

Increasing Breastfeeding in the Low-Wage Worksite



Breastfeeding has been well established worldwide as a low-cost, low-tech preventive intervention with far-reaching benefits for mothers and babies and significant cost savings for health providers and employers.^{1-4,6} Increasing breastfeeding rates among low-income women who work is therefore a key strategy for health improvement in general—and particularly for preventing childhood obesity.

Intense direct marketing of infant formula, inadequate infant-feeding policies in healthcare systems, and poor worksite supports all hinder attempts to increase the exclusivity and duration of breastfeeding among low-income women. Low-wage employers can do more to support working mothers who are determined to provide the best food for their babies.

This brief describes the issue and shows what California businesses can do to improve lactation accommodation for working poor mothers so that these women can increase the length of time they breastfeed their infants.

Breastfeeding: A Primary Prevention Strategy

Scientific evidence continues to mount supporting the importance of breastfeeding for infants and their mothers. Breastfeeding significantly reduces children's risk for acute infections and chronic diseases such as diabetes, asthma, and obesity.² Breastfeeding also reduces the mother's risk for type 2 diabetes and breast and ovarian cancers.² Studies also indicate that breastfeeding is directly associated with improved cognition and increased IQ.³ These health and social benefits translate into significant cost savings for businesses because of reduced absenteeism and lower healthcare premiums.^{4,5}

Recognizing these benefits, all the major health authorities, from the American Academy of Pediatrics to the World Health Organization, urge mothers to exclusively breastfeed their infants for the first six months of life.^{1,7,8} (Exclusive breastfeeding means a baby receives only breast milk, no other food or fluids.) As solid foods are introduced, mothers are advised to continue breastfeeding at least until the infant's first birthday for the greatest health benefits.¹ Healthy People 2010 sets a goal of 75% of all mothers initiating breastfeeding and sets goals for exclusive breastfeeding of 40% at three months and 17% through six months.⁹

Recent data indicate that 87% of California mothers initiate breastfeeding in the hospital, surpassing the HP 2010 goal, but duration of breastfeeding drops off quickly, with only 40% of all California mothers providing breastmilk exclusively at two months.¹⁰ Exclusive breastfeeding rates among women of color are increasing, but remain unacceptably low, with only 33% of African American and 32% of Hispanic mothers exclusively breastfeeding in California hospitals in 2007.¹⁰



WIC worker demonstrating how to use a breast pump.

Continuing to Breastfeed: Challenges for the Low-Wage Worker

Like the rest of the nation,¹¹ California has a high percentage of working women with infants and young children, and many of these women (51%) have low-wage jobs.^{12,13} These kinds of jobs usually lack healthcare benefits or paid sick leave, and offer inflexible work schedules and very little job security.^{14,15}

Some employees receive six weeks of partial pay for maternity leave; however, in many cases, and particularly for mothers in low-wage jobs, there is no guaranteed job upon their return.¹⁶ As a result, many low-income mothers must return to work when their infants are only six weeks old—often an inadequate amount of time to bond and establish a milk supply.

Continuing to breastfeed while working usually involves using a breast pump to express milk at regular intervals while at work, refrigerating the milk in clean bottles, and transporting it home for later feedings. Without regular use of a breast pump during the day, a mother's milk supply will diminish, and breastfeeding will be compromised.

Studies indicate mothers working full time are more likely than those working part time either not to initiate breastfeeding or to terminate breastfeeding early.^{17,18} Low-wage working mothers have fewer of the workplace amenities afforded a professional nursing mother, such as a private office to pump her milk, a refrigerator to store it, flex time, or the option to telecommute. Even with breastpumps and support from local WIC programs, it takes real determination for working poor mothers to persist with breastfeeding at work.

Lactation Accommodation: It's the Law

The California Labor Code Section 1030-33 (AB 1025, passed in 2001), requires all employers to provide a private place that is not a toilet stall for a mother to pump her milk and a reasonable amount of time to do so.¹⁹

However, not enough California employers, particularly employers of low-wage workers, are fully implementing this law, jeopardizing many mothers' valiant efforts to sustain breastfeeding. Many are either unaware of the law or out of compliance and do not even inform mothers about their right to lactation accommodation. Compliance is more prevalent among employers of professional workers.^{20,21}

WIC mothers are generally unaware of the law requiring worksite lactation accommodation. They are especially reticent about inquiring about worksite policies or insisting that they be allowed to pump at work.²²

Lactation Accommodation: The Language of the Law

“Every employer, including the state and any political subdivision, shall provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee’s infant child. The employer shall make reasonable efforts to provide the employee with the use of a room or other location, other than a toilet stall, in close proximity to the employee’s work area, for the employee to express milk in private.”

From the amendment to the California Labor Code, Division 2, Part 3, Chapter 3.8



Lactation Accommodation: Good for Business

Supporting employees who are breastfeeding when they return to work provides a positive return on an employer’s investment. Studies document significant savings from lower health care costs, reduced absenteeism, lower employee turnover, higher productivity and loyalty, and positive public relations.^{3,4,5} In addition, these simple and low-cost programs improve breastfeeding duration and exclusivity.⁵

Returning to work should not spell the end of breastfeeding for low-income mothers. They should be provided the same civil protections and legally required accommodation that is being provided to white-collar professionals who breastfeed—a private place and adequate time to express their milk—as well as clean storage, supportive supervisors, and respectful co-workers.

The Business Case for Breastfeeding: Resources

The Department of Health and Human Services urges all employers to create Breastfeeding Friendly work-sites. Their outreach and training materials show how cost-effective and easy it is to accommodate nursing mothers at work.

To order *The Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Worksite*, go to www.womenshealth.gov/breastfeeding/programs/business-case.

Additional training materials and resources available at www.californiabreastfeeding.org.

The Business Case for Breastfeeding: Return on Investment



- ✓ Positive public relations
- ✓ Reduced absenteeism
- ✓ Reduced healthcare claims
- ✓ Reduced employee turnover
- ✓ Higher productivity
- ✓ Improved loyalty and morale

“I went back to work when my daughter was four months old. I got the pump from WIC and on both my ten-minute breaks and my lunch break I pump.”

—WIC mom, retail worker

Action Steps to Improve Lactation Accommodation for Low-Wage Workers

The following recommendations would improve the public's health by ensuring appropriate, quality lactation accommodation for thousands of California mothers in low-wage worksites.

1. City, county, state, and federal governments should take the lead in providing lactation accommodation to all their employees.
2. The Legislature should strengthen current law by increasing penalties for employer noncompliance and by requiring employers to inform pregnant employees about the law when they discuss their maternity leave benefits.
3. The Web sites of the State Labor Commission and Department of Fair Employment and Housing should be updated with user-friendly materials on workers' rights and how to file a complaint under current law.
4. The State Labor Commissioner should implement a social marketing campaign to inform employers and mothers about their rights and responsibilities under current law.
5. Medi-Cal should strengthen and streamline reimbursement systems to ensure that breastfeeding support and breast pumps are provided to working mothers.
6. WIC and the Department of Education should provide training and support for child care and Early Head Start programs to ensure acceptance of and support for breastfeeding for working mothers.
7. CalWORKS should ensure that employers provide lactation support for breastfeeding employees, and that welfare-to-work employees are aware of the law.
8. Human resource associations should educate employers about *The Business Case for Breastfeeding* and furnish them with samples of policies for employee notification and lactation accommodation.

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