

# The BUSINESS CASE for BREASTFEEDING

STEPS FOR CREATING A BREASTFEEDING FRIENDLY WORKSITE



# Women in the Workforce

## **2005 data from U.S. Department of Labor<sup>1</sup> shows:**

- 60 percent of women work outside the home
- Mothers are the fastest growing segment of the U.S. workforce
  - 55 percent with children under age 3 are employed
  - 62 percent with children under age 6 are employed
  - 78 percent are employed full-time
  - Growth rate has increased by 80 percent over the last 20 years

Supporting Breastfeeding is  
**WIN-WIN**  
for Companies and Employees

# Health Impact of Breastfeeding

## **Recommended by major medical and professional organizations**

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Academy of Family Physicians (AAFP)
- U.S. Surgeon General
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
- American Dietetic Association (ADA)

# Health Impact on Infants

## **Lower risk of infections and illnesses**

- Ear infections
- Respiratory infections
- Dermatitis
- Gastrointestinal disorders

For every 1,000 babies not breastfed, there is an excess of 2,033 physician visits, 212 days in the hospital, and 609 prescriptions<sup>2</sup>

# Impact on Children in Daycare

## **Health impact is even greater on infants enrolled in daycare centers<sup>3</sup>**

- Daycare attendance is associated with double the odds of needing antibiotic therapy
- Infants breastfed at least 4 months significantly decreased those odds
- Protective effect of breastfeeding on children in daycare persists well into child's second year of life

# Impact on Mothers

- Faster recovery from pregnancy and childbirth
- Lower risk of breast cancer
- Lower risk of osteoporosis
- Satisfaction she is giving her baby the best start in life possible

Breastfeeding Makes  
Good Business Sense



# Lower Absenteeism Rates

## Case Example

One-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.<sup>4</sup>

# Lower Health Care Costs

## Case Example:

CIGNA reported in a 2-year study of 343 employees an annual savings of \$240,000 in health care expenses, 62 percent fewer prescriptions, and \$60,000 in reduced absenteeism rates<sup>5</sup>

# A Lactation Program Gives Your Company Bottom Line Benefits

# Lower Turnover Rates

## Case Examples

Mutual of Omaha's lactation support program resulted in a retention rate of 83 percent of female employees compared to the national average of 59 percent<sup>6</sup>

A study of multiple companies with lactation support programs found an average retention rate of 94.2 percent.<sup>7</sup>

# Lower Health Care Costs

## Case Example:

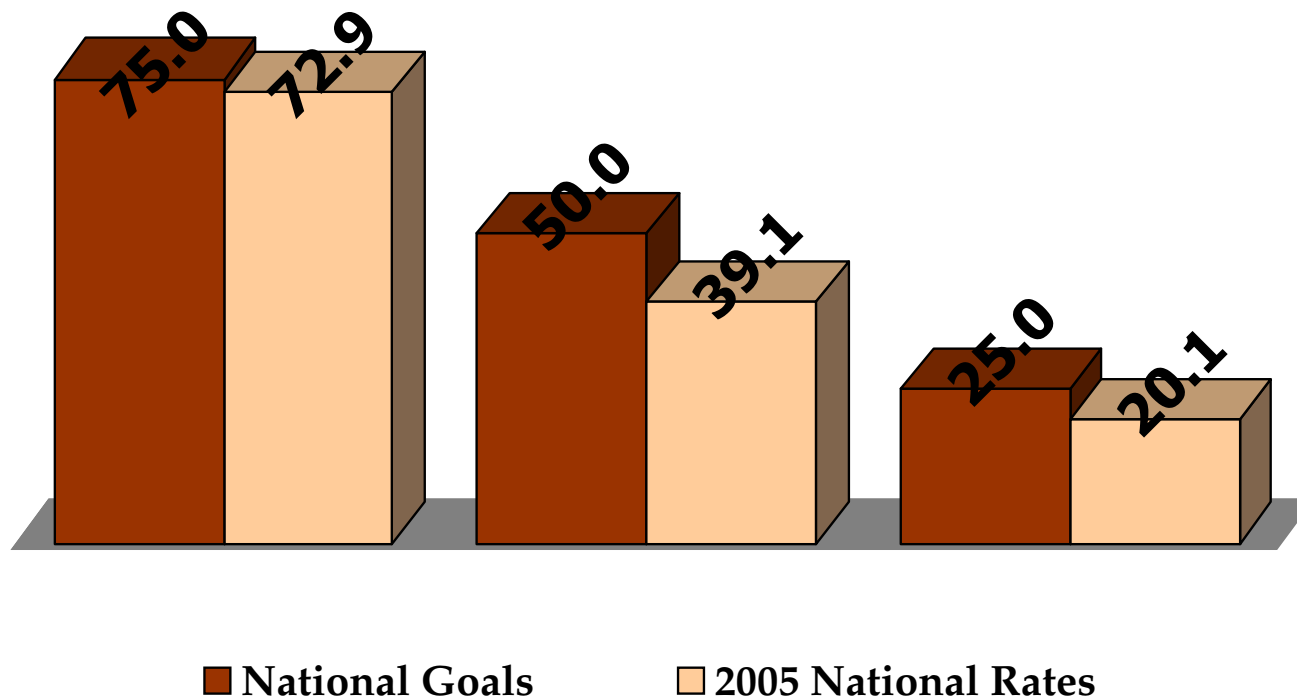
Mutual of Omaha had a yearly savings of \$115,881 in health care claims among families enrolled in the program. Per person costs were \$1,246 MORE for employees who did not participate in the program.<sup>6</sup>

## Other Benefits<sup>8</sup>

- Earlier return from maternity leave
- Higher employee productivity and morale
- Higher employer loyalty
- Recognition as a “family friendly” business

# Easy Ways to Support Breastfeeding Employees

# 2005 Breastfeeding Rates Compared to Healthy People 2010 Goals<sup>9</sup>





# Basic Needs of Breastfeeding Employees are Minimal

- Time and space to express milk regularly
- Support from supervisors and colleagues
- Information on how to successfully combine breastfeeding with employment
- Access to health professionals who can assist with breastfeeding questions and concerns

# Components of a Lactation Support Program

# Gradual Return to the Workplace

## **Basic Needs**

- Gradual phase back to work to allow mother and baby time to adjust to the separation

## **Flexible Options**

- Part-time for a period of time
- Job sharing
- Telecommuting
- Flexible scheduling (ex: taking off Wednesdays for a period of time)

# Private Room for Milk Expression

## Basic Needs

- 4' x 5' space minimal
- Access to nearby running water
- Electrical outlet
- Lock on door

# Private Room for Milk Expression

## Flexible Options

- Private locked office, conference room, or other space
- Lactation room set up in small office space
- Construct walls to enclose a small space in a larger room, women's lounge, or other area
- A restroom is **NOT** a sanitary place to breastfeed or express milk!

# Room Amenity Options

- Lock on door
- Safe, clean environment
- Chair and shelf or table for breast pump
- Access to nearby running water
- Breast pump equipment options
  - Employee could bring her own
  - Company could purchase or rent a durable pump that more than one mother can use
  - Company could provide or subsidize a portable pump designed for working mothers to take to and from work

# Milk Storage Options

- Employee could use her own personal cooler
- Company could provide a small college dorm room sized refrigerator located in the lactation room
- A public shared refrigerator could be used if desired by mothers and co-workers

# Time to Express Milk

## **Basic Needs**

- Two to three 15-20 minute breaks during a typical 8-hour work period (plus time to go to the site)

## **Flexible Options**

- Use regular allotted breaks and lunch period
- Excess time that may be needed can be made up before or after work, as part of lunch period, or at other times negotiated with supervisors



# Education

## **Basic Needs**

- Prenatal information on breastfeeding
- Postpartum assistance in the hospital, at home, and back at work

# Education

## Flexible Options

- Prenatal and postpartum breastfeeding class
- Informational materials and videos
- Company contract with a lactation consultant or other lactation expert to provide prenatal education and postpartum assistance
- Individualized back-to-work consult with the contract lactation expert
- Referrals to community classes and lactation experts

# Support

## **Basic Needs**

- Support from company managers, supervisors, and co-workers
- Mother-to-mother support

## **Flexible Options**

- Worksite lactation support policy
- Training for supervisors and co-workers
- Mother-to-mother support group
- Electronic list serves or company web-based connection network

# Model Companies and Public Agencies

## **Large Companies and Public Agencies (500+ employees)**

- Various departments and agencies of the Federal Government
- Boston University Medical Center
- California Public Health Foundation Enterprises
- CIGNA (Philadelphia, PA)
- Fort Lewis and Madigan Army Medical Center (Tacoma, WA)
- Mutual of Omaha
- Home Depot Corporate Office (Atlanta, GA)
- Los Angeles Department of Water and Power
- Pizza Hut Restaurant Service Center (Dallas, TX)
- Sea World (San Diego, CA)
- Texas Instruments (Dallas, TX)

# Model Companies

## **Mid-sized companies (100-499 employees)**

- Patagonia (Ventura, CA)
- Sears Roebuck & Co. #2179 (Medford, OR)

# Model Companies

## **Small companies (1-99 employees)**

- Andaluz Birth Center (Portland, OR)
- Childhood Health Associates of Salem
- HCG Software, LLC (Portland, OR)
- Pecan Ridge School (Canton, TX)
- Western Environmental Law Center (Eugene, OR)

# Beginning a Lactation Support Program in Your Company

- Establish as part of company health benefit services
- House within the wellness division
- Convene a task force with key company stakeholders to identify needs and solutions
- Gain assistance from community resources
- Promote the program with all employees, supervisors, and co-workers to gain buy-in and support

# Who Can Help

- International Board Certified Lactation Consultants (IBCLCs)
- Health professionals from hospitals or doctor's offices
- Local breastfeeding coalitions
- WIC Program
- La Leche League
- Community groups such as March of Dimes, Healthy Mothers Healthy Babies, and other local groups



# How to Get Help in Our Community

*[Insert information about local resources who can assist with establishing a worksite lactation program, as well as provide direct services to mothers.]*

# References

- <sup>1</sup>U.S. Department of Labor Women's Bureau. (2005). Employment status of women and men in 2005. Available online at: [www.dol.gov/wb/factsheets/Qf-ESWIM05.htm](http://www.dol.gov/wb/factsheets/Qf-ESWIM05.htm). Accessed January 2007.
- <sup>2</sup>Ball, T., & Wright, A. (1999). Health care costs of formula-feeding in the first year of life. *Pediatrics*, 103(4):871-876.
- <sup>3</sup>Dubois, L & Girard, M. (2004). Breast-feeding, day-care attendance and the frequency of antibiotic treatments from 1.5 to 5 years: a population-based longitudinal study in Canada. *Social Science and Medicine*, 60(9): 2035-2044.
- <sup>4</sup>Cohen, R, Mrtek, MB, & Mrtek, RG. (1995). Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. *American J of Health Promotion*, 10(2):148-153.
- <sup>5</sup>Dickson, V., Hawkes, C., Slusser, W., Lange, L., Cohen, R. Slusser, W. (2000). The positive impact of a corporate lactation program on breastfeeding initiation and duration rates: help for the working mother. Unpublished manuscript. Presented at the Annual Seminar for Physicians on Breastfeeding, Co-Sponsored by the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and La Leche League International. Chicago, IL: July 21, 2000.
- <sup>6</sup>Mutual of Omaha. (2001). Prenatal and lactation education reduces newborn health care costs. Omaha, NE: Mutual of Omaha.
- <sup>7</sup>Ortiz, J, McGilligan K, & Kelly P. (2004). Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatric Nursing*, 30(2):111-119.6.
- <sup>8</sup>Galtry, J. (1997). Lactation and the labor market: breastfeeding, labor market changes, and public policy in the United States. *Health Care Women Int.*, 18:467-480.
- <sup>9</sup>National Immunization Survey. (2005). Centers for Disease Control. Available online at: [www.cdc.gov/breastfeeding/data/NIS\\_data/data\\_2005.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/data_2005.htm)