



## Breastfeeding-Friendly Workplace Policies

**LA BEST BABIES NETWORK**



Healthy Babies. Our Future.  
Presented by First 5 LA



# Supporting Breastfeeding in the Workplace

Human milk is considered to be the best nutrition for infants. Leading health organizations strongly advise that mothers should exclusively breastfeed babies for the first six months, and that breastfeeding should continue for at least one to two years as long as it is mutually desired.

Women often stop breastfeeding their babies, however, when they go back to work. Seventy percent of working mothers in the United States with children under age 3 work full-time. Approximately one-third of these mothers return to work within three months of giving birth, and two-thirds return before the baby is 6 months old.

Mothers who want to keep breastfeeding after returning to work have relatively few and simple needs. Employers who create workplace breastfeeding-support programs that help a mother breastfeed her baby longer will find that they have made a sound business decision. They will also help to bolster the baby's health.

## Benefits of Providing a Breastfeeding-Friendly Work Environment

### For Employers and Co-workers

- Cost savings
- Increased job productivity
- Improved corporate image
- Decreased absenteeism
- Decreased healthcare costs
- Improved employee satisfaction and morale
- Increased employee loyalty and retention
- Additional recruitment incentive

Companies save \$3 for every dollar they spend supporting breastfeeding in the workplace.<sup>1,2</sup> Breastfed babies are far healthier. As a result, mothers working in a company that supports breastfeeding will take fewer days off to care for a sick child. The company will spend fewer healthcare dollars for both the mother and infant. In addition, employers report less staff turnover because staff are more satisfied with their jobs. As an added benefit, a family-friendly environment is an excellent recruitment tool.

### For the Working Mother Who Breastfeeds

- Healthier mothers
- Smoother transition back to work
- Increased self-confidence and self-reliance
- Cost savings
- Healthier babies
- Decreased conflict between career and motherhood
- Greater work satisfaction
- Increased child spacing (time between births)

Women who breastfeed their babies for longer periods accrue significant health benefits. Breastfeeding is linked to a reduction in risk for many diseases, such as breast and ovarian cancers, osteoporosis and type 2 diabetes. The practice has a calming effect on the mother and helps her better manage stress. It also has a contraceptive effect, which can lengthen the time between pregnancies and help make the next child healthier. Financially, breastfeeding means families will save on formula costs, healthcare expenses and alternative care when a baby is sick.

### For the Baby

- Recommended method of infant feeding by all health authorities
- Stronger immune systems
- Fewer doctor visits and hospitalizations
- Protection against chronic diseases
- Decreased risk of Sudden Infant Death Syndrome (SIDS)
- Strengthened mother-baby attachment

Health experts in the United States and worldwide recognize breastfeeding as the best way to feed an infant (see "Useful Web Sites" for a listing of professional health organizations). Breastfed babies have fewer ear, respiratory and intestinal infections; less frequent allergies and asthma; and less risk of developing chronic diseases and conditions, such as SIDS, diabetes, childhood cancers, obesity and high cholesterol. All of these factors aid in reducing the number of medical visits, prescriptions and hospitalizations. The benefits of breastfeeding last a lifetime.

### For the Community

- Reduced healthcare costs
- Environmentally friendly
- Enhanced long-term health

The U.S. Department of Agriculture estimates that a minimum of \$3.6 billion in medical expenses annually would be saved if the number of children breastfed for six months were to increase by 50 percent.<sup>3</sup> U.S. taxpayers would save \$478 per infant in Women, Infants, and Children (WIC) costs and Medicaid expenditures if infants were breastfed during the first six months of life.<sup>4</sup> Allowing breastfeeding in the workplace requires no environmental costs in terms of production, packaging or waste disposal.



## Breastfeeding-Friendly Workplace Policy Template

This template, which employers can customize to fit their individual workplaces, is available at [www.LABestBabies.org/templates/bfwp.doc](http://www.LABestBabies.org/templates/bfwp.doc).

### Purpose

To establish guidelines for promoting a breastfeeding-friendly work environment in the [Agency].

### Policy

[Agency] recognizes that breastmilk is the optimal food for growth and development of infants and [Agency] encourages employees and management to have a positive, accepting attitude toward working women and breastfeeding. [Agency] promotes and supports breastfeeding and the expression of breastmilk by employees who are breastfeeding when they return to work.

Discrimination and harassment of breastfeeding mothers in any form is unacceptable and will not be tolerated at [Agency].

It shall be the policy of [Agency] to provide:

### Training

The [Agency]'s Breastfeeding-Friendly Workplace policy shall be disseminated to every incoming and current employee in the [Agency].

Information about breastfeeding support after returning to work shall be provided to employees prior to their maternity leave.

### Time to Express Milk or Breastfeed (Lactation Time)

Lactation times shall be established for each employee based on her work schedule. If possible, the lactation time is to run concurrently with any break time already provided.

Lactation time beyond the regular break time is unpaid and will be negotiated between the employee and [Agency].

### Space and Equipment for Expressing Milk or Breastfeeding

Employees shall be provided the use of a clean, comfortable space or "Lactation Area." For ideas on use of office space as a lactation area, visit [www.wicworks.ca.gov](http://www.wicworks.ca.gov). A toilet shall not serve as the lactation area.

The Lactation Area:

- is equipped with an electrical outlet
- is in close proximity to the employee's work area
- contains comfortable seating.

Ideally, the Lactation Area will be near:

- a sink with hot water and soap for hand washing and cleaning of equipment
- a refrigerator for storage of expressed breastmilk.

### Atmosphere of Tolerance

Breastfeeding should not constitute a source of discrimination in employment or in access to employment. It is prohibited under this policy to harass a breastfeeding employee; such conduct unreasonably interferes with an employee's work performance and creates an intimidating, hostile or offensive working environment.

Any incident of harassment of a breastfeeding employee will be addressed in accordance with the [Agency]'s policies and procedures for discrimination and harassment.

# Recommendations



Additional recommendations for providing breastfeeding promotion and support include:

## Highly recommended:

- The breastfeeding employee may be offered a flexible time schedule to accommodate pumping or breastfeeding.
- The breastfeeding employee may be offered flexible assignments to accommodate pumping or breastfeeding.
- The employer may provide appropriate labeling for the “Lactation Area.” (Images of bottles or pacifiers are not suitable symbols.)
- The employer may provide a refrigerator labeled exclusively for breastmilk storage.
- Appropriate signage and/or other security measures may be used to identify the occupied status of the “Lactation Area.”
- The [Agency]’s visitors, clients and customers who breastfeed will be welcomed and appropriately accommodated.

## Also suggested:

- The employer may provide options of part-time work, telecommuting/working from home or job sharing to the breastfeeding employee.
- The employer may provide extended maternity leave beyond the Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA).
- The employer may provide on-site or nearby day care.
- The employer may provide referrals to breastfeeding resources and services in the community.
- The employer may incorporate breastfeeding information into the employee wellness program.
- The employer may provide on-site or agency-wide lactation services that include some or all of the following:
  - Professional lactation personnel
  - Purchase of electrical pump(s) for the “Lactation Area”
  - Discounted breast pump purchasing/rental program for employees
  - A breastfeeding support group for working mothers
  - The employer may provide healthcare benefits with a lactation services coverage rider.





# California Law Supports Breastfeeding:

## **CALIFORNIA LACTATION ACCOMMODATION LAW**

(Chapter 3.8, Section 1030, Part 3 of Division 2 of the Labor Code)

This law requires all California employers to provide a reasonable amount of break time and make a reasonable effort to provide space other than a toilet stall, close to the employee's work area, to accommodate an employee desiring to express breastmilk for her baby. The break time shall be unpaid if the break time does not run concurrently with the rest time authorized for the employee. An employer is not required to provide break time for pumping if taking break time beyond the usual time allotted for breaks would seriously disrupt the operations of the employer. Violation of this chapter is subject to a civil penalty of \$100.

## **Additional Breastfeeding Laws in California:**

**California Civil Code § 210.5 (2000)** allows the mother of a breastfed child to postpone jury duty for one year and specifically eliminates the need for the mother to appear in court to request the postponement. The law also provides that the one-year period may be extended upon written request of the mother. [Chap. 266 (AB 1814)]

**California Civil Code § 43.3 (1997)** allows a mother to breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and the child are otherwise authorized to be present. (AB 157)

## Useful Web Sites

Academy of Breastfeeding Medicine, The (ABM) - [www.bfmed.org](http://www.bfmed.org)

American Academy of Family Physicians (AAFP) - [www.aafp.org](http://www.aafp.org)

American Academy of Pediatrics (AAP) - [www.aap.org](http://www.aap.org)

American College of Nurse-Midwives (ACNM) - [www.midwife.org](http://www.midwife.org)

American College of Obstetricians and Gynecologists, The (ACOG) - [www.acog.org](http://www.acog.org)

American Dietetic Association (ADA) - [www.eatright.org](http://www.eatright.org)

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) - [www.awhonn.org](http://www.awhonn.org)

Breastfeeding Task Force of Greater Los Angeles, The - [www.breastfeedla.org](http://www.breastfeedla.org)

California Department of Public Health (CDPH) - [www.cdph.ca.gov](http://www.cdph.ca.gov)

California Women, Infants & Children (WIC) - [www.wicworks.ca.gov](http://www.wicworks.ca.gov)

Centers for Disease Control and Prevention (CDC) - [www.cdc.gov](http://www.cdc.gov)

LA Best Babies Network - [www.labestbabies.org](http://www.labestbabies.org)

La Leche League International (LLL) - [www.llli.org](http://www.llli.org)

National Association of Neonatal Nurses (NANN) - [www.nann.org](http://www.nann.org)

National Association of Nurse Practitioners in Women's Health (NPWH) - [www.npwh.org](http://www.npwh.org)

National Association of Pediatric Nurse Practitioners (NAPNAP) - [www.napnap.org](http://www.napnap.org)

National Institutes of Health (NIH) - [www.nih.gov](http://www.nih.gov)

National Medical Association (NMA) - [www.nmanet.org](http://www.nmanet.org)

Office on Women's Health, The (OWH) - [www.4women.gov/owh](http://www.4women.gov/owh)

United Nations Children's Fund (UNICEF) - [www.unicef.org](http://www.unicef.org)

U.S. Department of Agriculture (USDA) - [www.usda.gov](http://www.usda.gov)

U.S. Department of Health and Human Services (HHS) - [www.hhs.gov](http://www.hhs.gov)

World Health Organization (WHO) - [www.who.int](http://www.who.int)

# Notes and References

## End Notes

<sup>1</sup> Cohen, R. et al. *Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations.* Am J Health Promo 1995; 10(2):148-53.

<sup>2</sup> Cohen, R. and Mrtek, M. *The impact of two corporate lactation programs on the incidence and duration of breastfeeding by employed mothers.* Am J Health Promo 1994; 8(6):436-41.

<sup>3</sup> U.S. Department of Agriculture. *The Economic Benefits of Breastfeeding: A Review and Analysis.* Jon Weimer. Food and Rural Economics Division, Economic Research Service, U.S. Department of Agriculture. Food Assistance and Nutrition Research Report No. 13, 2001.

<sup>4</sup> Montgomery, D. and Splett P. *Economic Benefit of Breast-feeding Infants Enrolled in WIC.* J AM Diet Assoc. 1997; 97: 379-385.

## References

American Academy of Family Physicians; *AAFP Policy on Breastfeeding.* www.aafp.org.

American Academy of Pediatrics. *Breastfeeding and the Use of Human Milk* PEDIATRICS Vol. 115 No. 2 February 2005, pp. 496-506.

American College of Obstetricians and Gynecologists. *Breastfeeding: Maternal and Infant Aspects.* ACOG Educ Bull. 2000; 258: 1-16.

American Dietetic Association; *Position of the American Dietetic Association: Breaking the Barriers to Breastfeeding.* J AM Diet Assoc. 2001; 101: 1213-1220.

Centers for Disease Control and Prevention. *The CDC Guide to Breastfeeding Interventions.* Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM, Atlanta; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

Fein SB, Roe B, *The Effect of Work Status on Initiation and Duration of Breastfeeding.* American Journal of Public Health, 1998 Vol 88 pp. 1042-46.

U.S. Department of Health and Human Services. *HHS Blueprint for Action on Breastfeeding.* Washington, D.C.; U.S. Department of Health and Human Services, Office on Women's Health; 2000.

U.S. Department of Health and Human Services. *Healthy People 2010: Conference Edition.* Vol 1 & 2. Washington, D.C.; U.S Department of Health and Human Services, Public Health Service, Office of the Assistant Secretary for Health, 2000-2, 47-48.

World Health Organization. *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services.* Geneva, Switzerland: World Health Organization; 1989: 13-18.

# Acknowledgments

*We thank the following individuals and agencies for their contributions to the development of this project:*

Demitra Adams, MPH, CHES  
Health Educator, L.A. County Department of Public Health

Janice French, CNM, MS  
Director of Programs, LA Best Babies Network

Rebeca Pastrana-Sheng, BS, IBCLC  
Director, WIC Breastfeeding Services, Northeast Valley Health Corporation—WIC Program

Karen Peters, MBA, RD, IBCLC, LCCE  
Executive Director, Breastfeeding Task Force of Greater Los Angeles

Ellen Steinberg, RN, IBCLC  
President, Breastfeeding Task Force of Greater Los Angeles

Olga A. Vigdorchik, MPH, CHES  
Health Educator, L.A. County Department of Public Health.

Service Planning Area 2  
Healthy Births Learning Collaborative

## LA BEST BABIES NETWORK

 Healthy Babies. Our Future.  
Presented by First 5 LA

350 South Bixel Street, Suite 100  
Los Angeles, California 90017  
(213) 250-7273

[www.LABestBabies.org](http://www.LABestBabies.org)

Funded by First 5 LA