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WORK-FAMILY INFORMATION FOR STATE LEGISLATORS

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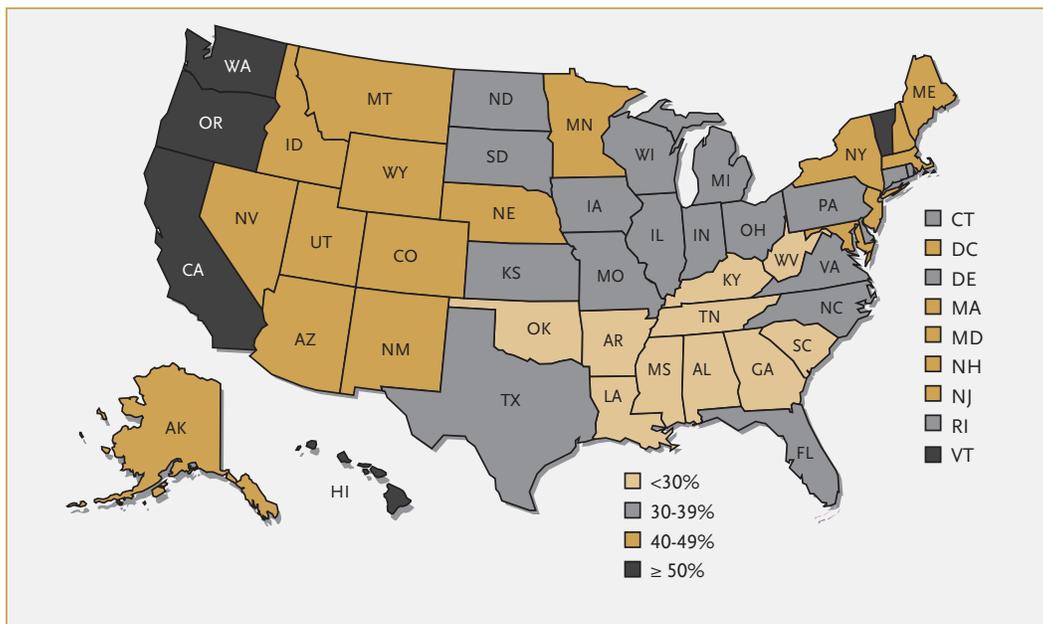
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STATE POLICYMAKERS: BREASTFEEDING AND THE WORKPLACE

Despite gaining consensus that breastfeeding is the most beneficial form of infant nutrition, less than half of mothers who work full-time exclusively breastfeed their newborns. While this number seems low, it is actually twice as high as it was 5 years ago.¹

- Only 10% of full-time working mothers are still exclusively breastfeeding their six month old babies.¹
- Breastfeeding durations are lower among working women than women who do not work.¹
- Many organizations and employers find that the benefits far outweigh the costs of providing support for breastfeeding in the workplace.¹



STATE BY STATE COMPARISON.

This map represents the percentage of children breastfed at six months, by state.

These percentages drop when for mothers return to work.

Source: 2005 National Immunization survey, Centers for Disease Control and Prevention, Department of Health and Human Services.

BREASTFEEDING AND THE WORKPLACE IS IMPACTED BY STATE LEGISLATION.

- Policymakers can help reduce the cultural taboo that is associated with breastfeeding by allowing women to breastfeed in public and private places.
- Policymakers can encourage breastfeeding and illustrate the benefits of breastfeeding to the public through promotional materials and announcements.
- Policymakers can create mandates for employers to allow employees to breastfeed or pump at the workplace.
- Policymakers can protect against employee discrimination or harassment for breastfeeding workers.

“WE NEED PUBLIC POLICIES THAT RECOGNIZE THAT NEW MOTHERS ARE RETURNING TO THE WORK FORCE FASTER THAN EVER BEFORE. BREASTFEEDING NOT ONLY HELPS THE BABY AND THE MOM, IT HELPS OUR ECONOMY BY GIVING EMPLOYERS WORKERS WITH HEALTHY FAMILIES AND, TO MAKE A GOOD THING EVEN BETTER, BREASTFEEDING ULTIMATELY TAKES PRESSURE OFF OF PUBLIC HEALTH CARE SPENDING WHICH SAVES TAXPAYERS MONEY.”

MASSACHUSETTS SENATOR SUSAN FARGO, CHAIRMAN OF THE PUBLIC HEALTH COMMITTEE



IF THEIR BABIES ARE HEALTHY, EMPLOYEES WON'T MISS AS MUCH WORK.

Studies have shown that the health benefits of breastfeeding can save employers money. Shortened breastfeeding duration rates have been attributed to discouragement from the workplace⁸ and new mothers are more likely to be absent from work or sick if they do not breastfeed.²

- Eighty-six percent of infants who experienced no illness during one year of a recent study were breastfed as opposed to formula-fed.³
- The risk of ear infections and gastroenteritis were 70% and 80% lower, respectively, among exclusively breastfed infants compared to infants who received no breast milk.⁴
- Of the 40 illnesses causing one-day absences for employed mothers, only 25% occurred in breastfed babies while 75% occurred in formula-fed babies.³
- Conflict between paid work and family responsibilities has been linked to decreased productivity.⁷

BREASTFEEDING CAN SAVE EMPLOYERS AND THE GOVERNMENT MONEY.

- Breastfeeding mothers report fewer physician visits than mothers who do not breastfeed their children.⁵
- The additional cost of health care services for illnesses of formula-fed infants in the first year of life totaled between \$331 and \$475 for each never-breastfed infant.⁶

WHAT STEPS HAVE STATES TAKEN TO SUPPORT BREASTFEEDING AT WORK?

Many states have already established laws to support breastfeeding.

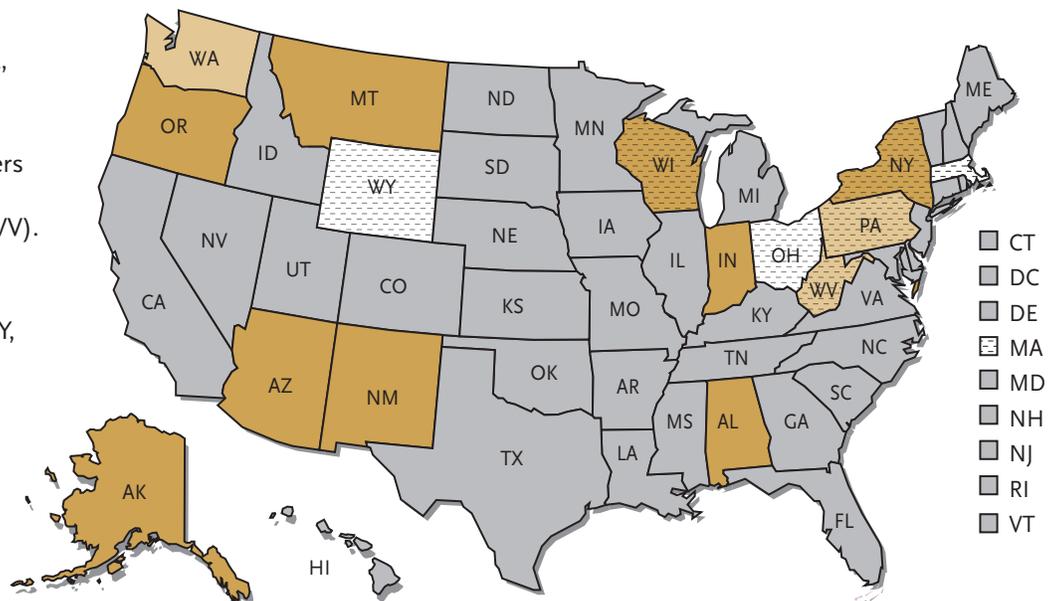
- 27 States have enacted statutes giving women the right to breastfeed in any location, public or private, where the mother is authorized to be present (AL, AK, AR, AZ, CA, CO, DE, GA, IL, IN, IA, KY, ME, MD, MN, MS, MO, MT, NM, NV, NY, OK, PA, SC, TN, TX, UT).
- 7 States have laws that provide mandates for workplace support of breastfeeding (CA, CT, HI, MS, OR, TX, WA).
- 5 States have enacted statutes that expressly exclude breastfeeding from their general definitions of indecent exposure (AZ, IL, MN, NH, WV).
- 3 States have actively promoted breastfeeding at the government level, either through promotional materials or campaigns (CA, IL, TX).
- 2 States have passed laws that deem it unlawful to discriminate against breastfeeding mothers (CT, HI).

LEGISLATION SUPPORTING WORKPLACE BREASTFEEDING IN 2007

Recently, there has been much public discourse about breastfeeding and work.

- Bills Providing Accommodations for Employees to Breastfeed (AL, AK, AZ, IN, MT, NM, NY, OR, WI).
- Bills Providing Incentives to Employers who Provide Accommodations for Breastfeeding Employees (PA, WA, WV).
- Bills Recognizing the Benefits and Importance of Breastfeeding (MA, NY, OH, PA, WV, WI, WY).

For more bills and statutes, visit wfnetwork.bc.edu/bills.php



WHERE CAN I GET MORE INFORMATION?

La Leche League International at <http://www.llli.org>

- “La Leche League was founded to give information and encouragement, mainly through personal help, to all mothers who want to breastfeed their babies. While complementing the care of the physician and other health care professionals, it recognizes the unique importance of one mother helping another to perceive the needs of her child and to learn the best means of fulfilling those needs.”

Breastfeeding Works at <http://www.breastfeedingworks.org/>

- “Breastfeeding Works is a project of the Breastfeeding Task Force of Greater Los Angeles. Through funding from First 5 LA and California Endowment, the goal of Breastfeeding Works is to promote support for lactation in the workplace. This site offers information on the law, breastfeeding friendly workplaces, and links to other important organizations.”

The United States Breastfeeding Committee at <http://www.usbreastfeeding.org/>

- “The USBC is a collaborative partnership of organizations. The mission of the committee is to protect, promote and support breastfeeding in the U.S. The USBC exists to assure the rightful place of breastfeeding in society. Members of the committee include the American Academy of Pediatrics, American Nurses Association, and the Women’s International Public Health Network.”

Sources cited in this Policy Briefing Series

1. Cardenas, R.A., & Major, D.A. (2005). Combining employment and breastfeeding: Utilizing a work-conflict framework to understand obstacles and solutions. *Journal of Business and Psychology*, 20(1), 31-51.
2. Freed, G. (1993). Breastfeeding: Time to teach what we preach. *JAMA, the Journal of the American Medical Association*, 269(2), 243-246.
3. Cohen R., Mrtek M.B., & Mrtek R.G. (1995). Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula feeding women in two corporations. *American Journal of Health Promotion*, 19(2), 148-153.
4. Scariati, P.D., Grummer-Strawn, L.M., & Fein, S.B. (1997). A longitudinal analysis of infant morbidity and the extent of breastfeeding in the United States. *Pediatrics*, 99(6), 5. doi:10.1542/peds.99.6.e5
5. Mezzacappa, E.S., Guethlien, W., Vaz, N., & Bagiella, E. (2000). A preliminary study of breastfeeding and maternal symptomatology. *Annals of Behavioral Medicine*, 22, 71-79.
6. Ball, T., & Wright, A. (1999). Health care costs of formula-feeding in the first year of life. *Pediatrics*, 103, 870-885.
7. Glass, J., & Estes, S. (1997). The family responsive workplace. *Annual Review of Sociology*, 23, 289-314.
8. McKinlay, N.M., & Hyde, J.S. (2004). Personal attitudes or structural factors? A contextual analysis of breastfeeding duration. *Psychology of Women Quarterly*, 28, 388-400.