The Time is Right: Seize the Moment!

*The Landscape of Breastfeeding Support*

Presented by: Cathy Carothers, IBCLC, FILCA
Every Mother, Inc.

Cathy’s Contact Information:
Email: cathy@everymother.org
Every Mother Website: www.everymother.org
Every Mother Facebook: Every Mother, Inc.
Cathy Facebook: Cathy Carothers
Cathy’s Pinterest:
- http://www.pinterest.com/cathycarothers/breastfeeding-resources/
- http://www.pinterest.com/cathycarothers/breastfeeding-resources-workplace/

Breastfeeding: A Public Health Imperative

- Charles Winslow, a leading figure in public health, defined “public health” in 1920 as: “the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities, and individuals.” [Winslow 1920]
- Wikipedia defines “imperative” as: “of vital importance; crucial” [https://www.google.com/#q=definition+of+imperative]
- To help mothers make a truly INFORMED decision they need:
  - WHY breastfeeding is important
  - HOW to work it into their lives
  - WHAT to do to get off to a good start
  - SUPPORT – policies and practices that are evidence-based, lowered barriers in the community, and support through mother-to-mother networks

Health Impact

- Infant Health. According to the Agency for Healthcare Research and Quality [2007] breastfeeding has a significant health impact on infants.
### Health Outcome | BF ↓ Risk by:
--- | ---
Otitis media  
- any breastfeeding | 23%
- exclusive breastfeeding 3-6 months | 50%
Gastroenteritis | 64%
Necrotizing Enterocolitis in preterm infants  
- Lower risk of surgeries for NEC (Ganapathy 2012) | 82%
Hospital admission for lower respiratory tract infections  
(exclusive breastfeeding at least 4 months) | 72%
Atopic dermatitis/eczema (exclusive breastfeeding at least 3 months)  
- Overall reduction | 32%
- Family history | 42%
Asthma (breastfeeding at least 3 months)  
- no family history | 27%
- family history | 40%
Obesity | 24%
Type 1 diabetes | 27%
Type 2 diabetes | 39%
Childhood leukemia (breastfeeding duration at least 6 months):  
- Acute lymphocytic leukemia | 19%
- Acute myelogenous leukemia | 15%
Sudden Infant Death Syndrome | 36%

- **Maternal Health.** The AHRQ study and other recent studies also point to some significant health outcomes for women.

### Health Outcome | BF ↓ Risk by:
--- | ---
Breast cancer (per year of lactation) | 28%
Ovarian cancer  
- Ever breastfed vs. never breastfed | 21%
- Breastfed >12 months vs. never | 28%
Type 2 diabetes (per year of lactation) | 12%
Maternal cardiovascular disease (Swarz 2009)  
(lifetime history of >= 12 months of lactation)  
- Hypertension | 12%
- Diabetes | 20%
- Hyperlipidemia | 19%
- Cardiovascular disease | 9%
Rheumatoid arthritis (Adab 2014) |  
Postpartum depression | Association
Cost Savings

<table>
<thead>
<tr>
<th>Health Impact</th>
<th>Cost Savings</th>
<th>Other Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infant Health</strong> (Bartick et al 2010)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90% compliance with recommendations to breastfeed exclusively 6 months</td>
<td>$13 billion/year</td>
<td>Prevent 911 infant deaths</td>
</tr>
<tr>
<td>80% compliance</td>
<td>$10.5 billion</td>
<td>Prevent 741 infant deaths</td>
</tr>
<tr>
<td><strong>Preterm Infants</strong> (Ganapathy 2012)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preterm infants without NEC - $74,004</td>
<td>$1.8-$2.3 billion/year</td>
<td>Prevent 323-461 preterm infant</td>
</tr>
<tr>
<td>Preterm infants with NEC - $198,040</td>
<td>$1.6-$2.3 billion/year</td>
<td>deaths</td>
</tr>
<tr>
<td>Economic value if NEC rates could be reduced by 55%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic value of lower mortality risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maternal Health</strong> (Bartick et al 2013)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90% compliance with recommendations to breastfeed exclusively for 6 months</td>
<td></td>
<td>Prevent 4,396 premature maternal deaths per year</td>
</tr>
</tbody>
</table>

Healthy People 2020 goals
The nation’s health objectives include several new goals for breastfeeding.
New York data...shows that New York rates are high, though 15 states are ahead of New York. The CDC 2013 Breastfeeding Report Card reports:
[www.cdc.gov/breastfeeding/data/reportcard.htm]
- Initiation rate in New York: 82.6%
- 6 months: 52.6%
- 12 months: 28.4%
- 3 months exclusivity: 32.1%
- 6 months exclusivity: 16.5%

National Priority - Government
- National Prevention Strategy...established under the Affordable Care Act requirements as a collaboration of around 20 federal agencies. Breastfeeding figures prominently in the nation’s strategy to prevent illness and disease and promote health and wellness for Americans. Website: www.surgeongeneral.gov/initiatives/prevention/strategy
- Let’s Move...has recommendations for promoting and supporting breastfeeding families in the nation’s anti-obesity initiative.

Surgeon General’s Call to Action to Support Breastfeeding ...launched by U.S. Surgeon General Regina Benjamin in 2011. The CTA is the roadmap for public health officials and governments to use in establishing priorities for maternal and infant health. Action Guides are directed to health providers and other key groups. Website: www.surgeongeneral.gov/library/calls/breastfeeding/index.html

CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. This booklet focuses on evidence-based interventions that have been clearly shown in the research to make an impact on breastfeeding rates. These intervention areas include:

- Maternity care practices
- Professional education of physicians, nurses, and other providers
- Access to professional support from IBCLCs and trained lactation experts
- Peer support programs
- Workplace support for breastfeeding employees
- Support for breastfeeding in early care and education
- Access to breastfeeding education and information
- Social marketing
- Reducing marketing of infant formula

Website: www.cdc.gov/breastfeeding

In response to breastfeeding being at the national policy forefront, a number of governmental initiatives are in place.

- It’s Only Natural Campaign...HHS African American campaign. The campaign includes educational materials, videos, teaching resources for educators, and media resources such as public service announcements. Available at: http://womenshealth.gov/itsonlynatural/
- USDA WIC Program...launched a brand new peer counseling curriculum; resources available at WIC Works Resource System. Website: www.nal.usda.gov/wicworks/Learning_Center/support_peer.html
- CDC...has been a major influence driving many of the national governmental changes regarding breastfeeding. www.cdc.gov/breastfeeding

Whenever government sets priorities for health as breastfeeding has not become, this in turn is a powerful influence in driving systems level changes.
National Priority – Health Systems

HOSPITALS – What we Know

- National research shows that 85% of women today want to breastfeed and intend to for at least 3 months, and 77% actually do begin breastfeeding. However, only 32.4% actually meet their goal. [Cria 2012]
- Mothers who are not exposed to any “baby friendly” maternity care practices are 13 TIMES more likely to wean their baby early compared to mothers who deliver in a hospital that has at least some BFHI standards. [DiGirolamo 2008]
- Over half of all breastfeeding moms say their baby’s first supplement as given in the hospital. (Grummer-Strawn 2008). Reasons cited for early discontinuation...problems with the latch, perceived low milk production, baby is not gaining weight well, and pain.
- A chief reason for weaning at any age is the perception that the baby is not satisfied by the mother’s milk. Over 55% of women say they weaned because they did not think their baby was making enough. [Li 2008]
- CDC data collected as part of the biannual mPINC Survey shows that maternity care practices are finally beginning to improve in the U.S. After several years of failing scores and little improvement, the 2011 scores showed that the national average has jumped to a national score of 70. Website: www.cdc.gov/breastfeeding/data/mpinc/index.htm
  - New York’s mPINC score for 2011: 73, slightly above the national average and ranking the state #16 in the country. Highest scores were in the areas of providing breastfeeding help in the hospital. However, the state ranked lowest in facilitating mother/baby contact (including skin to skin and access to the baby right after delivery, rooming-in, etc.), and in discharge policies, including releasing moms with formula samples which are proven to have a negative impact on breastfeeding success and contribute to early weaning.

Initiatives that Make a Difference

- Baby-Friendly Hospital Initiative...recognition program for hospitals that implement UNICEF’s Ten Steps to Successful Breastfeeding. Website: http://www.unicef.org/newsline/tenstps.htm
  - In the U.S., Baby-Friendly USA is the administrator of the Baby-Friendly Hospital Initiative. Website: www.babyfriendlyusa.org
  - 172 hospitals and birthing centers in 40 states and territories have currently achieved BFHI designation (6.9% of all babies are now born in baby-friendly facilities...up from just 2.9% in 2007)
• Over 600 are working towards baby-friendly status
  ▪ NICHQ/CDC...“Best Fed Beginnings” project sponsored by CDC and the National Infant and Child Health Quality (NICHQ). Funding and technical assistance is being provided to 89 hospitals in 29 U.S. states to become baby-friendly. Website: http://breastfeeding.nichq.org/Projects/Best%20Fed%20Beginnings/Overview.aspx
  ▪ Baby Steps to BFHI...programs that recognize hospitals that are on the path toward becoming “baby friendly.” Examples:
    ▪ Colorado Can-Do 5
    ▪ Texas 10-Step
    ▪ North Carolina 5-Star Program (star for every 2 steps completed)
    ▪ California – issues annual report of hospital performance
  ▪ New York Breastfeeding Quality Improvement in Hospitals Learning Collaborative
    ▪ Overall goal – to increase exclusive breastfeeding by improving hospital practices and policies to be consistent with recommended best practices and aligned with the Ten Steps to Successful Breastfeeding.
    ▪ Process included instruction and collaboration with other hospitals to share successes and lessons learned.
    ▪ Project has resulted in demonstrated improvements in multiple measures, including: breastfeeding within the first hour of birth, mother/infant rooming in, and distribution of formula discharge bags.
  ▪ The Joint Commission...establishes national standardized performance measuring systems to assess care in specific focus areas. The new “Perinatal Care Core Measure Set” now requires all maternity hospitals with >1,100 deliveries/year to begin reporting as of January 1, 2014 their rates of exclusive breast milk feeding as a component of the core measure set. This core measure set supports the new Healthy People 2020 goal to reduce the proportion of newborns receiving formula supplementation within the first 2 days of life. Website: http://manual.jointcommission.org/releases/TJC2013A/MIF0170.html

The U.S. Breastfeeding Committee provides guidance for hospitals at:
The Joint Commission’s “Speak Up” campaign directed to consumers also now includes materials on breastfeeding, urging new moms to speak up about their needs for support. Website: www.jointcommission.org/speakup_breastfeeding/
• IBLCE/ILCA Hospital Recognition...nearly 300 hospitals and maternity services from 9 countries have achieved the recognition and are listed in the online
directory at [www.ibclccare.org](http://www.ibclccare.org). The IBCLC Care award program has now been extended to private clinics, health departments, and other community organizations that staff lactation consultants.

- **Ban the Bags**...currently 2 states (Rhode Island and Massachusetts) have gone completely bag-free. Nationally, the mPINC survey found that 54% of hospitals currently give away discharge bags containing formula samples; this is down from 72% just 4 years earlier, and 65% in 2009.

### PRIMARY CARE

- Numerous studies show that health provider support of breastfeeding is critical. One study found that when physicians talk about breastfeeding during the prenatal period with mothers who are also receiving information from WIC, the #s of mothers initiating breastfeeding jumps from 55% to 75%.

- Another study found that 87% of women initiated breastfeeding, 75% were still breastfeeding at 2 weeks, and 55% continued to 12 weeks when they received clinical encouragement and support. Mothers who received support were much less likely to have weaned at 12 weeks. [Taveras 2003]

- However, prenatal discussions are not the norm. A 2013 study in *Obstetrics & Gynecology* found that physicians are NOT talking about breastfeeding, especially during the critical prenatal period when mothers are formulating their infant feeding decisions. Only 29% of prenatal care providers in this study mentioned breastfeeding, and the average amount of time taken was 39 seconds! [Demiric 2013]

- There are many opportunities for health provider support at crucial decision-making points of mothers. It begins with staff education and training to assure that everyone is on the same page. Intervention points include:

  - **Prenatal period** – when mothers are making their initial decision. Studies show that the earlier the mother makes her decision to breastfeed, the more likely it is she will follow through with that decision. Prenatal strategies include:
    - Helping moms make an informed decision...not just talking about the benefits of breastfeeding, but showing her how to work it into her life.
    - Preparing moms for the hospital experience
    - Showing moms where to get help and making appropriate referrals

  - **After birth** clinicians can follow evidence-based practices and educate moms about the importance of skin-to-skin contact, exclusive breastfeeding without supplements, ways to know she is making enough milk, and how to get help if things do not go as planned.
After the early days, clinicians can connect mothers to local resources and support, and help them access support when returning to work.

Mothers can also be taught about normal infant development so they better understand why their infant fusses and cries, how to tell true feeding cues, and why infants sleep and awaken. Resource: Secrets of Baby Behavior. Information at [www.secretsofbabybehavior.com](http://www.secretsofbabybehavior.com) and downloadable training resources at WIC Works at: [http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/FitWICBaby.htm](http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/FitWICBaby.htm)

### Resources for Clinicians:

- **MomDocFamily program** provides mentorship and support to mothers in medicine...over 400 physicians of many specialties from several states. [http://biomed.brown.edu/owims/MomDocFamily](http://biomed.brown.edu/owims/MomDocFamily)
- **Position papers for medical and professional organizations**
  - ACOG: [www.acog.org/About_ACOG/ACOG_Departments/Health_Care_for_Underserved_Women/Breastfeeding_2](http://www.acog.org/About_ACOG/ACOG_Departments/Health_Care_for_Underserved_Women/Breastfeeding_2)
  - AAFP: [www.aafp.org/about/policies/all/breastfeeding-support.html](http://www.aafp.org/about/policies/all/breastfeeding-support.html)
  - AAP: [http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552](http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552)
  - AWHONN: [www.awhonn.org/awhonn/content.do?name=07_PressRoom/07_PositionStatements.htm](http://www.awhonn.org/awhonn/content.do?name=07_PressRoom/07_PositionStatements.htm) (including a second position statement on supporting breastfeeding in the workplace)
WIC

- Nationally, the Women, Infants and Children Program serves 8 million participants. Over a half million live in the state of New York. [http://www.fns.usda.gov/pd/26wifypart.htm]
- WIC serves over 50% of all infants born in the U.S.
- WIC has established breastfeeding as a major priority, offering special food packages with extra foods for mothers and babies who are breastfeeding. In many states, WIC is also one of the major providers of breastfeeding education and support, with peer counselors, breast pumps, and other resources.
- When health providers and hospitals work WITH WIC as partners, we see the greatest successes!
- New York Breastfeeding Partners: [www.breastfeedingpartners.org]
- Peer Counseling initiative funded through $60 million budget allotment. National WIC peer counseling program includes training for managers and peer counselors downloaded at WIC Works website at: [http://www.nal.usda.gov/wicworks/Learning_Center/support_peer.html]
National Priority – Employment

What We Know

- Ample research shows the powerful impact that employment has on a mother’s ability to continue breastfeeding. Many women choose not to begin breastfeeding at all, or wean shortly before returning to work. One study found that among breastfeeding women who do continue until they return to work, 80% have weaned by the end of their first month back at work. [Cardenas 2005]
- What mothers need most to succeed with breastfeeding after returning to work: private space, flexible time, and support from supervisors and coworkers.
- Good news: businesses also win with breastfeeding support services! Bottom-line benefits include lower absenteeism rates, lower turnover rates, lower health care costs, and improved productivity and morale when comprehensive lactation programs are in place. [HHS MCHB 2008]
- Nationally, 34% of businesses currently provide lactation rooms and only 8% of businesses offer lactation services that include education and access to breastfeeding consultants. [SHRM 2013]
- If the business is using existing space that does not comply with the Americans with Disabilities Act of 1990, they must nevertheless accommodate all women in compliance with the ACA. New space built into the facility must be ADA compliant.

Initiatives:

- **Supporting Nursing Moms at Work: Employer Solutions**. HHS Office on Women’s Health online resources specifically for employers of hourly workers to launch in late Spring 2014, including a searchable online resource with more than 200 businesses in 29 states and representing all 22 major industry sectors. The website provides best practice examples of worksite support, hundreds of photos, and 29 short videos featuring some of the most outstanding examples of support in a variety of difficult environments. The
website also includes two online toolkits focused on health care organizations and K-12 schools and universities.


- **New York “Making it Work” Toolkit** – provides online resources for employers, moms, and family members. The toolkit was based on research around the state of New York with women and their employers, and was pilot tested with the target audience groups. Available at: [www.breastfeedingpartners.org/index.php?option=com_content&view=article&id=164&Itemid=411](http://www.breastfeedingpartners.org/index.php?option=com_content&view=article&id=164&Itemid=411)

- **Child care resources** –
  - Indiana Perinatal Network Child Care Campaign at: [www.indianaperinatal.org/?page=BF_Childcare](http://www.indianaperinatal.org/?page=BF_Childcare)
  - Wisconsin toolkit at: [Wisconsin toolkit at www.dhs.wisconsin.gov/publications/P0/P00022.pdf](http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf)

### Legislation and Policy

#### What we Know

- Legislation truly *does* drive policy at the highest levels...and policy changes do drive systems changes at the grassroots level.

#### Significant Legislation

- **Affordable Care Act** – has two pivotal components that will change the way breastfeeding mothers are supported in this country.
  - Section 7 amends the Fair Labor Standards Act, requiring employers of hourly workers to provide reasonable time and private space *that is not a bathroom* for breastfeeding women to express milk at work. Although 24 U.S. states currently provide their own state legislation supporting working mothers (including New York) this law is pivotal because it provides the *minimum standards* required to
support nursing moms. [Language of the law and resources are available at: www.usbreastfeeding.org]

- **U.S. Department of Labor** resources include Fact Sheet #73, with guidance for businesses on implementing the ACA provisions, and a downloadable business card for mothers at: http://www.dol.gov/whd/nursingmothers

- **Women’s Preventive Services** section of the ACA requires insurance companies to cover breastfeeding counseling and equipment for nursing moms without a copay.
  - USBC has developed the “Model Policy in cooperation with the National Breastfeeding Center, with guidance for insurance companies. Available at: http://www.usbreastfeeding.org/LegislationPolicy/ExistingLegislation/ModelPolicyPayerCoverage/tabid/344/Default.aspx
  - The Office on Women’s Health provides an infographic for moms to help guide them in their rights under the ACA at: www.womenshealth.gov/news/highlights/aca-infographic.html
  - The National Breastfeeding Center has issued a national SCORE CARD to rate insurance companies in how well they comply with the ACA in covering lactation benefits for new moms. www.nbfcenter.com/PayerScorecard.html

- **Supporting Working Moms Act of 2013** launched in May 2013 to expand the ACA requirement of support for hourly workers to ALL workers (teachers, nurses, and other salaried workers not covered under overtime requirements). The bill was co-introduced by Senator Jeff Merkley in the Senate and Rep. Carolyn Maloney in the House.

- **Family and Medical Insurance Act** (aka “The Family Act”) launched early in 2014 by Sen. Kirsten Gillibrand (NY) and Rep. Rosa DeLauro (CT). The legislation would provide up to 12 weeks of paid leave at 66% salary for maternity leave or other family medical leave structured as an insurance plan, with employees and employers paying 2/10 of 1% of salary per week (or an average each of $1.50/week).
  - U.S. is one of only four countries out of 140 nations that do NOT provide paid family leave at all. (Others are Swaziland, Liberia, and Papua New Guinea).
  - Only 12% of the U.S. workforce has paid family leave through their employers.
Paid Parental Leave: U.S. vs. The World

The U.S. joins Lesotho, Swaziland and Papua New Guinea as the only countries that do not mandate paid maternity leave. Most countries ensure at least three months of paid leave for new mothers, and many give fathers benefits too.

Source: International Labour Organization

THE HUFFINGTON POST
State laws...currently 49 U.S. states have state laws on breastfeeding in public and many also have laws related to workplace support. Two states (MS and LA) have laws requiring child care centers to support nursing moms. Many others excuse nursing moms from jury duty. Some states require a breastfeeding action plan for the state.

- **California SB402**...introduced into the legislature a few months ago...requires all hospitals to implement the *Ten Steps to Successful Breastfeeding* by the year 2020.
- **New York laws**...the State of New York has enacted several pieces of legislation related to breastfeeding, incorporating breastfeeding into civil rights law, correction law, labor law, and penal law. *See the additional handout on New York Laws.* What is significant is that the labor law actually goes beyond the federal law and thus must be the legislation followed in the state. In New York, ALL female workers who are breastfeeding must be provided time and space to do so, and that support must be provided up to 3 years.

**Challenges and Opportunities**

**New Moms**
- Today’s mothers are more educated about breastfeeding than any generation before.
- Research shows that 98% of new mothers trust the advice they receive from blogs; 86% trust information they read on Facebook™, and 85% trust what they see on Pinterest™ or Twitter™ (Collins 2012).
- Mothers are 61% more likely to use Pinterest™ than the average American (Nielsen 2012). Pinterest™, which only began in 2010, is now the 3rd largest social networking venue behind Facebook™ and Twitter™.
- Mothers are also increasingly turning to phone apps to help with parenting and breastfeeding. 65% of mothers navigate their lives through their smart phone (Warzel 2012).
- African American women ages 18-35 are 72% more likely than the average US adult to publish a blog or express their preferences on social media.
- Baby Cafés offer women the opportunity for face-to-face support and are increasing in popularity among new mothers.
**The Tipping Point**

- A “tipping point” is: “the point at which a series of small changes or incidents becomes significant enough to cause a larger, more important change.” [www.google.com/#q=definition+of+%22tipping+point%22]
- Consider the evidence:
  - Research studies continue to mount with evidence of the importance of breastfeeding.
  - Legislation and policy at the national level (and accompanying funding for breastfeeding initiatives) have set breastfeeding as a national priority.
  - Hospitals and health systems are making positive changes.
  - HR directors are implementing lactation programs.
  - Community breastfeeding networks have expanded.
  - Media...breastfeeding is now a HOT TOPIC!
  - Breastfeeding rates have never been higher...
  - ...and Infant Mortality rates have started going DOWN for the first time in history!! (no coincidence!) [www.cdc.gov/breastfeeding/resources/breastfeeding-trends.htm]
- Momentum of the tipping point continues to build.

**Much Work Remains**

- Equity. We must continue to address the gap between those who HAVE and those who have NOT so that ALL mothers will have equal access to information and support.
- R.O.S.E. (Reaching Our Sisters Everywhere) is one group formed to help address disparities in breastfeeding. [www.breastfeedingrose.org/]
- WK Kellogg Foundation providing millions of dollars in funding for breastfeeding initiatives across the country to help improve access for ALL women. WKKF has funded many initiatives in New York.
- Not all hospitals have integrated the *Ten Steps to Successful Breastfeeding* into maternity care practices.
- Communities are not fully breastfeeding-friendly.
- Many “booby traps” (Best for Babes - [http://www.bestforbabes.org](http://www.bestforbabes.org)) still abound in hospitals, workplaces, child care centers, shopping areas, clinics, and other places in the community
Opportunities in Your Own Backyard

- BFHI – build on the momentum!
- Consider integrating peer counselors into your hospital
- Get rid of the bags...make your own!
- Seamless referral networks with WIC
- Social media (blog, online community for moms in YOUR community? Pinterest board for resources in your community)
- Advocate for Medicaid reimbursement of breast pumps and counseling services
- Collective Impact ...emerging field of Collective Impact showing now that the BIGGEST change occurs when groups work together for maximum impact. When we SHARE the agenda, with each group seeing THEIR part in making it come about. More than just “collaborating” but truly trusting one another...

“Even if you’re headed in the right direction, you’ll get run over if you’re just sitting there!”
[Will Rogers]

Bibliography


Baby-Friendly USA. Available at: www.bfusa.org.


U.S. Department of Labor, Wage and Hour Division. Section 4207, Patient Protection and Affordable Care Act. http://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btnm.htm


