after Childbirth.

For new parents, the decision to breastfeed and returning to work following maternity leave can be intertwined. A worksite that is less conducive to breastfeeding may discourage female employees from continuing to breastfeed their child once returning from maternity leave or complicate their decision to return to work at all. The cost of employee turnover varies widely across sectors and positions, but a widely used estimate is that new employee recruitment and training costs two to three times the annual salary of the position, taking into account all direct and indirect costs to the employer^{1,2}.

As the worksite breastfeeding policies currently exist, the Tribe could expect about 31 female employees would not return to work each year following the birth of a child. If worksite breastfeeding policies were expanded to cover all worksites, the Tribe would only need to rehire approximately 23 replacements for female employees that do not return to work annually, rather than the current total of 31. Using the average hourly wage of a female tribal employee of reproductive age, the estimated average annual savings to the Tribe would be approximately \$200,000 in employee turnover costs if worksite breastfeeding support policies covered all tribal worksites.

Female Employees would be Healthier and more Productive Overall.

A mother's overall health can be affected by whether or not she chooses to breastfeed. Research suggests that breastfeeding can serve as a protective factor against a number of debilitating chronic conditions, including depression, diabetes, and breast cancer, as well as illness in general^{3,4}. In this case study, the average number of work days missed for females who ever breastfed was 2.1 days compared to 2.5 days for women who never breastfed.

Diabetes rates are a serious concern in tribal communities, as are costs related to diabetes care for tribal members and tribal employees. According to national data, diabetes care costs approximately \$6,480 per year in direct costs, and \$3,240 per year in indirect costs per case of diabetes^{5,6}. Based on breastfeeding rates and breastfeeding duration for female tribal employees, an estimated \$5,600 annually (or about \$70 per female employee who gives birth) could be saved in future costs for diabetes care if a worksite breastfeeding support policy covered all tribal worksites.

Fewer Female Employees would Suffer from Depression.

Nationally, about 10-20% of women that give birth suffer from postpartum depression (PPD)⁷. Breastfeeding has been demonstrated to serve as a moderate but consistent protective factor against PPD³. PPD can be expensive: costs for employees with depression can be up to 70% greater than other employees in the form of direct medical costs and indirect costs associated with lost productivity, absenteeism, and turnover. National studies estimate that PPD costs up to \$3,000 per person in additional direct and indirect costs⁸.

Tribal-specific data show that PPD is much more prevalent among women that had never breastfed than those that had ever breastfed a child (14% versus 25%). Based on rates of breastfeeding among tribal employees, nine cases of PPD per year would be expected in worksites not covered by a policy versus 8.5 cases in worksites covered by a policy. This relatively small reduction in annual cases of PPD would represent a reduction of about \$1,300 in associated direct and indirect costs to the employer per year.

Children would be Sick less Often.

Two of the most common illness of infancy, gastroenteritis and ear infections, are heavily associated with infant consumption of formula versus breast milk³. Tribal-specific data show that infants of tribal employees that were ever breastfed experienced these two illnesses less frequently than infants of tribal employees that were never breastfed; 39% of ever-breastfed infants compared to 50% of never-breastfed infants of tribal employees had an ear infection in the previous year. The average number of cases of diarrhea in the past year was 0.71 among ever-breastfed infants of tribal employees and 1.0 for never-breastfed infants of tribal employees.

National data estimate that infant ear infections cost about \$291 in total costs per episode, while gastroenteritis costs \$339 total costs per health care visit for infants⁸. Analyzing rates of illness by policy status, worksites without breastfeeding support policies currently observe an average of approximately 34 ear infection cases for infants of tribal employees and 63 cases of gastroenteritis for infants of tribal employees. If all tribal worksites were covered by a breastfeeding support policy, an expected reduction to 33 cases of ear infections and 62 cases of gastroenteritis would result in cost savings of approximately \$1,562 per year.

Fewer Children would Become Overweight or Obese.

Extensive research has demonstrated a strong association between infant breastfeeding and reduced risk of childhood overweight and obesity³. Children are considered overweight if they fall above the 95th percentile for weight at age four. National data suggest that approximately 12.7% of ever-breastfed infants and 13.6% of never-breastfed infants were overweight at the age of four⁹. It is estimated that children who are overweight cost an added \$1460 in direct medical costs per child⁸.

The difference in number of prospective overweight children and associated costs while minimal for this case study, are still notable. Applying national estimates to tribal-specific data suggest that the current estimated rate of 10.8% overweight children would be reduced to 10.7% overweight children. This reduction in overweight children would lead to a cost reduction of at least \$55 per year, not including added indirect costs associated with related conditions or complications of overweight and obesity. Notably, rates of childhood overweight and obesity are a serious concern in the U.S. and even higher rates have been observed in tribal communities. This estimate could be a large underestimate of costs saved because national data were used in the calculations.

CONCLUSIONS

Many national studies have found several benefits to employers that adopt worksite breastfeeding support policies^{10,11}. This case study examined a few key outcomes in tribal employment settings to better understand how a worksite breastfeeding policy might impact a tribal employer. While the results are not comprehensive, they are consistent with national studies, and suggest that there are differences in breastfeeding behaviors and other behaviors of tribal employees working at worksites that are covered and are not covered by breastfeeding support policies. While the estimates of annual cost savings are rough and limited to just a few key outcomes, it could be assumed that a tribal employer could benefit from adoption of worksite breastfeeding support policies, if the costs of implementing such policies could be balanced or outweighed by the costs saved as a result of having the policies in place.

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2 | BREASTFEEDING WORKPLACE COMPONENTS



“Breastfeeding is a mother’s gift to herself, her baby, and the earth”.

Pamela K. Wiggins

2 | BREASTFEEDING WORKPLACE 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 chair and a small table 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.

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 may choose to either provide or subsidize the cost of a milk collection kit for each employee.

Portable Electric Breast Pump

- Light enough to transport to and from work and to express milk at work, or home.

- 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 day 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 degrees F or 25 degrees 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	
Freezer compartment of refrigerator with separate doors	0°f or -18°c	3–6 months	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.
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 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 their Tribal community, or a local La Leche League Leader. 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 Include:

Reasons to breastfeed; Basic breastfeeding techniques; Tips for balancing work and breastfeeding; and 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). Many tribes also have their own IBCLC already on staff. 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.

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

- 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 leave).
- 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:

This toolkit is adapted from the 2008 Health Resources and Services Administration (HRSA) The Business Case for Breastfeeding and the National Business Group on Health Center for Prevention and Health Services Investing in Workplace Breastfeeding Programs and Policies.

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3 | GETTING STARTED



“A baby nursing at a mother's breast... is an undeniable affirmation of our rootedness in nature”.

David Suzuki

3 | GETTING STARTED

Tips for Employers

- Start small with a simple pilot program.
- Actively seek input from employees to determine their needs.
- 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

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?

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.

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.

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, and 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 in which you 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.

References:

This toolkit is adapted from the 2008 Health Resources and Services Administration (HRSA) The Business Case for Breastfeeding and the National Business Group on Health Center for Prevention and Health Services Investing in workplace Breastfeeding Programs and Policies.

4 | MEASURING PROGRESS



“Mother's milk, time-tested for millions of years, is the best nutrient for babies because it is nature's perfect food”.

Robert S. Mendelsohn

4 | MEASURING PROGRESS

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. Sample Lactation Support Program Feedback Forms for Supervisors, Colleagues, and also one for Breastfeeding Employees are found in Section Six of this toolkit - Employer Tools. 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 duration among employees using the program.

References:

This toolkit is adapted from the 2008 Health Resources and Services Administration (HRSA) The Business Case for Breastfeeding and the National Business Group on Health Center for Prevention and Health Services Investing in Workplace Breastfeeding Programs and Policies.

5 | SUPPORTING BREASTFEEDING WOMEN IN THE WORKPLACE



*Breastfeeding:
Following tradition
works for working
women.*

5 | SUPPORTING BREASTFEEDING WOMEN IN THE WORKPLACE

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/benefittopics/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. 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 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

This toolkit is adapted from the 2008 Health Resources and Services Administration (HRSA) The Business Case for Breastfeeding and the National Business Group on Health Center for Prevention and Health Services Investing in Workplace Breastfeeding Programs and Policies.

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6 | EMPLOYER TOOLS



*“All the rivers of the
earth are milk that
comes from the breasts
of the Great Mother.
Our breasts give the
waters of life to feed
the children”*

*~ ChoQosh Auh' Ho'oh,
Elder*

6 | EMPLOYER TOOLS

The following tools will help agency employers or employees who are breastfeeding advocates 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

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

COMMUNICATION MATERIALS

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

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?	

<p>What policies allow for a gradual return to work following maternity leave?</p> <p>Part-time employment <input type="checkbox"/></p> <p>Job-sharing <input type="checkbox"/></p> <p>Telecommuting <input type="checkbox"/></p> <p>Flextime <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	
<p>What break policies could be adapted to allow for milk expression breaks?</p>	
<p>What new policies would need to be developed to provide for lactation support?</p>	
<p>Program Components</p>	
<p>What department could likely serve as the administrative home for the lactation support program?</p>	<p>Wellness division <input type="checkbox"/></p> <p>Employee health unit <input type="checkbox"/></p> <p>Human Resources <input type="checkbox"/></p> <p>Personnel <input type="checkbox"/></p> <p>Other _____</p>
<p>What funding is available to support a lactation support program?</p>	
<p>What realistic options do women currently have for expressing milk during the work period in privacy (other than a toilet stall)?</p>	<p>Personal office <input type="checkbox"/></p> <p>Office of another employee <input type="checkbox"/></p> <p>Designated lactation room <input type="checkbox"/></p> <p>Other space <input type="checkbox"/></p>
<p>If no designated lactation room exists, what options might be available for a space with an electrical outlet that can be locked?</p>	<p>Unused office space <input type="checkbox"/></p> <p>Closet or other small space <input type="checkbox"/></p> <p>A room created within another space <input type="checkbox"/></p> <p>Other _____</p>
<p>What type of breast pump equipment do breastfeeding employees currently receive?</p>	<p>None - employees use their own breast pump equipment <input type="checkbox"/></p> <p>Company purchases hospital-grade electric breast pumps <input type="checkbox"/></p> <p>Company rents hospital-grade electric breast pumps <input type="checkbox"/></p> <p>Company provides/subsidizes portable personal use pumps <input type="checkbox"/></p>
<p>Where do employees currently store breast milk that they express during the work hours?</p>	<p>Employee provided cooler pack <input type="checkbox"/></p> <p>Company provided cooler pack <input type="checkbox"/></p> <p>Small refrigerator designated for breast milk storage <input type="checkbox"/></p> <p>Public shared refrigerator <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p>
<p>What educational materials are currently available for pregnant and breastfeeding</p>	<p>Prenatal/postpartum classes <input type="checkbox"/></p> <p>Pamphlets <input type="checkbox"/></p>

employees?	Books <input type="checkbox"/> Videos <input type="checkbox"/> Company Web site <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?	Hospital or private clinic nurses <input type="checkbox"/> Lactation consultants at the hospital or in private practice <input type="checkbox"/> WIC program <input type="checkbox"/> La Leche League group <input type="checkbox"/> Local breastfeeding coalition <input type="checkbox"/> Other groups <input type="checkbox"/>
What in-house promotion options are available?	Company newsletter <input type="checkbox"/> Memos/emails <input type="checkbox"/> Company Web site <input type="checkbox"/> Employee health fair <input type="checkbox"/> Other _____

SAMPLE POLICIES FOR SUPPORTING BREASTFEEDING EMPLOYEES

Sample Policy from HRSA Business Case for Breastfeeding Toolkit

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 worksite 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 toilet stall or 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 offices, 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 [hospital grade pump that can be used by more than one employee/or portable personal use electric breast pump that the employee retains] throughout the course of breastfeeding for the employee. [If using a standard hospital-grade pump, indicate whether the company provides/subsidizes 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 are responsible for alerting pregnant and breastfeeding employees about the company's worksite 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 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, as well as other areas where expressing milk will occur.
- **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.

Sample Policy from the Inter-Tribal Council of Michigan



Because breastfeeding is the first traditional food providing a multitude of health benefits to both infants and mother, and because breastfeeding employees need ongoing support in the worksite to be able to provide their milk for their infants, for eligible positions, the Inter-Tribal Council of Michigan (ITC) shall provide flexible breaks to accommodate breastfeeding or milk expression, a private place to breastfeed or express milk, and a refrigerator for safe storage of expressed breast milk for up to 1 year after the child's birth.

Due to the variety of services ITC provides along with the diversity of job positions it is necessary to have a two tier policy which will minimize the potential business disruptions:

- Eligible positions will allow nursing mothers to bring their baby to work with them until the baby is six months of age. Positions such as Administrative Assistant, Program Coordinator/Manager, Secretary and Clerk will generally be eligible.
- Ineligible positions will allow nursing mothers a more flexible schedule that will enable them to pump their breast milk while at work. Nursing mothers who hold job positions that require any of the job duties below are not eligible to bring their baby to work (due to liability issues and appropriate child to staff ratios):
 - home visits
 - transportation of clients
 - direct services in a classroom or group setting (Head Start/Early Head Start staff)
 - extensive and/or frequent travel (bus drivers)
 - potential safety concerns (kitchen workers, bus monitors)

For both the ineligible job positions and the eligible positions, after the initial six month period, ITC will provide paid nursing breaks to enable nursing mothers to pump their breast milk. These breaks shall run concurrently with the existing fifteen minute breaks in the morning and afternoon. The nursing breaks shall be ½ hour in the a.m. and ½ hour in the p.m. The two nursing breaks along with the lunch period will let mothers pump milk three times during the work day. The paid nursing breaks will apply up to the child's first birthday. Prior to using the Nursing Policy, staff must first speak with their immediate supervisor for approval. A private space will also be provided that is free from intrusions of co-workers and the public.

Sample Policy from the Bay Mills Indian Community



1. In recognition of the well documented health advantages of breastfeeding for infants and mothers, the Bay Mills Indian Community; which includes Governmental and Enterprises will provide a supportive environment to enable employees to breastfeed (when applicable) or to express their milk during work hours.
2. Because breastfeeding is the first traditional food providing a multitude of health benefits to both infants and mother, and because breastfeeding employees need ongoing support in the worksite to be able to provide their milk for their babies, for eligible positions, the Bay Mills Indian Community shall provide flexible break to accommodate breastfeeding or milk express, and a private place to breastfeed or express milk.
3. Because of the Affordable Care Act. Signed in to law in March 2012 amended the Fair Labor Standards Acts (FLSA) to require employers to provide a reasonable break time and a sanitary private place for nonexempt nursing mothers to pump milk at work.
4. Bay Mills Indian Community will agree to integrate into new employee orientation information about the breastfeeding policy. The breastfeeding policy will be communicated to current staff

Sample Policy from the Gun Lake Casino



Policy: Accommodations for Nursing Mothers

Purpose

To provide Team Members who are “nursing mothers” with a private place and breaks to be able to express their milk during working hours.

Guidelines

1. Team Members who are “nursing mothers” should make their Supervisor aware of their need to express their milk while at work.
2. Supervisors will accommodate the team members need to express their milk by providing reasonable breaks as requested by the Team Members. The breaks may be part of the 60 minute paid break period. If additional breaks are needed, the team member shall “clock out” for the duration of the time spent in expressing her milk.
3. Gun Lake Casino will designate a private area that is shielded from view and is free from intrusion from co-workers and the public.

Responsibilities for Compliance

All Department Directors are responsible for ensuring compliance by their respective Team Members.
All Team Members are responsible for complying with this policy.

Sample Statute from the Little Traverse Bay Bands of Odawa Indians

WAGANAKISING ODAWAK STATUTE

Right to Breastfeed and Civil Offense for Discrimination



SECTION I PURPOSE

Little Traverse Bay Bands of Odawa Indians (LTBB) recognizes the importance of increasing the breastfeeding practice. The Tribe supports and promotes breastfeeding of children to ensure that children achieve an optimal healthy condition. Breast milk provides a better nutrition and higher immunity against diseases, is better to digest, and may increase the children's IQ.

SECTION II RIGHT TO BREASTFEED

- A. A mother may breastfeed her child on any Tribal property.
- B. *Breastfeeding, prohibition of discriminatory practices.* Any direct or indirect act of exclusion, alienation, restriction, segregation, limitation, rejection, or any other act or practice of differentiation, including denying a person the total enjoyment of goods, services, facilities, privileges, advantages, and accommodations in any public or private place on Tribal Property which she attends, whether it is visited by the public or used for recreation, based on the fact that a mother is breastfeeding her child, shall constitute a discriminatory practice prohibited by this Statute and may result in a civil infraction.
- C. Breastfeeding Discrimination shall be prohibited on any Tribal property and shall be deemed a civil offense.
- D. A law officer has the authority to issue a notice of violation citation when:
 - a. When the violation is committed in the officer's presence;
 - b. If an officer investigating the violation has reasonable cause to believe that the alleged violation has occurred.
- E. *Breastfeeding is not a violation of the law.* A mother breastfeeding her child in any place, whether public or private, on Tribal property shall not be deemed as indecent exposure, obscene act or other punishable action established in the Tribe's Criminal Code or Sex Offense Statute, or as may be amended.

SECTION V SEVERABILITY

If any section, subsection, paragraph, sentence, phrase or portion of this Statute is, for any reason, held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holding shall not affect the validity of the remaining portions thereof.

SECTION VI EFFECTIVE DATE

Effective upon the signature of the Executive, or 30 days from submission to the Executive Branch, or if the Executive vetoes the legislation, then upon Tribal Council override of the veto.

Sample Resolution from the Saginaw Chippewa Indian Tribe of Michigan



Breastfeeding Awareness Month Resolution 10 -145

Whereas: Saginaw Chippewa Indian Tribe of Michigan is a federally recognized Indian Tribe organized under a Constitution and By-Laws ratified by the Tribe on November 4, 1986 pursuant to P.L. 99-346 and

Whereas: Breastfeeding provides optimal nutrition and the perfect life sustaining food for babies and has a lifelong positive impact on the health and well being of both baby and mother and has been proven through traditional and cultural history to be the optimal method of feeding an infant; and ,

Whereas: Community, family members, friends, health care providers, workplace, and society all affect a woman's decision s to breastfeed as well as her ability to continue breastfeeding; and,

Whereas: Encouraging mothers to breastfeed their infant and encouraging the tribal community to support breastfeeding are important steps in health promotion in the Saginaw Chippewa Indian Tribe of Michigan; and,

Whereas: The Nimkee Public Health Healthy Start Program and Central Michigan Community Hospital lactation programs join a world-wide campaign every August to raise awareness of the importance of breastfeeding for optimal infant and maternal health, as well as the social and economic benefits it provides to the family and community; and,

Whereas: Breastfeeding Awareness Month is an opportunity for the Saginaw Chippewa Indian Tribe of Michigan to join forces with families, health care providers, employers, and the community to encourage promotion, protections, and support for breast feeding; and,

Whereas: The Saginaw Chippewa Indian Tribe is committed to increasing community support and acceptance of breastfeeding;

NOW THEREFORE BE IT RESOLVED: That the Saginaw Chippewa Indian Tribe of Michigan hereby supports the promotion, support and protection of breastfeeding and, along with the State of Michigan and the World Health Organization proclaims the month of August to be **Breastfeeding Awareness Month**

Certification: The forgoing resolution was duly adopted by the Tribal Council of the Saginaw Chippewa Indian Tribe of Michigan meeting in regular session on the 4th day of August, 2010

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 to the process, however, are applicable to most organizations.

Month 1 - Initial Program Planning

- Review existing research about the value of a lactation support program. (See *The Business Case for Breastfeeding* website or check the Resource Guide to access a local breastfeeding coalition or lactation experts who can help.)
- 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
 - 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 and current or previous breastfeeding employees).

Month 3 - Strategy Planning

- Convene a stakeholders meeting with diverse departmental representatives to discuss results of data collected, and to review options for:
 - Milk expression break policies
 - Constructing, renovating, or converting a designated space in the company into one or more lactation rooms
 - Breast pump equipment
 - Storage and handling of human milk
 - Gaining buy-in from other employees

- Establish a mechanism for gathering baseline data that could be used as a comparison for tracking program success.

Month 4 - Program Development

- Present program strategy to management and appropriate departments to gain approval or 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
 - Educational and promotional materials
 - Complete physical improvements for a lactation room.

Month 4-5 - Program Implementation

- Plan a coordinated approach to announce and promote the program.
- Inform department heads and supervisors about the program.
- Provide 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 to gain ongoing input into streamlining 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.

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 for their infants. We value your feedback on ways the program can continue to improve to meet the needs of all employees.

Position/Title _____

Department _____

How many colleagues or employees under your supervision are you aware of who are currently utilizing 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 milk expression breaks			
Flexible return to work policy (ex. Part-time, job sharing, telecommuting, etc.)			
Worksite education opportunities such as prenatal classes and monthly support groups			
Other:			

Lactation Support Program Feedback Form

For Breastfeeding Employees

Thank you for participating in our Company Lactation Support Program! Congratulations for 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 for 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.

Name _____

Position/Title _____

Department _____

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/ provide your milk for your infant? _____ weeks months year

How old was your baby when you introduced any foods or drinks other than breast milk?

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"

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
- One third 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

Breastfeeding Benefits

Lower short-term risk of:

Child

Ear infections
Respiratory infections
Dermatitis
Gastrointestinal disorders

Mother

Weight Gain
Maternal postpartum depression

Lower long-term risk of:

Child

Asthma (young children)
Obesity
Type 1 and 2 Diabetes

Mother

Cancers (breast, ovarian, endometrial)
Type II 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

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%.

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.

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.

Drop-In Newsletter Communications

Sample Breastfeeding Resolution Announcement (Contributed by the Nottawaseppi Huron Band of Potawatomi)

Merging Motherhood and Work: New Tribal Breastfeeding Resolution Announced

Breastfeeding is the first traditional food providing a multitude of health benefits to both infants and mothers. With this knowledge the {Name of Tribe} Tribal Council adopted a resolution on {Date} to officially recognize August as Breastfeeding Awareness Month. This provides a format to support increased awareness and education on the importance of Breastfeeding at all {Name of Tribe} tribal events and with the use of the Penoje' Gamuk (The Baby Place). The Baby Place is a tent that is set-up at all tribal events which provides a private, quiet, and clean place for caring for infants and babies; along with lactation support and education.

{Name of Tribe} Tribal Council also adopted a resolution to establish the {Name of Tribe} as a Breastfeeding Friendly (Baby-Friendly) Workplace for all tribal members. All {Name of Tribe} work sites including {Name of Worksite Buildings} and the {Name of Casino} will be following the Federal Mandate Recommendations for providing a Baby-Friendly Workplace.

Breastfeeding employees need ongoing support in the worksite to be able to provide their milk for their babies; therefore the {Name of Tribe} will provide flexible breaks to accommodate milk expression for up to 2 years after the child's birth. In addition, a private, clean space (lactation room) will be established within the {Name of Worksite Buildings} and the {Name of Casino} for mothers to express milk and/or breastfeed.

Sample News Article Promoting Breastfeeding at Work (Contributed by the Little Traverse Bay Bands of Odawa Indians)

Why Breastfeed at Home and When You Return to Work?

- Working mothers who are breastfeeding miss fewer days of work, because their babies don't get sick as often.
- Breastfeeding reduces a baby's risk of obesity by about one third, promotes postpartum weight loss in the mother, and significantly reduces risk of type 2 diabetes for both mother and infant.
- The antibodies in breast milk protect the baby from upper respiratory infections, influenza, otitis media (ear infections), asthma, and eczema.
- Research has also shown that there is a lower incidence of Sudden Infant Death Syndrome among breastfed infants.
- Breastfeeding enhances infant learning because breast milk fosters brain cell growth resulting in an increased IQ for breastfed children.
- Breastfeeding eliminates the necessity for bottles, sterilization, and formula and it saves money.
- Formula's main ingredient is corn syrup. It has been associated with a higher incidence of obesity and diabetes. The current price of formula as of 1/15/2013 is: \$4.40 per day for the most economical powder. That means the cost will be over \$30/week or over \$120/ month.
- Organizations such as the American Academy of Pediatrics and the American Association of Family Physicians recommend that babies receive nothing but breast milk during the first six months of life and continue receiving it for at least the first year and beyond.

Breastfeeding is natural but it does not mean that it comes easy to new mothers and babies. There can be difficulty with the baby latching on and the mother may have sore nipples. The mother may be worried that her milk supply is not adequate. Going back to work can add to these concerns resulting in the mother trying to wean their babies earlier than the recommended twelve months, but this is not necessary. The {Name of Tribal Organization} provides breast pumps and supplies as well as educational services to nursing moms, in addition to allowing them time off to pump. In order to keep up with milk supply while at work, a woman should pump or nurse about every 3 hours, or about 2-3 times in an 8 hour shift depending on the age of the baby. Each pumping session should last for at least 15 minutes for milk expression and then travel time to get to and from the work station.

At the {Name of Tribal Organization} and {Tribal Casino}, there are {Number of lactation pumping stations} for working mothers in their break area. Mothers are entitled to have time to express their milk in order to maintain their milk supply. In fact, this past year the {Name of Tribal Organization} passed the following: {Name of Breastfeeding Policy, Resolution, or Statute}. This can be viewed on the Tribal website. For more information or assistance, please contact {Name of Maternal Child Health Nurse or Other Staff} at the {Name of Tribal Health Center} or call {phone number}.

References

This toolkit is adapted from the 2008 Health Resources and Services Administration (HRSA) The Business Case for Breastfeeding and the National Business Group on Health Center for Prevention and Health Services Investing in Workplace Breastfeeding Programs and Policies.

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7 | INFORMATION FOR BREASTFEEDING EMPLOYEES



*“In our every
deliberation, we must
consider the impact of
our decisions on the
next seven
generations”.*

*Iroquois Maxim (circa
1700-1800)*

7 | INFORMATION FOR BREASTFEEDING EMPLOYEES

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” or an “infants at 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 for an 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
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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 degrees F or 25 degrees 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.
Freezer compartment of refrigerator with separate doors	0°f or -18°c	3–6 months	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.
Chest or upright deep freezer	-4°f or -20°c	6–12 months	

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.

References:

This toolkit is adapted from the 2008 Health Resources and Services Administration (HRSA) The Business Case for Breastfeeding and the National Business Group on Health Center for Prevention and Health Services Investing in Workplace Breastfeeding Programs and Policies.

8 | RESOURCE LINKS



“Children learn from what they see. We need to set an example of truth and action”.

- Howard Rainer, Taos Pueblo-Creek (2012)

8 | RESOURCES

NATIVE AMERICAN SPECIFIC WEB RESOURCES

A Supportive Tool for American Indian and Alaska Native Women who Choose to Breastfeed - PDF Guidebook - <http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/BreastfeedingGuide-NativeAmerican-English.pdf>

Indian Health Service: Indian Health Diabetes Best Practice Breastfeeding Support - http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2011_BP_Breastfeed_508c.pdf

Indian Health Service: Information on promoting and support breastfeeding in the community - <http://www.ihs.gov/babyfriendly/>

Infant Feeding Practices in a Rural Native Community by Whelen Banks, RN, BScN, APN, MHS <http://www.bcbabyfriendly.ca/firstnations.pdf>

Native Breastfeeding Council Website-Breastfeeding resources for families, health care providers, and Native American Communities - http://www.nativebreastfeeding.org/jml/index.php?option=com_content&view=article&id=80:2011-02-13-22-14-32&catid=52:model-policies&Itemid=76

Native Mothering™ website – Where traditional wisdom meets evidence-based information- <http://nativemothering.com/>

Breast-feeding's Role in Taking Back Native Culture – Article in Indian Country Today Media Network by Rob Capriccioso, March 01, 2011 <http://indiancountrytodaymedianetwork.com/article/breast-feeding-important-in-american-indian-culture-19365>

COMMUNITY RESOURCES

Breastfeeding Coalitions Most states have a State and/or local breastfeeding task force or coalition comprised of health professionals and community leaders who promote and support breastfeeding. Assisting local worksites with lactation support for employees is within the mission of many of these groups. Contact your Michigan Breastfeeding Network. <http://www.mibfnetwork.org/>

La Leche League La Leche League mothers' groups are located in many areas throughout the State. To identify Michigan's listings of La Leche League leaders and groups in your area, visit the Web site at: <http://www.llli.org/web/michigan.html>

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 can include childbirth instructors, lactation consultants, nurses, pediatricians, family physicians, obstetricians, nurse practitioners, nurse midwives, and others.

WIC Program (USDA Special Supplemental Nutrition Program for Women, Infants, and Children) Your State's WIC Breastfeeding Coordinator can provide valuable assistance in identifying community resources for your company, and in providing direct services to breastfeeding women. Visit the USDA Food and Nutrition Service directory of breastfeeding program staff at: <http://www.fns.usda.gov/wic/Breastfeeding/mainpage.HTM>

BABY FRIENDLY HOSPITAL RESOURCES

Baby Friendly USA. Baby-Friendly Hospital Initiative. Guidelines and evaluation criteria to become a baby-friendly designated hospital. <http://www.babyfriendlyusa.org/about-us>

The Baby-friendly Hospital Initiative (BFHI) is a global effort launched by WHO and UNICEF to implement practices that protect, promote and support breastfeeding. It was launched in 1991 in response to the Innocenti Declaration. The global BFHI materials have been revised, updated and expanded. The materials reflect new research and experience, reinforce the International Code of Marketing of Breast-milk Substitutes, support mothers who are not breastfeeding, provide modules on HIV and infant feeding and mother-friendly care, and give more guidance for monitoring and reassessment.

<http://www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html>

Strategic Alliance ENACT: Baby-Friendly Hospitals There is well documented scientific evidence that breast milk is the optimal food for infants and gives them the best start for a healthy immune system. Hospitals and birthing centers have a unique role in supporting breastfeeding immediately after birth, which is a critical time for establishing a successful breastfeeding relationship. This tool focuses on promoting baby-friendly hospital policies to increase the rates of mothers who initiate and continue breastfeeding their infants. <http://eatbettermovemore.org/sa/enact/healthcare/babyfriendly.php>

NATIONAL AND INTERNATIONAL ORGANIZATIONS

American Association of Health Plans Free download: “Advancing Issues in Women’s Health: Health Plans’ Innovative Programs in Breastfeeding Promotion.”

www.ahip.org/content/default.aspx?bc=38|65|369|412|424/

Healthy Mothers/Healthy Babies Coalition: Information on the national “Models of Excellence” program which recognizes businesses that providing resources and outstanding support for women.

www.hmhb.org/pub_breast.html/

International Board of Lactation Consultant Examiners: Information on the credential and ways a lactation consultant can help families with breastfeeding. Includes a U.S. registry of credentialed lactation consultants. www.iblce.org/

International Lactation Consultant Association Distributes the World Health Organization’s “Maternity Protection at Work Kit” and provides a complete list of available resources to support working mothers with breastfeeding. www.ilca.org/

Investing in Workplace Breastfeeding Program and Policies: An Employer’s Toolkit This toolkit provides the information needed for assessing, planning, promoting, implementing, and evaluating a worksite lactation support program.

<http://www.businessgrouphealth.org/benefitsttopics/breastfeeding.cfm>

March of Dimes Breastfeeding information and link to local March of Dimes chapters.

<http://www.marchofdimes.com/#>

National Business Group on Health Advises large employers on healthcare including lactation support to employees. Downloadable resources include the “Breastfeeding Support at the Workplace: Best Practices to Promote Health and Productivity.”

[www.businessgrouphealth.org/prevention/breastfeeding_workplace.cfm/](http://www.businessgrouphealth.org/prevention/breastfeeding_workplace.cfm)

U.S. GOVERNMENT ORGANIZATIONS

Centers for Disease Control and Prevention (CDC) Guide to Breastfeeding Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005. Use this guide to promote and establish breastfeeding interventions that are practice and evidence based. Interventions outlined in the guide focus on selecting community and other interventions that address disparities within specific population

groups.http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

Centers for Disease Control and Prevention (CDC) Support for breastfeeding in the workplace is vital for mothers. http://www.cdc.gov/breastfeeding/pdf/BF_guide_2.pdf

Centers for Disease Control and Prevention (CDC) Guide to Breastfeeding Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005. Use this guide to promote and establish breastfeeding interventions that are practice and evidence based. Interventions outlined in the guide focus on selecting community and other interventions that address disparities within specific population groups. http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

United States Breastfeeding Committee. Workplace Support in Federal Law. Workplace support for breastfeeding is contained in Section 4207 of the PATIENT PROTECTION AND AFFORDABLE CARE ACT (also known as Health Care Reform). The amendment requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child's birth. The new requirements became effective when the Affordable Care Act was signed into law on March 23, 2010
<http://www.usbreastfeeding.org/Workplace/WorkplaceSupport/WorkplaceSupportinHealthCareReform/tabid/175/Default.aspx>

United States Breastfeeding Committee Provides downloadable "issue papers" on the cost benefits of breastfeeding, and the importance of worksite and childcare support programs.
www.usbreastfeeding.org/

United States Department of Health and Human Services Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) Two MCHB Web sites offer a broad array of resources for women, teens, children, infants, families and their providers. 1-888-ASK-HRSA, www.mchb.hrsa.gov and www.mchb.hrsa.gov/pregnancyandbeyond/U.S.

United States Department of Labor Break Time for Nursing Mothers webpage - <http://www.dol.gov/whd/nursingmothers/>

United States Department of Health and Human Services/Office on Women's Health Downloadable information sheets on breastfeeding. Toll-free telephone information line also available (800-994-9662), staffed by operators who are trained peer counselors. "Easy Guide to Breastfeeding" booklets are available for five different audience groups of women (Caucasian, African American, American Indian and Alaska Native, Chinese, and Latina) and are available as a free download. www.womenshealth.gov/ and <http://www.womenshealth.gov/breastfeeding/government-in-action/hhs-blueprints-and-policy-statements/>

BREAST PUMP MANUFACTURERS

Examples of manufacturers that produce industrial-sized, hospital-grade electric pumps, portable electric breast pumps, and other breastfeeding equipment and supplies:

Ameda Breastfeeding Products, Hollister Incorporated 2000 Hollister Drive Libertyville, IL 60048-3781
866-99-AMEDA 800-624-5369 www.ameda.com/

Medela, Incorporated 1101 Corporate Dr. McHenry, IL 60050 800-435-8316 www.medela.com/

Whittlestone P.O. Box 2237 Antioch, CA 94531 877-608-MILK 707-748-4188 www.whittlestone.com/

Local distributors of breast pumps can be identified through medical supply outlets or the hospital lactation department. Your local hospital can also give information on suppliers of other types of breast pumps that might be appropriate for employed breastfeeding women.

OTHER IMPORTANT INFORMATION

Academy of Breastfeeding Medicine www.bfmed.org/

American Academy of Pediatrics www.aap.org/

American Academy of Family Physicians www.aafp.org/

American College of Obstetrics and Gynecologists www.acog.org/

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) www.awhonn.org/

National Alliance of Breastfeeding Advocacy www.naba-breastfeeding.org/

National Association of Pediatric Nurse Practitioners www.napnap.org/

World Alliance for Breastfeeding Action www.waba.org.my/

These lists of organizations and manufacturers are provided as examples only. Mention of trade names, commercial practices, or organizations in this publication does not imply endorsement by the U.S. Department of Health and Human Services or the U.S. Government

9 | OTHER RESOURCES AVAILABLE ON CD



Resources Available on CD

1. ITCM Benefits of Breastfeeding Flyer
2. Close to the Heart Breastfeeding Video
3. Fair Labor Standards Act Presentation
4. Business Case for Breastfeeding Outreach Presentation
5. American Association of Indian Physicians Obesity Policy Brief
6. Flyers and Table Tents

Benefits of Breastfeeding



Human Milk is Uniquely Suited for Human Infants

- ❏ Babies were born to be breastfed, it is the first traditional food.
- ❏ Human milk is easy to digest and contains more than 200 components that babies need in the early months of life.
- ❏ Breast milk changes over time, and even over the course of a day, to meet the changing needs of the growing child .
- ❏ Factors in breast milk protect infants from a wide variety of illnesses.
- ❏ Children who have been breastfed have less risk of becoming overweight or obese, even as adults.
- ❏ Research has shown that children who had been breastfed had higher IQs.

Breastfeeding Saves Lives

- Lack of breastfeeding is a risk factor for sudden infant death syndrome (SIDS).
- Human milk protects premature infants from life-threatening gastrointestinal disease.
- Breastfed children have lower risk of dying before their first birthday.

Breastfed Infants are Healthier

- ❏ Formula fed infants have twice the risk of having ear infections in the first year than infants who are exclusively breastfed for at least 4 months.
- ❏ Breastfeeding reduces the incidence, and lessens the severity of a large number of infections, including pneumonia and meningitis in infants.
- ❏ Breastfeeding protects infants against a variety of illnesses, such as diarrhea and infant botulism.
- ❏ Breastfed babies have less chance of allergies, asthma and eczema.
- ❏ Evidence suggests that exclusive breastfeeding for at least two months protects susceptible children from Type I insulin dependent diabetes mellitus (DDM).
- ❏ Breastfeeding may reduce the risk for subsequent inflammatory bowel disease, multiple sclerosis, rheumatoid arthritis, and childhood cancers.

Breastfeeding Moms are Healthier:

They are less likely to develop ovarian and premenopausal breast cancers and the more months a woman has spent breastfeeding, the greater the beneficial effect. Breastfeeding mothers enjoy a quicker recovery after childbirth, with reduced risk of postpartum bleeding. Breastfeeding Moms are more likely to return to their pre-pregnancy weight. Breastfeeding contributes to feelings of attachment between a mother and her infant.

*Reference: This Fact Sheet was created with information obtained from the United States Breastfeeding Committee. *Benefits of breastfeeding* [issue paper]. Raleigh, NC: United States Breastfeeding Committee; 2002.



Break Time for Nursing Mothers

Under the Fair Labor Standards Act



U.S. Department of Labor
Wage and Hour Division



Break Time for Nursing Mothers Under the Fair Labor Standards Act

The Patient Protection and Affordable Care Act (“Affordable Care Act”) amended section 7 of the FLSA requires employers to provide nursing employees with:

- Reasonable break time to express breast milk
- A place, other than a bathroom, that may be used to express milk
- For up to one year after the child’s birth

The new requirement became effective March 23, 2010, when the President signed the ACA into law.



Reasonable Break Time

The Affordable Care Act requires employers to provide:

- “Reasonable break time”
- “Each time such employee has need to express the milk”
- For 1 year after the child’s birth.

As the Act does not define “reasonable break time,” the Department is working to develop guidance on this issue.



Compensation for Break Time

Employers are not required to provide compensated break time. As with other breaks under the FLSA, the employee must be completely relieved from duty, or the break time must be compensated as work time.

If an employer already provides paid break time and if an employee chooses to use that time to express breast milk, she must be compensated for that time just as other employees would be compensated for break time.



Space Requirements

An employer shall provide:

- A place, other than a bathroom
- Shielded from view
- Free from intrusion from coworkers and the public
- That may be used by an employee to express breast milk.

An employer may temporarily designate a space or make a space available when needed by the employee; the location must be functional as a space for expressing milk.



Undue Hardship Defense

- An employer that employs fewer than 50 employees is not required to provide break time and space if it would pose an undue hardship.
- Number of employees is determined by counting employees at all worksites, regardless of location or part-time status.
- Undue hardship is defined as “causing the employer significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer’s business.”



Interaction with State Laws

The federal provision explicitly states that it does not preempt a state law that provides “greater protections” to employees than those provided by the federal law.

Over 20 states have laws related to breastfeeding or expressing milk in the workplace

- See the National Conference of State Legislatures (NCSL) for a compilation of relevant state laws

<http://www.ncsl.org/issuesresearch/health/breastfeedinglaws/tabid/14389/default.aspx>



U.S. Department of Labor
Wage and Hour Division



Enforcement

The Wage and Hour Division (WHD) of the U.S. Department of Labor (DOL) administers and enforces the FLSA.

The WHD and information on the laws it enforces can be found on the internet at the following address: www.wagehour.dol.gov

Voice Phone: 1-866-487-9243 (1-866-4US-WAGE)

*TDD Phone: 1-877-889-5627



U.S. Department of Labor
Wage and Hour Division



Enforcement

If employee is discharged or in any manner discriminated against because she has filed a complaint, the employee may file a retaliation complaint with the Department or may file a private right of action under the FLSA for retaliation seeking reinstatement, lost wages, and other appropriate remedies.

If employer does not comply, the Department could file suit to seek injunctive relief under the FLSA, including reinstatement and lost wages if appropriate.

www.wagehour.dol.gov or call 1-866-487-9243



U.S. Department of Labor
Wage and Hour Division



Additional Resources

Federal resources

Department of Health and Human Services (HHS) tool kit: "The Business Case for Breastfeeding"
<http://www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding/index.cfm>

Centers for Disease Control and Prevention (CDC) Toolkit/Paper about workplace lactation Programs
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/lactation/index.htm>

Other resources

U.S. Breastfeeding Committee (federal and non-federal partners) maintains a state directory of organizations
<http://www.usbreastfeeding.org/Coalitions/CoalitionsDirectory/tabid/74/Default.aspx>

International Lactation Consultant Association maintains a workplace lactation directory so ERs can find local consultants to help set up workplace lactation programs
http://www.ilca.org/i4a/member_directory/feSearchForm.cfm?directory_id=6&pageid=3725&showTitle=0

Note: These resources provide general guidance on workplace lactation and do not address the FLSA requirement to provide breaks for nursing mothers. WHD does not endorse these organizations or guarantee the accuracy of the information they provide.



U.S. Department of Labor
Wage and Hour Division



The BUSINESS CASE for BREASTFEEDING

STEPS FOR CREATING A BREASTFEEDING FRIENDLY WORKSITE



Women in the Workforce

2005 data from U.S. Department of Labor¹ shows:

- 60 percent of women work outside the home
- Mothers are the fastest growing segment of the U.S. workforce
 - 55 percent with children under age 3 are employed
 - 62 percent with children under age 6 are employed
 - 78 percent are employed full-time
 - Growth rate has increased by 80 percent over the last 20 years

Supporting Breastfeeding is
WIN-WIN
for Companies and Employees

Health Impact of Breastfeeding

Recommended by major medical and professional organizations

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Academy of Family Physicians (AAFP)
- U.S. Surgeon General
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
- American Dietetics Association (ADA)

Health Impact on Infants

Lower risk of infections and illnesses

- Ear infections
- Respiratory infections
- Dermatitis
- Gastrointestinal disorders

For every 1,000 babies not breastfed, there is an excess of 2,033 physician visits, 212 days in the hospital, and 609 prescriptions²

Impact on Children in Daycare

Health impact is even greater on infants enrolled in daycare centers³

- Daycare attendance is associated with double the odds of needing antibiotic therapy
- Infants breastfed at least 4 months significantly decreased those odds
- Protective effect of breastfeeding on children in daycare persists well into child's second year of life

Impact on Mothers

- Faster recovery from pregnancy and childbirth
- Lower risk of breast cancer
- Lower risk of osteoporosis
- Satisfaction she is giving her baby the best start in life possible

Breastfeeding Makes
Good Business Sense

Lower Absenteeism Rates

Case Example

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

Lower Health Care Costs

Case Example:

CIGNA reported in a 2-year study of 343 employees an annual savings of \$240,000 in health care expenses, 62 percent fewer prescriptions, and \$60,000 in reduced absenteeism rates⁵

A Lactation Program Gives Your Company Bottom Line Benefits

Lower Turnover Rates

Case Examples

Mutual of Omaha's lactation support program resulted in a retention rate of 83 percent of female employees compared to the national average of 59 percent⁶

A study of multiple companies with lactation support programs found an average retention rate of 94.2 percent.⁷

Lower Health Care Costs

Case Example:

Mutual of Omaha had a yearly savings of \$115,881 in health care claims among families enrolled in the program. Per person costs were \$1,246 MORE for employees who did not participate in the program.⁶

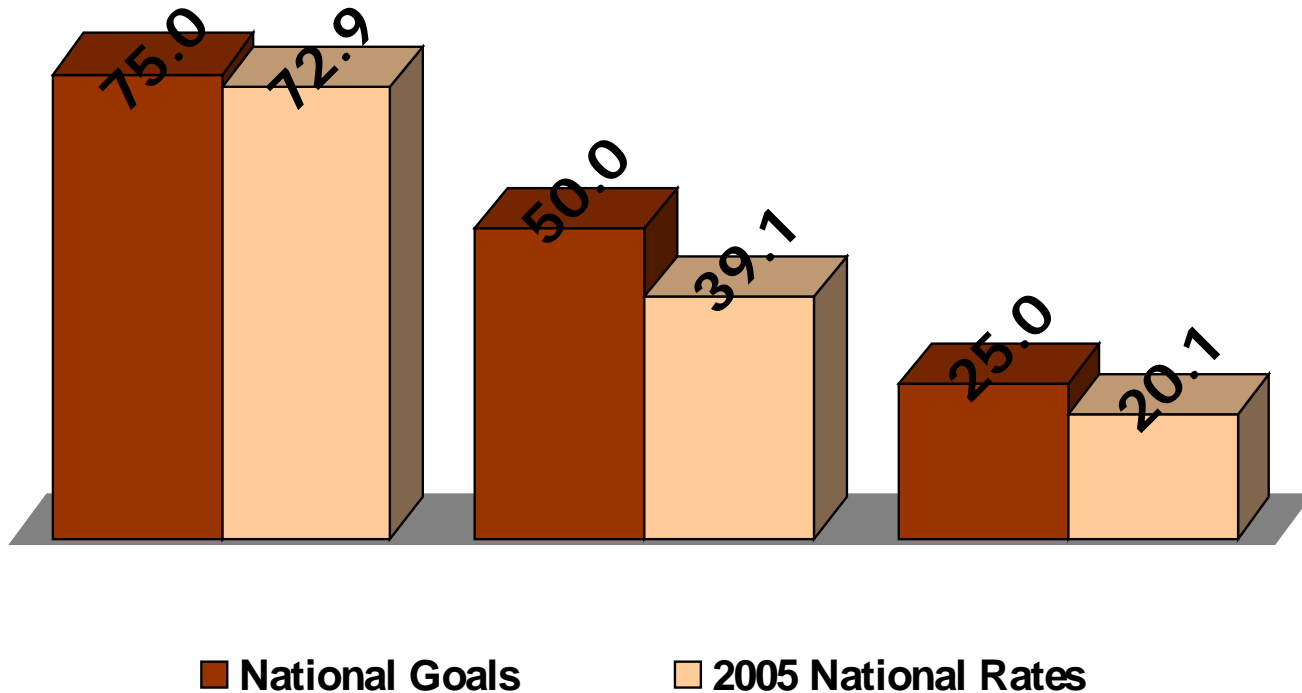
Other Benefits⁸

- Earlier return from maternity leave
- Higher employee productivity and morale
- Higher employer loyalty
- Recognition as a “family friendly” business

Easy Ways to Support Breastfeeding Employees

2005 Breastfeeding Rates

Compared to Healthy People 2010 Goals⁹



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

Components of a Lactation Support Program

Gradual Return to the Workplace

Basic Needs

- Gradual phase back to 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 (ex: taking off Wednesdays for a period of time)

Private Room for Milk Expression

Basic Needs

- 4' x 5' space minimal
- Access to nearby running water
- Electrical outlet
- Lock on door

Private Room for Milk Expression

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, women's lounge, or other area
- A restroom is **NOT** a sanitary place to breastfeed or express milk!

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

Milk Storage Options

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

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

Education

Basic Needs

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

Education

Flexible Options

- Prenatal and postpartum breastfeeding class
- Informational materials and videos
- Company contract with a lactation consultant or other lactation expert to provide prenatal education and postpartum 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 list serves or company web-based connection network

Model Companies and Public Agencies

Large Companies and Public Agencies (500+ employees)

- Various departments and agencies of the Federal Government
- Boston University Medical Center
- California Public Health Foundation Enterprises
- CIGNA (Philadelphia, PA)
- Fort Lewis and Madigan Army Medical Center (Tacoma, WA)
- Mutual of Omaha
- Home Depot Corporate Office (Atlanta, GA)
- Los Angeles Department of Water and Power
- Pizza Hut Restaurant Service Center (Dallas, TX)
- Sea World (San Diego, CA)
- Texas Instruments (Dallas, TX)

Model Companies

Mid-sized companies (100-499 employees)

- Patagonia (Ventura, CA)
- Sears Roebuck & Co. #2179 (Medford, OR)

Model Companies

Small companies (1-99 employees)

- Andaluz Birth Center (Portland, OR)
- Childhood Health Associates of Salem
- HCG Software, LLC (Portland, OR)
- Pecan Ridge School (Canton, TX)
- Western Environmental Law Center (Eugene, OR)

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 buy-in and support

Who Can Help

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

How to Get Help in Our Community

[Insert information about local resources who can assist with establishing a worksite lactation program, as well as provide direct services to mothers.]

References

- ¹U.S. Department of Labor Women's Bureau. (2005). Employment status of women and men in 2005. Available online at: www.dol.gov/wb/factsheets/Qf-ESWIM05.htm. Accessed January 2007.
- ²Ball, T., & Wright, A. (1999). Health care costs of formula-feeding in the first year of life. *Pediatrics*, 103(4):871-876.
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Photo Courtesy of the Indian Health Service/U.S. Department of Health and Human Services

American Indian and Alaska Native Health Care Providers Creating Healthy, Active Native Communities

CALL TO **ACTION.**

The children and families you serve need your support. We invite you to join the fight to put an end to the devastation and disparities faced by Native people. Our future generations need your voice, expertise, time, and commitment to help them achieve healthy active lives.

Of all racial and ethnic groups, American Indian and Alaska Native (AI/AN) youth have the highest prevalence of obesity and overall AI/ANs are the only group with increasing rates (CDC, 2009). In adulthood these rates are even higher; nearly 40% of AI/AN adults are obese and an additional 30% are overweight (OMH website). As health care providers working with AI/AN communities, you witness the epidemic first hand and treat the comorbidities of the epidemic – Type 2 diabetes, high blood pressure, cardiovascular disease, asthma, sleep apnea, low self-esteem, depression, and social discrimination.

The environments in which our children live have a profound impact on the foods they eat and the amount of activity they get. A lack of access to full-service grocery stores, the increasing costs of healthy foods coupled with the lower cost of unhealthy foods, and an absence of safe places to play and exercise all contribute to the increase in obesity rates in our communities by inhibiting or preventing healthy eating and active living behaviors. Moreover, many school environments are not fostering healthy active living practices; with most students having little or no time to be active at school, while junk foods and sugary drinks are readily available. Identifying the targets for change will require health care providers to focus not only on the children but their families, communities, and environment.

BE PART OF THE SOLUTION.

As an American Indian and Alaska Native health care provider you can advocate for and influence change starting at the individual and practice level all the way to the school, Tribal, and even federal level.

American Indian and Alaska Native health care providers have the **VOICE, CREDIBILITY, and SKILLS** to pave a new path for Native youth.

Simple Ways to Get Your Practice into Healthy Action

Educate patients and families on restricting screen time and getting more physical activity. Children under the age of two should have no screen time and children over the age of two should be limited to one-two hours per day.

Suggested Tips: 1) Know about community before-and after school programs and local recreation activities that can serve as an alternative to screen time; 2) Encourage families to get active together - a daily walk, gardening, or dancing; and 3) Suggest removing the TV or computer from the child's bedroom

Resources

- Physical Activity Guidelines for Americans, <http://www.health.gov/paguidelines/>
- Lets Move in Indian Country Toolkit, http://www.letsmove.gov/sites/letsmove.gov/files/LMIC_Toolkit.pdf
- Lets Move in the Clinic, <http://www2.aap.org/obesity/letsmove/index.cfm>

Understand your community's food and water sources and model healthy eating and drinking in your office.

Suggested Tips: 1) Know your community and identify locations where affordable fresh fruits and vegetables are readily available, 2) Understand the national and Tribal food programs and identify local resources to better serve food insecure patients, 3) Promote healthy food and drink choices in clinical settings via posters, brochures, flyers, and displays, 3) Ensure that your practice and hospital has accessible safe, clean drinking water, 4) Bring farm stands or markets to your hospital/clinical setting

Resources

- Locate a farmers market in your area, <http://www.localharvest.org/>
- Food Distribution Program on Indian Reservations, <http://www.fns.usda.gov/fdd/programs/fdpi/>
- Tools for Healthy Tribes, <http://americanindianhealthyeating.unc.edu/tools-for-healthy-tribes/>

Impact Your Community - Think and Act Locally

Advocate to your tribal leader and/or tribal council members to increase access to traditionally grown, fresh, and healthy produce.

Suggested tips: 1) Ask tribe to allot tribal lands to support community gardens, 2) Advocate for the local Tribal convenience store and farmers markets to accept WIC and SNAP for fresh fruits and vegetables, 3) Advocate for the availability of smaller portion sizes and low-fat, low-calorie options at tribal and public events

Resources

- Healthy Eating Priorities, <http://www.healthcare.gov/prevention/nphpphc/strategy/healthy-eating.pdf>
- National Congress of American Indians Understanding Tribal Governments, <http://www.ncai.org/about-tribes>
- Find a Local Policy on ENACT database, <http://eatbettermovemore.org/sa/policies/index.php>

Action steps to increase access to safe and attractive places for physical activity.

Suggested tips: 1) Improve access to recreational facilities by establishing joint-use agreements, partnering with centers to extend hours, and exploring incentives to promote affordable, free physical activity opportunities, 2) Encourage walking and bicycling through improvements in the built environment such as marking walking trails and traffic calming measures, 3) Improve stairway access and appeal and create incentives for remote parking

Resources

- Built Environment and Health, <http://www.preventioninstitute.org/component/jlibrary/article/id-114/127.html>
- Find State by State Trails, <http://www.americantrails.org/resources/statetrails/index.html>
- Healthy Tribal Nations Toolkit, <http://www.healthtribalnations.com/chapter-5-0.html>



The American Academy of Pediatrics developed the **Policy Opportunities Tool** for health care professionals designed to showcase various policy strategies that support healthy active living for children and families. The strategies included are all exerted from this tool. These strategies are recommended by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, the Institute of Medicine, the Robert Wood Johnson Foundation, and/or the National Governor's Association. To view the tool, links, and references in its entirety go to http://www2.aap.org/obesity/matrix_1.html

Improving the School Environment One Healthy Step at a Time
<p>Take action steps to increase healthy and traditional foods and beverages at school.</p> <p>Suggested tips: 1) Work with school wellness councils and administrators to institute farm to school programs that deliver fresh fruit and vegetables directly from farms to schools, 2) Create edible garden programs that integrate gardening and fresh, traditional cooking into school curricula, 3) work with school wellness council and school administrators to require low-fat or non-fat milk and access to clean drinking water</p> <p>Resources</p> <ul style="list-style-type: none"> • Kids Safe and Healthful Foods Project, http://www.pewhealth.org/projects/kids-safe-and-healthful-foods-project-85899367223/take-action?gclid=CNGWqlHQ57ECFYhgTAod4yMAfA# • Creating Access to Healthy Affordable Foods, http://apps.ams.usda.gov/fooddeserts/Default.aspx • Model School Wellness Policies, http://www.schoolwellnesspolicies.org/WellnessPolicies.html
<p>Raise awareness for school officials and students on the health benefits of eating nutritiously and being physically active.</p> <p>Suggested tips: 1) Ensure your schools are free of marketing from soft drink companies, including vending machines, 2) Develop media campaigns to combat the consumption of sugar-sweetened beverages and promote healthy beverages, 3) Work with school officials to position food high in nutrients to make students more likely to opt for healthier choices</p> <p>Resources</p> <ul style="list-style-type: none"> • RWJF Brief on AI/AN Youth and Obesity, http://www.rwjf.org/files/research/20100512lhcamerindian.pdf • Yale Rudd Center – Policy Briefs for Food Policy & Obesity, http://www.yaleruddcenter.org/briefs.aspx • Tohono O'odham Community Action Food Sovereignty, http://www.tocaonline.org/Home.html
Promoting Health at the Federal Level
<p>Support actions that promote healthy foods and reduces food insecurity nationwide.</p> <p>Suggested tips: 1) Support Federal Child Nutrition Programs, including the National School Lunch and Breakfast Program, 2) Require menu labeling in restaurants to provide customers with calorie information on menus and menu boards, 3) Shift Farm Bill policies from supporting unhealthy foods to more fresh fruits and vegetables, 4) Support the Prevention and Public Health Fund program dedicated to providing communities with resources for healthy living and prevention activities such as childhood obesity initiatives.</p> <p>Resources</p> <ul style="list-style-type: none"> • Improving Access to Healthy Foods, http://www.policylink.org/site/c.lkIXLbMNJrE/b.5136643/k.1E5B/Improving_Access_to_Healthy_Food.htm • National School Lunch Program, http://www.fns.usda.gov/cnd/lunch/ • National Law on Menu Labeling, http://www.cspinet.org/menulabeling/ • Nutrition Program for Women, Infants and Children (WIC), http://www.rwjf.org/files/research/herfoodinsecurity20100504.pdf • Prevention and Public Health fund, http://healyamericans.org/reports/prevention-fund/
<p>Take action steps to limit unhealthy and develop healthy media campaigns nationwide.</p> <p>Suggested tips: 1) Advocate with the Federal Trade Commission (FTC) to implement stronger regulations on food marketing toward children and adolescents, 2) Advocate for Federal Communications Commission (FCC) regulations that limit the amount of television programming that target children, 3) Implement a tax strategy to discourage consumption of food and beverages with minimal nutritional value, including soda tax</p> <p>Resources</p> <ul style="list-style-type: none"> • Institute of Medicine – School Meals, http://www.iom.edu/Reports/2009/School-Meals-Building-Blocks-for-Healthy-Children.aspx • Federal Trade Commission Report on Food Marketing to Youth, http://www.ftc.gov/opa/2008/07/foodmktng.shtm • Yale Rudd Center Legislation Database, http://www.yaleruddcenter.org/legislation/ • Fast Food Facts Report, http://fastfoodmarketing.org/media/FastFoodFACTS_Report.pdf

The Surgeon General's Call to Action
to Support Breastfeeding

2011



U.S. Department of Health and Human Services

A POWERFUL TOOL IN THE FIGHT AGAINST OBESITY IS **BREASTFEEDING**

Infants who are breastfed are known to have decreased risks for childhood obesity, diabetes and acute ear infections (American Academy of Pediatrics, 2012). Mothers who breastfeed have decreased risk for osteoporosis, hip fractures (Gartner LM et al, 2005), cancers, type 2 diabetes, and postpartum depression (American Dietetic Association, 2009). As the ideal source of nutrition for infants, breast milk also provides health benefits for both mother and baby. However, without support from their environment, health care providers, work site, and community, new mothers find breast-feeding a difficult process to start and maintain.

Ideas for how you can support breastfeeding at all levels of change to make a greater impact in your practice, clinic, and tribe

In your practice: Promote and encourage breastfeeding by discussing with patients the benefits and providing support for new moms. Provide on-site lactation support and refer to lactation resources in your community. Ask moms that have been successful at breastfeeding to be a peer mentor for new moms just learning how to breastfeed, be honest with patients about possible pain and the learning curve associated with breastfeeding.

In the clinic or hospital: Encourage your facility to join the Baby Friendly Hospital Initiative. The Baby-Friendly Hospital Initiative (BFHI) assists hospitals in giving mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so which results in healthier babies and moms, and will reduce current and future medical problems and decrease health care costs.

At the Tribal Level: Ensure breastfeeding friendly environment by advocating that Tribal work sites allow access to private lactation rooms and appropriate breaks for nursing mothers and supervisors and staff will provide a supportive environment to breastfeeding moms.

Resources

- <http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/>
- http://www.letsmove.gov/sites/letsmove.gov/files/TFCO_Early_Childhood.pdf
- <http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/BreastfeedingGuide-NativeAmerican-English.pdf>
- <http://pediatrics.aappublications.org/content/115/2/496.full>

Common barriers to breastfeeding include:

- Limited provider awareness, knowledge, skills, and practices and limited self-awareness.
- A generation of bottle-feeding grandmothers makes it difficult to transfer knowledge and skills to younger generations.
- Pain associated with breastfeeding or fear of pain perceived by new mothers.
- Lack of paid maternity leave and lack of workplace support

Vital signs™
August 2011

Hospital Support for Breastfeeding

Preventing obesity begins in hospitals

Childhood obesity is an epidemic. In the US, 1 preschooler in 5 is at least overweight, and half of these are obese. Breastfeeding helps protect against childhood obesity. A baby's risk of becoming an overweight child goes down with each month of breastfeeding. In the US, most babies start breastfeeding, but within the first week, half have already been given formula, and by 9 months, only 21% of babies are breastfeeding at all. Hospitals can either help or hinder mothers and babies as they begin to breastfeed. The Baby-Friendly Hospital Initiative describes Ten Steps to Successful Breastfeeding that have been shown to increase breastfeeding rates by providing support to mothers. Unfortunately, most US hospitals do not fully support breastfeeding; they should do more to make sure mothers can start and continue breastfeeding.

→ See page 4

Want to learn more? Visit <http://www.cdc.gov/vitalsigns>

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity





The Indian Health Service (IHS) Baby-Friendly Hospital Initiative is working to create a healthy start for babies and prevent childhood obesity. As part of this initiative, IHS is encouraging clinicians in Indian

Country to support policies and practices that foster breastfeeding as the exclusive feeding choice for infants in their first six months of life. By doing so, clinicians will reduce current and future medical problems and decrease health care costs.

This initiative will use quality improvement processes to improve breastfeeding rates through new maternity care and infant feeding practices.

We encourage clinicians in Indian Country who serve new mothers to familiarize themselves with the:

- benefits of breastfeeding,
- problems that may arise for breastfeeding mothers,
- challenges for health facilities in implementing breastfeeding policies, and
- toolkit on providing education on breastfeeding.

For American Indian and Alaska Native specific resources to support new moms, visit:

- www.ihs.gov/medicalprograms/mch/m/bf.cfm
- www.ihs.gov/healthed/index.cfm?module=toolkit_bf

Tips to Support Breastfeeding Mom

- Praise mom and tell her she is doing a great job
- Discuss benefits of breastfeeding with fathers and grandparents and get them on board
- Identify local support groups for new moms and breastfeeding education classes for pregnant moms

By supporting mothers who choose to breastfeed, the Indian Health Service will reduce current and future medical problems and decrease health care costs.



*Dr. Yvette Roubideaux
IHS Director*

Kelly Moore, MD, FAAP, Creek (Pediatrician)



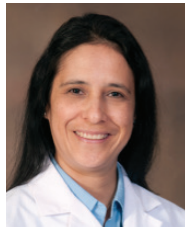
Goal: To increase access to physical activity for urban Indian families in Albuquerque

Action Step: Dr. Moore sponsored a training for the health care providers at the First Nations Community HealthSource on Prescription Trails, a multi-agency partnership managed by *New Mexico Health Care Takes On Diabetes*, a coalition of 30 health care organizations. Prescription Trails

promotes the use of trails in the Albuquerque parks system. By entering a person's zip code on the Prescription Trails website, individuals can find the closest trails to their homes. The trails have also been graded according to level of physical effort and the miles and/or steps walked. Health care providers are encouraged to write prescriptions for physical activity to promote the use of this program.

Lesson Learned: A lot of work has already been done in my state, it is important to not reinvent the wheel and meet with other coalitions and partners who've paved the way.

Nicole Stern, MD, Mescalero Apache (Internal Medicine/Sports Medicine)



The Goal: To increase physical activity in American Indian youth

The Action Steps: Dr. Stern co-sponsored five American Indian youth soccer clinics for youth ages 5-17. The purpose of the clinics was to introduce the sport of soccer in urban American Indian and reservation communities. Participants at the clinics were given soccer balls, a healthy snack, and a motivational talk by Dr. Stern about the health benefits of exercise and eating right. Staff from the Urban Indian Clinic and Indian Health Service along with Dr. Stern and friends volunteered their time to coach during the half-day clinic sessions.

Lessons Learned: Running and playing soccer is fun! Youth left the clinics with positive experiences and the motivation to continue playing soccer. An important lesson learned by many of the youth was that skill level did not matter for this particular activity. All of the youth realized that they were included even if they had never played soccer before. Soccer has expanded into Indian Country over the last 10-15 years which is wonderful!!



LESSONS FROM THE FIELD - AAIP MEMBERS IN ACTION



Ryan Brown, MD, FAAP, Choctaw/Chickasaw (Pediatrician)

The Goal: To increase the awareness, education, and activity in Native American children throughout the state of Oklahoma

The Action Steps: Dr. Brown conducts a summer camp called NYPD (Native Youth Preventing Diabetes), which is set up in collaboration and partnership with various

Tribes and Nations in the State of Oklahoma. The residential camp focused on educating the youth on obesity and Type 2 diabetes awareness. The children are exposed to age appropriate educational material done in a fun and interactive manner done so with Native culture in mind. Health parameters such as BMI, blood pressure, Hemoglobin A1c, and fasting lipid profile were measured.

Lessons Learned: Many of the campers return every year because of the experience and education they gain from the camp. This has been a great resource for Tribes and Nations to offer their youth in the summer time to help prevent conditions that have plagued their people for many years. The kids are taking what they learn home with them and helping change the entire family's health.

Be Our Voice

a project of NICHQ

What is *Be Our Voice*?

As a health care professional or community leader, you see the toll the childhood obesity epidemic is taking every day. You may feel frustrated by spending time educating families about the importance of physical activity only to hear local schools have slashed time outside the classroom. You may discuss the need to eat a healthy diet only to hear that your patients and clients don't have a grocery store in their neighborhood. The solutions to these problems are outside your office and in your community.

Be Our Voice seeks to contribute to reversing the childhood obesity trend by supporting health care professionals and other leaders in becoming **advocates for local policy changes that make the healthy choice the easy choice.**

Be Our Voice is a project led by the National Initiative for Children's Healthcare Quality (in partnerships with various national and local organizations promoting healthy eating and active living) with funding from the Robert Wood Johnson Foundation (RWJF). *Be Our Voice* aims to help reverse the childhood obesity epidemic across the nation by training, supporting, and providing technical assistance to health care professionals in becoming advocates for policy change in their communities.

What Can *Be Our Voice* Do For You?

Be Our Voice can directly support the work you're already doing. **The *Be Our Voice* Online Advocacy Training Course provides nearly everything you need to start effectively advocating for policy changes** in your community. In order to access the Online Advocacy Training Course, please visit the *Be Our Voice* website, www.nichq.org/advocacy.

Be Our Voice Resources:

Be Our Voice also provides other resources to support your advocacy efforts, including:

- Advocacy Resource Guide and Toolbox
- State and County Obesity Factsheets
- American Academy of Pediatrics Policy Opportunities Tool
- *Be Our Voice* listserv (a community of over 330 childhood obesity advocates!)
- Technical Assistance webinars and guides
- Access to over 100 other advocacy resources and links

Additional *Be Our Voice* Information:

The website is the main hub for everything and anything related to *Be Our Voice*. Once you sign up for a free account, you can access a large library of resources and tools designed to support effective advocacy, read success stories from other advocates and submit your own, watch videos about the work of the Phase 1 project sites, find childhood-obesity related events in your area and promote your own, and much more at www.nichq.org/advocacy.

This brief was made possible by a coming together of minds between the following partners who are dedicated to reducing health disparities and improving the health and quality of life of American Indian and Alaska Native people.

Associate of
American Indian
Physicians



American Academy
of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



National Congress
of American Indians



National
Congress of
American
Indians

National Initiative
for Children's
Healthcare Quality



This project was funded with support by the Robert Wood Johnson Foundation (RWJF) and the Department of Health and Human Services (DHHS) Grant PAWOS000006-01-01. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the DHHS nor RWJF.

For more information on this project please contact the Association of American Indian Physicians at 1-800-943-4299, visit www.aaip.org, or tweet #AAIPHANC



busy moms



Breastfeeding works
around my schedule

For information, call WIC

loving  support
makes breastfeeding work

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4. With loving support, breastfeeding is easier to learn.

While breastfeeding is natural, it is also natural to feel a little unsure of yourself at first. After all, you have never done this before. How do you know it will work for you? Relax. Almost any woman can breastfeed—no matter what your age, what kind of food you eat, how large or small your breasts, how confident or relaxed you feel in the beginning. Just remember to nurse often, avoid bottles and pacifiers and position baby so you are both comfortable. Sometimes it helps to ask questions, attend classes or read about breastfeeding. If you have any doubts or concerns about how breastfeeding is going, call for help. You will find breastfeeding can work, with a little loving support. ♥



Loving ♥ support®
makes breastfeeding work
For information, call WIC

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encouragement



Give a
breastfeeding
mom
your
loving
support.



Loving ♥ support®
makes breastfeeding work

Why breastfeeding is a special time for everyone.

Most people think of breastfeeding as something just between mother and baby. The truth is,



breastfeeding is a special time for everyone. Breastfeeding gives mom, dad, grandparents and the entire family a reason to be proud and become part of the new baby's life. Here's how.

1 Babies get the very best food for their health and happiness.

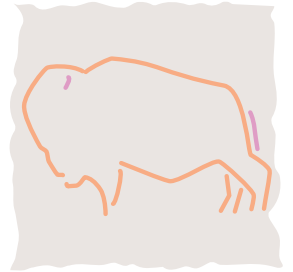
Just how good is breast milk? Research proves it, again and again. Breast milk helps the baby's brain grow and is easier to digest, causing fewer upset stomachs. Breastfed babies get sick less often. They have less tooth decay, fewer allergy problems, earaches and weight problems. In other words, breast milk is the perfect food for baby.

2 Moms can feel close to baby and bounce back faster from pregnancy.

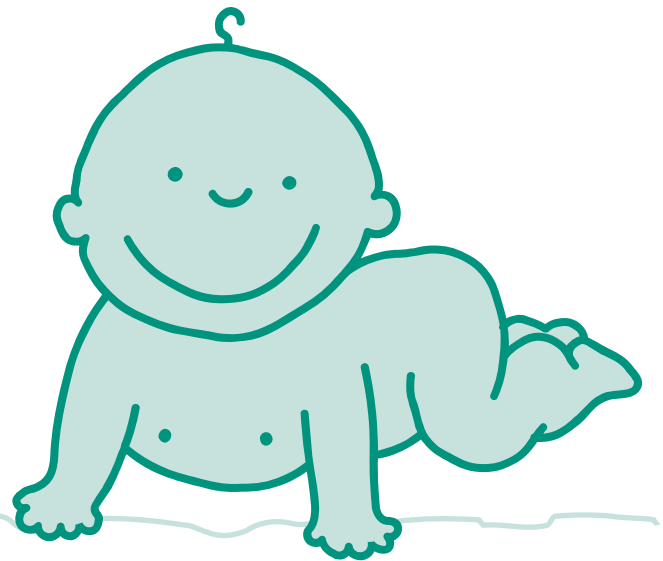
Breastfeeding after your baby is born helps the womb return to normal faster. It also helps you burn calories and lose weight. Best of all, when you breastfeed, a special hormone helps you relax so you can feel close to your baby. Breastfeeding makes you feel proud that you are doing something so good for your baby and yourself.

3 Dads, grandparents and friends can provide loving support.

New mothers may need support with breastfeeding and help with child care and household chores. Dad and other family members need to know they are also important to the care of the new baby. They can cuddle, bathe, diaper, or feed the baby when Mom cannot be around.



Families need to show the breastfeeding mother how proud they are of her. This is a short, but very important, time in a baby's life. And with loving support, it can be a special time for everyone.



Learn more about our lactation support services to help breastfeeding employees continue to give their baby the best start in life!

- Support...to help you reach your personal goals for feeding your baby after returning to work
 - Education...classes during your pregnancy and after baby is born, and access to helpful materials
 - Use of breast pumps...safe and efficient electric pumps located in each lactation room
 - Nursing Mother's Room...a beautiful new milk expression room with a relaxing environment to comfortably express milk during work hours
- help you reach your personal infant feeding goals.

Employees who choose to continue breastfeeding after they return to work can do so with confidence. That's because we provide lactation support services to

Breastfeeding WORKS for Working Women!

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- Healthier babies means mothers and fathers have to use fewer sick leaves to care for sick infants.
- Because mothers and babies are healthier, company healthcare costs are significantly lower!
- Mothers who breastfeed are healthier. Their risk of breast cancer and osteoporosis is lower, and they recover from pregnancy and childbirth faster.
- Breastfed babies are healthier! They have fewer infections and illnesses, even if they are in daycare.

Mothers who choose to breastfeed are doing a world of good for their baby AND the company!

Supporting Breastfeeding Makes Good Business Sense!

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