

MIBFN

Michigan Breastfeeding Network

WORKPLACE



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SYSTEM CHANGER'S GUIDE TO WORKPLACE

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BREASTFEEDING IS GOOD FOR EVERYONE

Breastfeeding is a public health imperative and research has long touted its tremendous nutritional, developmental, social, and environmental benefits for children, mothers, and society as a whole. The World Health Organization recommends breastfeeding until at least two years of age, the American Academy of Family Physicians for at least 12 months, and the American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life with continuation of breastfeeding for up to one year or longer as mutually desired by mother and child. Recent estimates show that over 800,000 child lives and 20,000 maternal lives could be saved each year if every child were breastfed exclusively for six months. Additionally, associated medical cost differences equaled a savings of \$40.2 million per year (Breastfeeding Medicine, December 2017). Breastfeeding provides valuable protection against acute illnesses such as diarrhea, pneumonia, and upper respiratory infections in addition to protection against Sudden Infant Death Syndrome (SIDS), particularly during the first year of life (Pediatrics, October 2017). Breastfeeding benefits extend well beyond infancy, providing lasting health benefits with lower incidences of allergy, asthma, high blood pressure, and obesity as breastfed infants enter into childhood and adolescence. Breastfeeding affects children's cognitive and social functioning with typical IQ gains of two to

five points in healthy infants and up to eight points for low birthweight babies, which significantly impacts school readiness and participation (Currie, J., "Health Disparities and Gaps in School Readiness," The Future of Children, Spring 2005). In addition to the benefits for infants and children, breastfeeding helps to improve the health of mothers by decreasing their lifetime incidence of cardiovascular disease, type II diabetes, osteoporosis, and breast and ovarian cancers. Breastfeeding can drive economic vitality, offers a three-to-one return on investment for businesses, and promotes environmental protection as a naturally renewable food source that requires no packaging, fuel to prepare, or transportation to deliver.



WOMEN ARE A HUGE PART OF TODAY'S CHANGING WORKFORCE

The fastest growing segment of today's labor force is women with infants and children. In 2017, Department of Labor data found that 70 percent of mothers with children under 18 participate in the labor force with 58.6 percent of all mothers with infants under one year of age in the workforce. Balancing work and family life is an important, yet often difficult, goal for these families. The majority of women cite returning to work as their primary reason for stopping breastfeeding (Biagioli, F., American Family Physician, 2003). Statistics from the Department of Labor show that nearly one in four new mothers were back to work within two weeks of giving birth and these women came from the most underpaid and uneducated sector of the female working population. This lack of maternity leave and subsequent early return to the workforce contributes to suboptimal breastfeeding initiation and duration rates. In 2014, 83 percent of babies initiated breastfeeding in the United States with 55 percent breastfed at six months albeit not exclusively (CDC data, Morbidity and Mortality Weekly Report, July 2017). Michigan rates are very similar to the national trend: 80.8

percent of Michigan babies initiated breastfeeding and 51.6 percent were breastfeeding at six months. In terms of exclusivity, 42.3 percent of Michigan babies were breastfeeding exclusively at three months and 26.6 percent were breastfeeding exclusively at six months. Only about one-third of babies are breastfed beyond 12 months of age and many potential nutritional, immunological, social, environmental, and ecological benefits for children, mothers, and community are forfeited due to this low percentage.

WORKING IS AN ECONOMIC NECESSITY FOR MOST MOTHERS

Mothers are primary or sole breadwinners in nearly 40 percent of families yet the wage gap for mothers is larger than for women overall (Pew Research Center Publication data, 2013). Mothers employed full time are paid 71 percent for every dollar paid to men and single mothers fare even worse, earning just 58 cents for every dollar paid to men (National Partnership for Women and Families, 2015). Among data specific to Michigan, the numbers reflect this national trend. According to 2015 Census data, 50 percent of Michigan's population is women and they make up 57 percent of the civilian labor force over the age of 16. Yet women in Michigan are more likely than men to live in poverty. Michigan women who work full time are paid 75 cents on the dollar compared with similarly employed men. The wage gap is even larger for women of color. Among Michigan's women who hold full-time jobs, African American women are paid 66 cents and Latinas are paid 57 cents for every dollar paid to white, non-Hispanic men. In addition, nearly 488,000 family households in Michigan are headed by women and about 32 percent of those families have incomes that fall below the poverty level (U.S. Census Bureau data, 2015). For these women, the return to work is an economic necessity and reflects the lower breastfeeding rates in families living

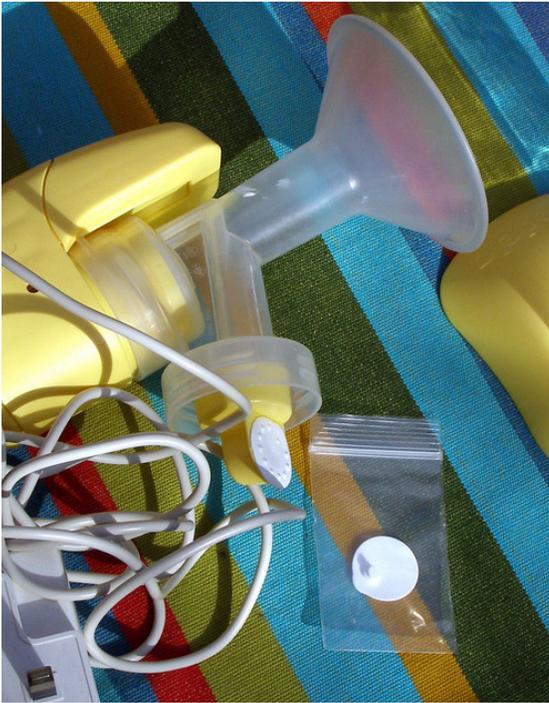


at or close to the poverty rate. Failure to recognize the value of breast milk is directly contributing to racial and class inequity when measuring breastfeeding outcomes.

WOMEN WORKERS ARE CENTRAL TO SUCCESSFUL BUSINESS

Businesses benefit from having women in the workplace and research from the McKinsey survey *The Business of Empowering Women* clearly demonstrates the value of gender-diverse teams in the following areas: growth and resilience, value creation, and risk management. 2015 data from Gallup indicates that women provide different viewpoints, ideas, and market insights to the companies that employ them, which enables better problem solving for an organization's current and future success. Female employees increase productivity and innovation, strengthen team dynamics, and streamline the decision-making process. Promoting staff internally saves money as does the ability to retain female employees after maternity leave, decreasing staff turnover and saving companies significant amounts of money each year. Losing an employee can cost an employer anywhere from \$10,000 to \$30,000 in job search, training, and productivity costs. Additionally,

businesses benefit from having women in leadership positions and the lack of female business leaders may be holding businesses back. A report from the non-profit research organization Catalyst found that with women at the helm businesses had significantly higher financial performance in three key areas: return on equity, return on sales, and return on invested capital. Among the top 500 United States companies those with at least three female board members had a 60 percent higher return on investment than all-male boards. Further, employees with women managers are more engaged in their work and female leaders are rated more highly by their peers and bosses for outstanding leadership than their male counterparts in categories such as integrity, building relationships, initiative, results, motivation, collaboration, communication, and innovation (Harvard Business Review, 2011). These favorable ratings correlate with a reduction in absenteeism, improved employee morale, higher productivity, and less company restructuring. Gender diversity directly affects a company's working environment from its day to day operations to its overall financial performance. In Michigan, there are over 300,000 women-owned businesses and these companies directly contribute to the state's economic vitality and growth as well as its ability to attract dynamic and valuable employees and business opportunities for its citizens.



COMPANIES BENEFIT FROM ACCOMMODATING BREASTFEEDING EMPLOYEES

Variability in adoption and implementation of breastfeeding strategies too often stymies a mother's ability to continue breastfeeding successfully when she returns to work. Many employers simply are unaware of the value of supporting breastfeeding employees in the good business sense. As demonstrated in the 2008 U.S. Department of Health and Human Resources Business Case for Breastfeeding, investing in lactation support services in the workplace has proven to produce a three-to-one return on investment through greater employee retention, increased productivity, lower healthcare costs, and lower employee absenteeism rates due to fewer sick days for mothers and their children. In turn, businesses with workplace breastfeeding support enjoy higher retention rates of valued employees who report increased job satisfaction, morale, and company loyalty.

CURRENT ACCOMMODATIONS NEED TO DO MORE

Federal law provided virtually no protection to working mothers until the 2010 enactment of the Break Time for Nursing Mothers provision of the Patient Protection and Affordable Care Act, which requires that employers provide reasonable break time for employees to express their milk during the work period. Women typically express their milk every two to three hours, or around two to three times per eight hour work period. Women who work 12-hour shifts may need to express three to four times to maintain their milk production. It can take 15 to 20 minutes to express milk. This does not include the time needed to get to and from the room, or the time needed to set up, dismantle, and then clean the breast pump. For most breastfeeding employees the frequency and length of each break will diminish over time as the child grows and the employee becomes accustomed to expressing milk. It is important to remember that a woman's need to express milk is temporary and predictable, limited by the duration of her breastfeeding experience. On the other hand, employee absences are costly and unpredictable, exhausting employer resources and productivity.

The Break Time for Nursing Mothers provision, however, leaves many working mothers uncovered, requires break time only to express milk for (not feed directly) children younger than one year, and permits exemption of small employers that demonstrate undue hardship. Indeed, the law is incomplete when addressing the complexity of this issue for breastfeeding families. A collaborative effort between public health officials, policymakers, and legislative representatives is needed in order to bridge the gap that now exists between legal protection and the reality of workplace accommodations.



Ultimately, the breastfeeding relationship during a child's early years lays the groundwork for success in school and life, paving the way for a higher quality workforce and strong economic growth for the future (Center for Economic and Policy Research publication data, 2011). The ability or inability to breastfeed our children has long-term emotional, physical, and ethical ramifications on society as a whole. Breastfeeding is not just the cornerstone of optimal growth and development for our babies but for our nation. To truly reap the full benefits of breastfeeding, in the United States alone breast milk as part of the gross domestic product is valued at \$110 billion per year with two-thirds of this amount left unrealized (Smith, J.P., "Lost Milk? Counting the Economic Value of Breast Milk in GDP," *Journal of Human Lactation*, July 2013).

EVIDENCE-BASED SOLUTIONS: FROM THE PRAGMATIC TO THE SYSTEMIC FOR WORKPLACE CHANGE

In 2003, the World Health Organization and UNICEF recommended "enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement" by all governments (WHO/UNICEF Global strategy for infant and young children feeding, 2003). A subsequent analysis of national, aggregate data in the United States found a general association between states' adoption of laws supporting breastfeeding and initiation of breastfeeding and continued breastfeeding at six months (Kogan, et al., *American Journal of Public Health*, 2008). Recommendations should not be dependent on income, workplace, zip code, or gender but should be accessible for all working people and inclusive when it comes to defining "family." Additionally, breastfeeding looks different for every mother when she re-enters the workforce: some mothers exclusively pump while some have children that refuse to take a bottle but still need to express milk, in addition to other scenarios that fully encapsulate the breastfeeding experience.

In support of the breastfeeding success of working mothers, the Michigan Breastfeeding Network (MIBFN) advocates for the following:

Comprehensive workplace breastfeeding protection for all:

All working mothers, regardless of status as salaried, contract, hourly, or irregular employees, must receive adequate break time and a private area to express milk or direct access to their child for feeding. The federal Break Time for Nursing Mothers provision of the Patient Protection and Affordable Care Act requires employers provide reasonable break time for employees to express their milk during the work day in a private area that is not a bathroom. This is the minimum accommodation and should be seen as a starting point for workplace lactation policies.



Companies, cities, and states that do more than meet these minimum requirements can implement a lactation in the workplace ordinance, similar to the one passed in San Francisco in 2017, which specifically requires that employers adopt a lactation workplace policy and defines the standards for lactation accommodation spaces that they must meet in order to be in compliance (<https://sfgov.org/olse/lactation-workplace>). In addition to California, twenty-seven states have laws related to breastfeeding in the workplace; sadly, Michigan is not one of them. These laws range from simple guidelines for following the federal law to comprehensive breastfeeding worksite projects developed and administered by the Department of Health.

Creating a working environment that supports breastfeeding employees and normalizes breastfeeding support should be the ultimate goal of every workplace. The employer can further support breastfeeding in many different ways: these may include establishing onsite educational and professional lactation support; utilizing resources in the community for group trainings and referrals; providing breast pumps for breastfeeding employees; and promoting support services so that

all employees have equal access to support. Implementing these methods of support should be the standard of care for breastfeeding employees in the workplace. Providing support for breastfeeding employees not only ensures higher rates of company-wide employee satisfaction but also establishes the most efficient, cost-effective methods for use by the employer.

Flexible, comprehensive time solutions for all:

All mother-employees, regardless of industry, space, or locale must receive adequate break time to ensure the time necessary to directly access their child, or to express milk (including set up, milk expression, dismantling equipment, cleaning parts, and storing milk) without undue stress.

Large and small companies alike can provide flexible time solutions for breastfeeding employees. In large companies, employees can stagger breaks in order to accommodate milk expression or time to breastfeed children. In smaller companies, owners can offer coverage during milk expression breaks for employees and allow for varied start and end times for breastfeeding mothers.

Managing schedules in creative ways can help to ensure that a woman has the time necessary to express milk or feed her child. A woman may use regular breaks to express milk but there are other ways in which an employer can ensure adequate time to express milk. Extra time may be needed when a standard 15-minute break is not long enough to express milk. If extra time is needed, it can be tracked and provided as unpaid leave or extra time needed does not have to be tracked at all. Employers may also allow women the flexibility to come in early or stay late to make up time. Some employers allow women to adjust their meal break to make up time. Mothers also use



creative time solutions to breastfeed, including using a lunch break or general break time in order to go offsite to the childcare provider and breastfeed during these times.

The needs of the breastfeeding employee will change over time and most likely the number of breaks needed to express milk will decrease in frequency and length. Monitoring of the situation will ensure employee productivity and efficient time management for breaks. In addition, communicating with other employees throughout the workplace that breastfeeding is valuable creates an atmosphere of teamwork in which all employees support one another. Employees who work in off-site locations or who travel for work must also be guaranteed adequate break times to express milk in a private locale or have access to the child for feeding. These include accommodations for milk expression breaks while on the road as well as storage options for employees who have overnight travel plans.

Space solutions for all:

All mother-employees, regardless of industry, space, or locale must receive a private area to directly access their child or express milk that does not include a bathroom. Businesses must find creative solutions to accommodate all mother-employees, including permanent, flexible, and even mobile and outdoor space options.

Numerous examples exist for innovative space solutions for breastfeeding women: lactation centers inside large organizations, designated moms' lounges or lactation rooms at smaller companies, turning a fitting room into a breastfeeding room at national retail chains, using vacant guest rooms and meeting rooms at hotels, or using conference rooms or managers' offices within a woman's place of employment. On a larger scale, within the City of Los Angeles all fire stations are designated as lactation spaces for citywide employees who need a place to breastfeed or express milk. Similarly, Tarrant County Public Health in Fort Worth, Texas offers lactation space for any workers looking to breastfeed or express milk while working in the field.

Access to baby for direct breastfeeding:

Where it is safe and practical, children at work should be welcomed as a viable option for breastfeeding employees. Businesses who accommodate direct access report that employees are more satisfied with their working conditions and job status while breastfeeding employees also report that their milk production is higher, which enables them to continue breastfeeding for a longer period of time and creates happier and healthier employees and their children.



Options for direct access include the caregiver bringing the child to the employee for feedings; having the employee go home to feed the child; establishing onsite child care for company employees; the child staying at work full-time; or work from home options for the employee. Whenever possible, employers should go beyond allowing and accommodating milk expression breaks, and introduce affordable, onsite care so employees can take breaks to breastfeed their child during the workday.

Arizona, Colorado, Kansas, Nevada, North Dakota, South Carolina, and Washington state all have infant at work policies either for state employees at local health departments or employees at other state agencies. Businesses who accommodate direct access report that employees and their children are happier and healthier as well as more satisfied with their working conditions and job status while breastfeeding employees also report that their milk production is higher, which enables them to continue breastfeeding for a longer period of time.

Comprehensive paid family leave legislation:

Ongoing research demonstrates the pressing need for Paid Family and Medical Leave for working families, the continued lack of a federal program puts families, businesses, and the nation at a competitive disadvantage in terms of potential cost savings and anticipated health outcomes. The positive effects of these programs demonstrate that the time is now to move forward with a national program.

Paid Family and Medical Leave provides a level of income replacement for employees who need extended time off due to illness, to take care of a sick family member, or to bond with a newborn or newly adopted child. Since 2002, New Jersey, New York, and Rhode Island have enacted paid family leave legislation. In 2016, the city and county of San Francisco adopted Paid Parental Leave supplemental compensation for employees in addition to the already existing California Paid Family Leave program.

The United States ranks at the bottom among all countries in terms of work-family policies: a mere 13 percent of employees have access to employer-sponsored paid family leave. Despite ongoing research that demonstrates the pressing need for Paid Family and Medical Leave for working families, the continued lack of a federal program puts families, businesses, and the nation at a competitive disadvantage in terms of potential cost savings and anticipated health outcomes.

Data analysis consistently shows that a national Paid Family and Medical Leave policy would have widespread positive effects on family economic security, especially among low-income families, and lead to decreases in public spending while employers overwhelmingly reported positive effects on business, reduced employee turnover, and increased employer productivity (Center for Women and Work at Rutgers, 2012). Further data



confirms the benefits of paid leave for the health of mothers, newborns, and children with improved outcomes in health and well-being, including the time to initiate and establish breastfeeding before returning to work (Fact Sheet, Human Impact Partners, 2011). It is unsurprising, then, that a mother's early return to work after giving birth correlates with poorer health outcomes for children. Paid Family and Medical Leave translates to both financial and physical advantages, creating a culture that acknowledges the essential value of breastfeeding and its lasting impact on public health and developmental outcomes.

Following the MIBFN mission to create a supportive breastfeeding culture, our organization advocates for a national Paid Family and Medical Leave program calling for at least 14 weeks of leave paid at two-thirds of regular earnings as recommended by the United Nations International Labor Organization (ILO) and supported by other public health organizations such as the United States Breastfeeding Committee (USBC), the American Academy of Pediatrics (AAP), and ZERO TO THREE. Comprehensive legal support for all working families wishing to breastfeed, including low-income families, makes sound fiscal sense for all sectors

involved: family, business, and society at large. Paid Family and Medical Leave yields higher rates and longer periods of breastfeeding, which reduces the rates of childhood infections, reduces the death rate in infants, and decreases maternal stress (Kammerman, S.B., "Parental leave policies: the impact on child well-being," 2006).



LOOKING AHEAD: A NEW BREASTFEEDING LANDSCAPE

We envision a Michigan where all families are supported in reaching their breastfeeding goals, all employers recognize the value of implementing breastfeeding-friendly workplace policies, and all employees work to create a supportive breastfeeding environment. Society must be prepared to tear down the current barriers that working families face. Establishing an inclusive Paid Family and Medical Leave program coupled with comprehensive employer support of breastfeeding in all its many forms must be available to all families when they return to work.

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