



## **UNITED STATES BREASTFEEDING COMMITTEE**

### **STATEMENT ON LACTATION ACCOMMODATIONS IN THE WORKPLACE**

The United States Breastfeeding Committee (USBC) affirms that conditions in the workplace have a substantial effect on breastfeeding duration. Three out of four U.S. mothers initiate breastfeeding,<sup>1</sup> and more than half of mothers participate in the labor force before their children turn one year old.<sup>2</sup> A supportive workplace plays a central role in enabling women to breastfeed,<sup>3</sup> but current breastfeeding rates indicate that the lack of support in the workplace is a significant barrier to breastfeeding for many working mothers.<sup>4</sup>

In a competitive business environment, providing support for breastfeeding brings direct benefits to employers,<sup>5</sup> for the following reasons:

- Financial value: 3 to 1 return on investment, largely from health care cost savings;
- Employee satisfaction: support enables women to reach their personal breastfeeding goals *and* their goals of being excellent employees;
- Human resources benefits: Less absenteeism, lower turnover, improved recruitment and retention;
- Positive public relations and marketing: breastfeeding is good for women, children, families, and public health.

Employers can play a key role in increasing breastfeeding duration in the United States by:

- Maximizing potential for paid leave,
- Providing on-site or near-site child care,
- Actively supporting arrangements that enable breastfeeding mothers to be with their infants during all or part of the work day, such as teleworking or keeping the infant with the mother during the work day,
- Allowing time and space for breast milk expression during the hours of the work day that mother and child cannot be together.

USBC applauds the passage of Section 4207 of the *Patient Protection and Affordable Care Act*, signed into law in March 2010. This provision calls on all employers to provide reasonable unpaid break time and a private, non-bathroom place for non-exempt employees who are nursing mothers<sup>6</sup> to express milk during the work day.<sup>7</sup> This law is a good first step toward establishing a business environment where all breastfeeding women—including exempt *and* non-exempt employees, contractors, consultants, volunteers, clients, customers, visitors, students, trainees, interns, and medical residents—have access to the same level of support, and where additional aspects of lactation accommodation are actively considered.

USBC acknowledges that some workplace environments present special challenges for setting up a lactation support program. Yet an increasing number of examples, including the U.S. military's efforts to accommodate breastfeeding service members, demonstrate that creative thinking, flexibility, and teamwork can overcome many obstacles.<sup>8</sup>

A supportive business environment means more than break time and a space for pumping. Ideally, lactation accommodation is part of a family-friendly worksite package that includes pay equity for women; flexible work scheduling and return to work policies; paid family leave; protection from discrimination against employees with family responsibilities; on-site, accessible and affordable child care; and arrangements for employees to bring their babies to work.

USBC calls on policymakers and leaders in business, government, and labor:

- to establish worksite policies that support breastfeeding women and protect them from discrimination,
- to incorporate breastfeeding support programs into employee wellness initiatives,
- to assess employee satisfaction with breastfeeding support programs,
- to create innovative incentives for employers to provide paid family leave and on-site child care,
- to educate employees, employers, and the public about the importance of supporting breastfeeding wherever women work.

## RESOURCES

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau: [\*The Business Case for Breastfeeding\*](#)

National Business Group on Health: [\*Investing in Workplace Breastfeeding Programs and Policies\*](#)

National Business Group on Health, Center for Prevention and Health Services Issue Brief: [\*Workplace Breastfeeding Programs: Employer Case Studies\*](#)

Centers for Disease Control and Prevention: [\*Healthier Worksite Initiative\*](#)

*USBC is an organization of organizations. Opinions expressed by USBC are not necessarily the position of all member organizations and opinions expressed by USBC representatives are not necessarily the position of USBC.*

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<sup>1</sup> Breastfeeding Among U.S. Children Born 1999-2007, CDC National Immunization Survey. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention Web site. [http://www.cdc.gov/breastfeeding/data/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm). Accessed December 20, 2010.

<sup>2</sup> In 2008, 56.4% of mothers with children under one year old were participating in the labor force. Labor force participation of mothers with infants in 2008, The Editor's Desk. U.S. Department of Labor, Bureau of Labor Statistics Web site. <http://www.bls.gov/opub/ted/2009/may/wk4/art04.htm>. Accessed December 20, 2010.

<sup>3</sup> All major medical organizations recommend exclusive breastfeeding for the first six months, followed by continued breastfeeding for the first year and beyond, with the gradual introduction of appropriate complementary foods to the infant's diet beginning around six months of age.

American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). *Pediatrics*. 2005;115(2):496-506.

American Academy of Family Physicians. Family physicians supporting breastfeeding (position paper). <http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html>. Accessed December 20, 2010.

American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women and Committee on Obstetric Practice. Special report from ACOG: breastfeeding: maternal and infant aspects. *ACOG Clin Rev*. 2007;12(1)(suppl):1S-16S.

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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.

<sup>4</sup> The rate of exclusive breastfeeding at six months for infants born in 2006 was 13.6%; another 43.4% of mothers were partially breastfeeding at six months.

U.S. Department of Health and Human Services. *Breastfeeding Report Card—United States, 2010*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2010.

An analysis of data from the 1993-1994 Food and Drug Administration's Infant Feeding Practices Study found clear evidence of competition between work and breastfeeding.

Roe B, Whittington LA, Fein SB, Teisl MF. Is there competition between breast-feeding and maternal employment? *Demography*. 1999;36(2):157-171.

<sup>5</sup> Companies that provide lactation support have noted better rates of employee retention, increased employee loyalty, and earlier return from maternity leave. Those employers that also provide health care to employees and their families save money because breastfed infants have lower rates of gastrointestinal, lower respiratory, and ear infections and are admitted to the hospital less often than formula-fed infants. Finally, employers realize financial benefits from reduced absenteeism due to breastfed infants' better health. Parents of formula-fed infants experience more than twice as many one-day absences from work to care for a sick infant than parents of breastfed infants.

U.S. Department of Health and Human Services. *The Business Case for Breastfeeding*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; 2008.

The cost of a worksite lactation program includes providing a private space (which can be as small as 4' x 5') with a chair and table and an electrical outlet for a breast pump. An employee can express milk on her unpaid break time and provide her own pump, plus a cooler for storing expressed milk. The program should be promoted to co-workers and supervisors to win their cooperation and support. All employees should be informed about the program when they begin their jobs. Pregnant employees should be informed about prenatal education and postpartum support for breastfeeding. A comprehensive program would also include comfortable accommodation with a sink, locking door, and refrigerator, a hospital-grade pump for users to share, and access to the professional services of a lactation consultant.

United States Breastfeeding Committee. *Workplace Breastfeeding Support* [issue paper]. Raleigh, NC: United States Breastfeeding Committee; 2002.

<sup>6</sup> *Nursing mother* is a general term for a woman who breastfeeds or provides expressed milk to her child. *Lactation* refers to the physiological production of milk. *Breastfeeding* refers to the activity of nurturing at the breast, which is more than simply providing food. A lactating mother who is separated from her child can express milk to be fed to the child in her absence.

<sup>7</sup> Fact Sheet #73: Break Time for Nursing Mothers under the FLSA. U.S. Department of Labor, Wage and Hour Division Web site. <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>. Accessed December 20, 2010.

<sup>8</sup> Bell MR, Ritchie EC. Breastfeeding in the military: Part II. Resource and policy considerations. *Mil Med*. 2003;168(10):813-816.