**Moderator:** Hello. Welcome to Breastfeeding Grand Rounds 2015. I'm Rachel Breidster and I'll be your moderator today. Before we get started, I would like to ask that you please fill out your online evaluation at the end of the webcast. Continuing education credits are available after you take our short post-test, and your feedback is helpful in planning future programs.

As for today’s program, we will be taking your questions throughout the program – please send questions via phone at: 1-518-880-3516 or via email at: bfgr.ny@gmail.com. We will get to these questions in the second half of the program.

I also want to let you know that the planners and presenters of Breastfeeding Grand Rounds do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity, and no commercial funding has been accepted for this activity.

As for today’s program, we are going to be discussing Breastfeeding and the Workplace: Success Takes a Team. Our guests today are Cathy Carothers, who is the co-director of Every Mother, Inc., which is based in Mississippi, and Dr. Ruth Lawrence who is a distinguished Alumna Professor of Pediatrics & Obstetrics/ Gynecology and the Northumberland Trust Chair in Pediatrics at the University of Rochester School of Medicine. Cathy has worked at the national level with the U.S. Department of Health and Human Services on research, resources, and training related to breastfeeding in the workplace and is a former president of the International Lactation Consultant Association and past chair of the U.S. Breastfeeding Committee, and Dr. Lawrence is our breastfeeding grand rounds guru, having participated in our program for over 20 years. Thank you for joining us today.

Well ladies, I know today's program is focused on breastfeeding mothers who are returning to work, and before we get into that topic, let's take a few minutes to make sure that our viewers all understand the importance of why breastfeeding is so important to begin with.

**Dr. Lawrence:** Well, my favorite reason is species specificity. What does that mean? That means that we have 4,000 species, and they all make a different milk so that their offspring grow properly and develop properly. And then there are nutritional reasons and the infection protection and the immunological and the allergy protection and the psychological benefits, and, we've focused on, of course, brain development.

**Moderator:** Sure. Now beyond all of those benefits, as well, I mean, we've talked in past shows about some of those benefits, infection protection, things like that. But in addition to that, would you say it's important to establish a mother-child bond as well?
**Dr. Lawrence:** Well, that's all they ever talked about back when I was in medical school – that it's such an important relationship between the mother and the baby and that is still true today. It's just that we learned more of the science to defend all the other reasons.

**Moderator:** As part of that science, are there physical and cognitive benefits to the mother and the child?

**Dr. Lawrence:** Well, there have been many developmental studies following children for 18 years and showing that those who were exclusively breastfed for at least three or four months, developmentally, do better even at the age of 18. And school behavior and other things like that are even better. So there is a difference and it's been shown scientifically.

**Moderator:** So we have plenty of evidence then to support the process of breastfeeding and the benefits of breastfeeding for the mother and the children?

**Dr. Lawrence:** Exactly.

**Moderator:** Let me ask you, if it's well established, and we've got research to support the idea that breastfeeding is beneficial, why aren't women sticking with breastfeeding? I mean, even for many of the women who start off breastfeeding, what are some the reasons why they don’t continue to do so?

**Dr. Lawrence:** Well, I'll answer that by saying, first of all, I think a lot of women are breastfeeding today. Actually, about 80% of women today make that choice to breastfeed and start out breastfeeding. But you're right. Somewhere along the way they discontinue due to a lot of things. It could be problems in the hospital, or they didn't get the baby latched on really well at the beginning, or they were concerned about the milk supply. And once a mom gets home from the hospital, she has the task of [figuring out] how do I work this into my life? How do I go back to work? How do I go back to school? How do I go out in public? How do I breastfeed in front of our family members, and so the reality hits. Once you get home, [you are faced with the fact that] now I have a baby and I have to manage all of this. It can be overwhelming for some moms. I do think that's one of the exciting reasons that this year's world breastfeeding week theme is perfect. This year's them is breastfeeding and work, let's make it work. I think that's a reminder that really does take a team, because we need to help moms together to make this work for her.

**Dr. Lawrence:** There's no safety net.

Moderator: Absolutely. I remember when my sister brought her first child home from the hospital – [she felt like] 'All of a sudden, I'm responsible for this human being!' There's no real preparation for it. You know – 'Here you go; good luck keeping this child alive and doing it correctly.' So yeah, having that team becomes really important.

**Cathy:** Absolutely. There's no call button when you get home from the hospital.

**Dr. Lawrence:** That's right.
**Moderator**: So, there are some real challenges when women do get home from the hospital and realize they have to continue with all of their other responsibilities and be parenting and be providing for this child. So what are some things that you think, when moms are facing these challenges, are really important for them to know?

**Cathy**: Well, I think certainly getting support, you know, looking for family members who can support them, friends who can support them, making sure that a mom has a supportive pediatrician, a supportive obstetrician, that she looks for support within her network of friends, that's going to carry her a long ways, I think. And certainly when she goes back to work, she's going to need a lot. She's going to need even a deeper level of support and she's going to need support from her supervisor, from her employer, from her colleagues at work. She's going to need support from her family members and from those who are going to be caring for her child while she's away from her/him at work. It's a big responsibility. It's definitely worth it.

**Moderator**: Absolutely. Now, a lot of new mothers when they're first starting out, they're seeing quite a few medical providers at that time of their life, and I expect that probably because it's a new experience, they're relying on the advice of medical providers as they're making some decisions. So Dr. Lawrence, from your experience, can you talk about the important role that healthcare providers have in encouraging and supporting moms in their decision to breastfeed?

**Dr. Lawrence**: Well, I think it's, first, do no harm. Because one of the struggles we've had over the years is educating physicians about the value of breastfeeding and how it happens. The physician doesn't put the baby to the breast, but the physician must know when there's a problem, must be able to detect the problems and anticipate these things, talk to the mother about if she's going back to work, has she planned for this? And of course, the physician has to write the prescription for the pump, so that's a task they must do. But everybody in the physician's office has to be onboard, and the nurses are very important.

**Moderator**: Absolutely.

**Dr. Lawrence**: If there's an additional person that's a lactation consultant, that's wonderful, but every bedside nurse, every office nurse ought to know how to support breastfeeding.

**Moderator**: I agree. Going back to that 'It takes a team,' and making sure the message is consistent throughout the office.

**Cathy**: I want to add in terms of the providers, that so many mothers don't know they have options when they go back to work and research shows that a lot of women don't even hear what the messages are, although if she's in the Women, Infants and Children program, she will have heard about it from her counselor. But when her physician talks to her about it, they should be telling a mom that she has options, telling her, "You can express your milk when you go back to work."

Dr. Lawrence: They need to plan ahead. That's the secret. That's the mother's secret. You got to plan ahead. You got to plan for tomorrow. You got to have everybody's shoes and socks lined up.
Moderator: Those are certainly very important things to have the physician to have those conversations and making sure the nurses are onboard. Are there other ways that you feel that healthcare providers can help moms, and new moms in particular learn about how to be able to breastfeed after they go back to work?

Dr. Lawrence: A physician could write a letter. There are template letters that we provide in the resources and they can write the employer that this is important and I urged this mother to breastfeed. It's important for their health. It's important for the health of the mother and I urge you as an employer to provide this mother with the support she's going to need. Physicians have a very powerful role, and people do listen to the physicians.

Moderator: Absolutely. Dr. Lawrence, we're all listening to you. [laughter] Beyond that, because I think that's a really good point that having that letter from the physician certainly provides a measure of support and almost a bit of substance behind mom's request for accommodations, but what else do moms need to know, breastfeeding moms, when they go back to work if they don't have the support of that physician. While we hope they do [have that support], there are laws in place, too, that moms should know about, yeah?

Cathy: Absolutely. There are federal laws and laws in many states, including New York and others. Honestly, we have found a lot of mothers don't know about these laws. They just don't realize they have rights. We have done research in New York with mothers and found out the vast majority of them had no idea that there was protection for them in the workplace with federal and state laws. I think when you can empower a mother with information and knowing that she has the law behind her, that can help her to be bolder when she goes to approach her employer.

Moderator: Absolutely. I would agree with that. To find out more about what the law actually mandates for supporting breastfeeding mothers in the workplace, we spoke with Maura McCann, Acting Director of the Division of Labor Standards at the New York State Department of Labor.

DOL/McCann: In 2007, a new law passed which gave nursing mothers the right to express breast milk at work. It's section 206-C of the labor law. Shortly thereafter the law passed, we developed guidelines for employers to follow in interpreting that law. The section itself is very small, but has a lot of content to it, so we developed some guidelines. In 2010, there was a federal law passed that gave nursing mothers the right to express breast milk at work as well. In general, New York State Law covers far more people, covers everyone within the state. Anyone who works in New York State is covered by the New York State Law. The federal law has some restrictions in terms of coverage. First, you have to be covered by the Fair Labor Standards Act. Then if there's a certain number of employees below 50 employees, the employer doesn't necessarily need to comply with the federal law. That doesn't exist for New York State. Anyone and everyone is covered. Another major difference between the federal law and the state law is the length of time women are allowed to express breast milk at work. The federal law only covers for one year after childbirth, whereas the state law covers for three years. A lot of people don't know that. That's a very important provision.
Some of the other provisions are very similar in that there is a non-discrimination provision in the federal law and state law. Employers are not allowed to discriminate against nursing mothers who want to take advantage of this law and express breast milk at work. In terms of break time being allowed, this is very interesting because in federal law, meal periods are not required and breaks are not required. In New York State, we do have a meal period law that covers public and private employees, but we do not require short breaks. A lot of people think breaks are required by law. They are not. This is the first opportunity where breaks are mandated and required under certain circumstances and they are for nursing mothers in order to express breast milk. These breaks do not have to be paid. In terms of the state law versus the federal law, we provide more specific requirements and details in our guidelines. The breaks can run concurrent with other breaks. They have to be a minimum of 20 minutes. Both federal and state law require a space be provided for employees. However, again, New York State is much more detailed in what they require for the space and also the location of the space. It can't be at a great distance. We can't allow someone to use up their entire break time while they're walking ten minutes to get to the place that they need to express the breast milk and then have to walk ten minutes back. That uses up their break time. We put in the guidelines it can't depreciably reduce the allotted break time for expression of breast milk.

Another very important part of the state law is our notice provision. And this, to me, is really key, having expressed breast milk at work in terms of planning what you're going to do, how you're going to do it. We all know working moms are busy moms and this is really important to know ahead of time. We recommend that employers provide this information as part of their policy handbook or employee manual. They can put up posters. There can be electronic notice, any type of way, but employees must know that this is available to them and required by law. Most of the time, what we find is that the problem is that employers stop accommodating after a while. They think, 'Oh, a year is enough.' We find that they don't know that it is required. They feel that they are making an accommodation on their own, and they don't know it is legally required. They don't know that it is allowed for up to three years. They don't know that the space has to be private and well lit and in close proximity. They don't know that they've got to make these accommodations for the schedule. Let somebody work a little bit longer.

Finally, I'd like to comment that when we developed these guidelines, there were quite a few of us who had expressed or pumped breast milk at the workplace. So it was—it's near and dear to my heart and to a lot of people who worked here at the time (who might not work here anymore). We all put our two cents in, if you will, to say: 'We need a curtain.' You know, 'You need to have a light source.' Because from our own experiences in the private and public sector, and having gone through it, we really felt that we had firsthand experience and knew what people needed. We hope that these guidelines are useful for moments for employers. Thank you very much.

Moderator: So that information from the Department of Labor makes it pretty clear that there are some very clearly established standards and regulations in terms of what businesses need to be doing. In your experience, how well are businesses actually complying with the laws and regulations?
Cathy: Well, I think, overall, the good news is more and more businesses have heard about the laws and are complying. The Society for Human Resource Management publishes an employee benefits survey every year, and that survey shows that around 30% of businesses are complying with the law. However, there are a lot of businesses that are still not. So 30% are complying, about 70% are not. We still have a lot of work to do, and I think the real issue is just getting the word out so people are aware that there is legislation.

Dr. Lawrence: I think the model is the hospital and health department. We at the University of Rochester have five pumping stations around the university.

Cathy: Wonderful.

Dr. Lawrence: And we got the local health department to do the same thing.

Cathy: You guys are part of the 30% making it happen.

Dr. Lawrence: Probably, but if the healthcare professional doesn't do it, why should anybody else?

Cathy: Sure. They are the definite model, I think, and they can set the pace and a tone for an entire community to show that this is something that's really important. We found in our research here in New York that most of the HR managers, human resource managers, were aware that there was a law and that's their job to know the law. But we also found that a lot of the supervisors that directly provide support and oversight to employees were not aware of the law, and we found that a lot of owners of smaller businesses, mom and pop type businesses were not aware of the law. I think that gives us a great opportunity in the healthcare field and those of us who work for the health department and beyond, those working as breastfeeding advocates in the community to really get the word out to your local businesses.

Moderator: The law leaves out people with fewer employees, doesn't it?

Cathy: No, not actually. The federal law says that if a company has fewer than 50 employees, they can apply for exemption if they feel it's an undue financial hardship. However, it doesn't automatically mean they're off the hook. The spirit of the law is that everyone should be complying. This is something we should all be doing to support our moms.

Moderator: Then what are some things—because we have 30% that are complying and that's a great start. Yet what are some of the things that make it hard for other businesses to comply? Beyond the fact that they might not know it's a law. If they know and not doing it, what are the reasons why?

Cathy: I think if they know about the law and they're not complying it's probably because they're seeing obstacles in the workplace, and the biggest one we see is lack of space. There's nowhere to provide a private space. Maybe it's a small restaurant or a small retail store and they honestly don't seem to have an available room for this. But I think for many employers, they don't realize it's an issue. For a lot of employers, they told us we never had
a woman ever come to us and ask for support. For many years, a lot of women did not speak up. They suffered in silence. They tried to figure out a way to make this work on their own. They looked at their environment and said I don't see how I can possibly make this work in this environment. So they discontinued breastfeeding. So, if the employer never hears from a woman that it's an issue and she needs help, then they're going to consider it a non-issue. I encourage moms to speak up.

**Moderator:** Sure.

Cathy: Now that there is legislation, we're hearing that moms are speaking up now. More and more, moms have found their voice and they want their employer to know that they're going to need that support.

**Dr. Lawrence:** And well, that's where the physician, for instance, comes in and can write a letter to the employer and say, you know, did you know that this is a law? If they don't hear about it, they're not going to think about it.

**Moderator:** Absolutely. And it gives moms a little bit of authority to their voice to say the law is going to back me up and my physician is going to back me up and hopefully that will make things easier.

Cathy: Absolutely. I will add for a lot of mothers we urge them not to go in with the law and have that be the first thing you say. Right, 'I need support. I'm covered under the law. Make that happen." That won't go over well.

**Moderator:** Absolutely.

Cathy: But, just knowing that the law is there to back you up is a great relief for a lot of mothers. We encourage moms to approach their employer just as a mom, as an employee and say to them, it's important for me to be a good employee. I want to do the best job I can as your employee, but it's also important for me to be a good mom and we can work together and make that happen? I think that approach usually works pretty well.

**Moderator:** That seems like a good approach. Another thing to consider beyond benefits of breastfeeding is the return on investment. I mean, what's in it for the businesses? I think for businesses to hear about that is really important. Can you talk a little bit about that perspective?

Cathy: Sure. The research that has been done has found that there's a 3-to-1 return on investment. For every dollar that the employer would spend on breastfeeding support, they would earn $3 back. That's significant. That's huge for a business to get that kind of return. Often, you know, there's very little required. Providing support doesn't have to cost a lot of money and you get a lot of return and that return comes in the form of healthier babies. When you have a healthier baby, then you have a mom who doesn't need to leave work or to be absent from work. And not only the mother but her partner, as well, because the research shows men stay home with sick children as well. So this is a benefit for the men as well. We know that there are healthcare savings when a mom is able to breastfeed her baby, her healthcare costs are less and if the employer's providing those kinds of benefits, that's
significant. Research shows that a mom can save a business $2,000 a year just in healthcare costs if she breastfeeds. So providing that support makes a big difference.

**Dr. Lawrence:** Well, and of course, they've proven that if 90% of babies were breastfed for the first six months of life, that this country would save $14 billion. This is work by Melissa Bartick, MD at Harvard. Good data.

**Cathy:** Absolutely. Not only from the health of the baby, but the health of the mother .... she did a follow-up survey that found that if the mother breastfeeds, she's going to enjoy better health. That produces savings as well, about $14 billion.

**Dr. Lawrence:** Exactly.

**Cathy:** Huge.

**Moderator:** Certainly nothing to sneeze at.

**Cathy:** Absolutely.

**Moderator:** In addition to those benefits, are there employers who may not recognize the value of supporting their employees? Do you find that there are other arguments you can make to convince those employers?

**Cathy:** Certainly. I think if a company is not providing employee benefit, healthcare benefits to the employee, there are other benefits. For instance, retention of your employees. When you work hard to recruit good people and you've trained them, the last thing you want is to have to lose them. We do know the national average of women who return to work after maternity leave is 59%. However, in those companies that provide support for their women, for employees who are nursing, their return rate is over 90%. It's a huge benefit. We also see that mothers are more productive. They feel more loyal to the business. It provides the business with an opportunity to be able to recruit good people within the community. It's great PR for the business as well.

**Moderator:** Really, it is a win-win – a win, win, win, for moms, baby and the business.

**Cathy:** Absolutely.

**Moderator:** Now, to understand how breastfeeding moms can provide good incentive and return on investment, we visited the International Paper plant in Ticonderoga, New York where we spoke with their human resources manager, Nancy Koska, to talk about the practices they have in place to support breastfeeding employees.

**Nancy Koska/IP:** The types of breastfeeding support that we offer at International Paper – we do have two rooms for lactation, and we offer people break time to do that. We also have an on-site nurse who helps the new mothers with their return-to-work questions and helps facilitate their ease and returning to their positions. Actually, we supported the policies and practices prior to there being laws requiring it. It's part of the International Paper culture to respond to employee needs
as thoroughly as possible. Approximately 22 years ago, we had some interest by employees to have lactation room. The request was met and discussed and a process was developed. The room was set up and the company decided to do that based on the value it places on employees and their need to be comfortable in their work environment and be able to return to work in a timely fashion. The feedback that we receive from our employees is that they're very appreciative of the services available. This allows them to follow through on their parenting decision as well as to balance that with their work life. Recently, I was speaking with one of our employees who told me that 18 years ago, she used the lactation room. Her daughter's currently 18 years old and it was a benefit to her. She was able to return to work as chose to return to work and continue to breastfeed and it was beneficial to the company because she is a very valuable employee, and having her back was an extraordinarily important thing for us. The benefits that International Paper receives from participation in the program is that we are able to have employees who are are much more engaged. They're appreciative. They speak highly of the company, and it helps us with recruiting because companies that are employee-friendly obviously compete against one another and this is certainly something that helps people understand our commitment to the work force.

**Moderator:** That was certainly a great example and a great segue for us to start talking about solutions. What are some of examples of what businesses can do or can consider for creating lactation rooms?

**Cathy:** Well, first of all, I want to just clarify that the law doesn't really require that every business have a lactation room. It requires that they accommodate the breastfeeding women with privacy and reasonable time. And there are a lot of solutions and a lot of ideas, whether they want to actually have a designated room. They might want to have a more flexible space where a mom shares an office with somebody who has some privacy, or maybe just creating dividers. There's a lot of different, flexible options to be considered as well.

**Moderator:** So what are some things that employers might want to keep in mind when they're setting up a space, whatever that space may look like?

**Cathy:** I think if they have enough women to justify having a private room, that there's a designated space, the sky's the limit, really. There are so many different kinds of options that employers can consider. We have seen employers convert a little closet. We have seen them convert storage areas, small office spaces. We've even seen, and I think there's a picture up now that shows a picture of, a closet, a small closet area in the hospital, and it turned it into a beautiful lactation room. You can also convert little spaces that we like to call 'funny little spaces.' In every building you will see a corner in a room where there's this quirky little space and you think it's not good for anything except shoving boxes but maybe it can work as a lactation space. Maybe construct a wall or put a curtain or partition or divider to give that mother some privacy.

**Moderator:** How large would you say that the room needs to be if businesses are considering designating an actual space, does it have to be a sizable space?
Cathy: Actually, Certainly not. Most business assume it does have to be a large space, but it really doesn't. The minimum space would be probably four feet by five feet. That's pretty small and we would certainly urge a little bit bigger space. Some moms might feel claustrophobic, but you need to it to be big enough to be able to house something to sit on and something to put your pump on. You can see in this picture—

Dr. Lawrence: And an outlet to plug the pump in?

Cathy: Actually, Ruth, the [NYS] law doesn't require an electrical outlet. Some state laws do require outlets. I will say an outlet is a very good thing to have because if a mom is going to plug in the electric breast pump, she needs a way to power it. I recognize in some business environments, like in an agricultural field, it may be more difficult to have an electrical outlet out there and moms will need different options.

Dr. Lawrence: Battery operated pump.

Cathy: Yes a battery operated pump or manual pump.

Dr. Lawrence: And two hands.

Cathy: Two hands.

Dr. Lawrence: Two hands come in handy.

Moderator: Each space we're looking at creative solutions depending on the space available, the electricity available and number of factors.

Cathy: Absolutely. I worked with one company one time where they had a little storage area in a warehouse and there was no electrical outlet and they didn't feel that they were going to be able to afford to put one in, so they ran an extension cord underneath the door and it ran across the entire warehouse and plugged it up on the other side. This mother pumped for 15 months or so with this baby. One day, one of her fellow employees came up to her and said, 'How much longer do you think you're going to need this electrical outlet? This is a little inconvenient," and she said it's going to take as long as it's going to take. She continued to pump a couple more months, and shortly after she weened her baby, she became pregnant again and the company said I think it's time to put an electrical outlet in that storage room. They solved that problem. You can get creative.

Moderator: Absolutely. The space that we showed in the last image was fairly small. What happens if a company has more than one woman who are needing to breast feed at the same time? How can they work with that situation?

Cathy: That's a very good question. Certainly I think once word gets out within a company that they are going to be providing support, women come out of the woodwork. They may say, 'Oh, my gosh, I didn't realize they would support me. I want a pump as well.' Be prepared for that eventuality.
**Dr. Lawrence:** I've got to tell you that at our hospital, we have a nurse who is dedicated to watching out for breastfeeding of patients and faculty and staff and everybody, and we have a place called the pumping place. It accesses-- it's with our ID card. They can keep track of how many people access the pumping room. In a week's time, there were over 200 accesses, and about 35 to 40 people are pumping at any one time. This is a hospital. It makes some sense and as I mentioned, we have other pumping places around the University. So now, because they have information – not personal information – they're trying to figure things like that nobody pumps between 11:00 p.m. until 2:00 a.m. There's very interesting facts.

**Cathy:** It does require some scheduling. I think that's very important. Especially if you have new space.

**Dr. Lawrence:** We have five.

**Cathy:** You have five. You know, if you want to provide multiple space opportunities, and a lot of companies do that, one way is to install some dividers where you have separate pumping spaces. A couple of companies have had like a big table and women sit around a table and actually, a lot of people are uncomfortable with that. Some women are okay with that and some women really need the personal privacy to be able to do that. We would urge them to provide individual privacy for each woman. That could be curtains, partitions, dividers and they could be very inexpensive. Go to a home repair lumber-type store and get dividers for a small cost to provide individual privacy. And the law *does* require that the space be private and free from intrusion from coworkers and the public. So that implication is that each woman needs her own privacy.

**Moderator:** Now on the flip side, what if you have an organization that feels we don't have enough women who are breastfeeding to really justify creating this space, what gets done in those situations?

**Cathy:** In that situation, now we're going to be looking at flexible options. For instance, you know, maybe asking the mother to use a private office of someone else if she doesn't have her own private office. Maybe the manager's office. Perhaps a conference room. One of the pictures that came up just a few minutes ago was a picture of a conference room in one of the buildings at Purdue University. On their campus, they said that conference rooms can be designated lactation spaces for employees, and I believe for students as well. You just have to kind of get creative with that.

**Moderator:** Which seems to be kind of the theme, right?

**Cathy:** I would say.

**Moderator:** If we're all willing to think outside of the box a little bit and be creative, there can be a way.

**Cathy:** Absolutely. Even sharing space can work really well. Maybe a storage area that is used for storage. As long as there's not things like toxic chemicals and you wouldn't want to have toxic chemicals, but if there's paper products, that could be shared. This was a picture
here of a Brooklyn borough government office where employees can use a break room for nursing moms. [People can be] looking around their your building and saying if we don't have a private room, what space could we have that could be shared that a mom could use when she's pumping.

**Moderator:** Are there other examples of shared spaces you're familiar with?

**Cathy:** Absolutely. We have heard examples of, for instance, hotels that will make extra rooms available for women who work in the community or in the neighborhood to have a private place to go. We've seen businesses that have worked together and said we don't have space in our business but the business next door does and women from both businesses can share that space. That's certainly an option. I will say to be careful and just make sure you check your state laws because some states have particular laws about providing that space within their work setting. So you want to make sure you're in compliance with your state.

**Moderator:** I would think one of the things that would potentially be a greater challenge is when folks are working outdoors. So when we're talking about sharing spaces or creating a private space for folks who are not working in an office or indoor setting, what kind of creative solutions exist in those situations?

**Cathy:** We've seen some very creative ideas, and right here you can see a picture of one of my favorite examples. This is the Reiter Affiliated Farms in Northern California. They have about 25,000 employees. They work the strawberry fields and blueberry fields out there, and obviously an electrical outlet is not going to work well in the middle of a strawberry field. They actually purchased these tents and the mother can station it in her work setting and be able to use the battery pump or a manual pump in a space like that. We have seen that in this company, they provided the opportunity for a woman to use her vehicle or a vehicle that's owned by the company to park her vehicle near the workstation out in the field. She can plug up her pump in a battery-operated cigarette lighter and then the WIC program in the community provided them with privacy visors that they can put around the windows to be able to provide privacy. I mean, it is certainly not as ideal as having a beautiful lactation room to go to, but you know what? It's a creative solution.

**Dr. Lawrence:** When you consider the circumstances under which they pick strawberries, this is very nice.

**Cathy:** We have seen agricultural workers use the cab of their vehicle, on the top of a combine and a mom who works construction getting up in the top area and putting visors up in there and running her pump through the battery of the vehicle. So you have to get very creative obviously.

**Moderator:** Another example of an outdoor setting that I believe you mentioned – and we're not talking about breastfeeding babies or pumping in bathroom – but are there ways to modify an outdoor bathroom. Is that an example?

**Cathy:** Absolutely. Here's an example right here. What's called a portable lactation station. This was an idea that was used by an Oregon bus company, a Portland, Oregon bus
company. They purchased these shells. They're port-a-potties and they purchased them brand new without the potty. They put a comfortable chair and something for the mom to put her pump on and placed these along the bus driver's route in safe locations around her route. So again, I thought that was a very, very creative solution that could also be used.

**Moderator:** I think some of these solutions are very creative. It's interesting to see what companies have come up with to meet the needs of their employees. And it makes you think, if they can do it there, in the middle of a field, then anyone can do it.

**Cathy:** Absolutely.

**Moderator:** One of the things that comes to mind, though, if you think about small businesses that act like a little, mom and pop kind of store – I'm thinking of New York City. In spaces like that where people would say, there isn't really any space, what would you say in terms of how do they work with this? How do they create a space when they really are pretty limited in terms of what they have available?

**Cathy:** You know, I think, again, creativity is the name of the game. We have seen companies, little small businesses, get a screen, a simple little screen and put that back in the corner, and we have seen businesses that shared space with nearby businesses. Again, we have also seen some mothers bring their babies to work. I know that may seem a little controversial here, but why not? You know, women have been bringing their babies to work for generations throughout history, and that is an option. It isn't going to work in every situation, but we have met up with a lot of businesses over the last few years who have made that happen and felt it was very productive and very positive for their business. It shows that the business cares about families. In that situation, a mom might bring the baby to work until a baby is old enough to crawl around and start getting into things. But while they're tiny and little.

**Dr. Lawrence:** And speaking up!

Cathy: Speaking up, absolutely. Another option would be to give the mom direct access to her baby, with the caregiver bringing the baby to the mother to feed the baby during the break. And you know, research shows that a mom who's able to have her baby with her and actually directly breastfeed, will breastfeed longer and she's able to sustain her milk supply a little longer. That's a great option for some mothers in some situations.

**Dr. Lawrence:** Well, the best pump is the baby.

**Cathy:** The babies are always the best pump.

**Moderator:** I remember seeing that at a job where I worked. There was a woman, and I remember when I would go outside on lunch break, she would meet up with somebody would would bring her baby and she would go sit in her car or sit at a picnic table and feed her baby. I thought what a wonderful opportunity both for the mom and for the baby to be able to have that flexibility and be able to do that.
Cathy: Oh, and just the connection you have with your baby. You know, it's hard for a mom to go back to work and be separated from her baby. With my first child, I had an ideal situation. I was a public relations director. I had my own office. Employees I supervised, and I set my own schedule. And it was still hard. It was really hard to be away from my baby. I remember I had pictures of my child all across my desk and I would sit and cry through the day because I missed him. Until finally, we realized I could just breastfeed right there at work. My husband would bring him to me. He was in school at the time. I worked for a university. He would bring the baby to me and I would nurse the baby and it made the all the difference in having the connection with my child.

Moderator: Absolutely. It can be definitely challenging for women to express milk in a number of different situations, though. Can you talk about examples of what retail stores or restaurants, other businesses like that, may have done to meet the needs?

Cathy: That's a really great question and I'm really excited to share with you that we have not found a business yet that we couldn't find a solution for. I think all environments can work.

Here's a picture of a retail store here on the screen. These are two employees and a manager from a Goodwill store in Indianapolis. And right behind the manager, if you kind of look behind him and over to the left, there's a little storeroom. And what they did here is they allowed that storeroom to be used as a lactation room. It didn't cost them a single penny to do it. They brought in a folding chair for the moms to sit on. They put in another folding chair in there for her to set her breast pump on. There was an electrical outlet already in the storage area and they hung a fancy sign on the outside of the door. It was a sheet of notebook paper that they folded over a coat hanger and stapled on the other end. And it worked beautifully for them. And one thing I will say that I love about those employees – and we did a video on this business – when I interviewed the mothers, they were telling me how much it meant to them. Even though this was really a simple, basic space. They both got emotional as they shared how much it meant to them that their employer provided this kind of support.

The employees told me later that the employer is the one who brought the subject up. They both said it was a little scary to talk about this to their employer and to bring up the conversation. He was the one who brought it up. He said 'However you choose to feed your baby is going to be your decision. I'm going to support whatever you decide to do. If you choose to breastfeed, I just want you to know I will support you.' And both women said, 'Oh, what a relief that was,' to know they would have that kind of support.

So in retail stores, you could have the storage area or you could have a dressing room. There's a Wal-Mart store in Texas where they actually took a dressing room and converted that to a lactation room. The store actually put in an electrical outlet. It cost less than a hundred dollars, so it was cost effective. And it was a win-win for the whole community because not only did the employees use it, they opened it up to nursing moms that were shopping in the store. It brought them customers and a lot of business.

You mentioned restaurants, I think, as well. I think restaurants are a really big challenge. And I think one of the solutions for a small restaurant like a fast-food agency, is the
manager's office or putting up a screen in the back.

**Dr. Lawrence**: How about a customer in a restaurant who wants to nurse at the table while eating their chicken sandwich?

**Cathy**: Well, I think that restaurants *should* be supporting her with that, and, you know, most states have laws that allow mothers to breastfeed anywhere they have a right to be. So I think that, you know, creating that social norm, that culture makes all the difference in the world.

**Dr. Lawrence**: You can nurse a baby and show very little anatomy – you see more anatomy on the street with the current styles. [laughter]

**Cathy**: Absolutely. I was in a restaurant this weekend having breakfast with some friends and there was a mother there who was nursing, and I knew she was nursing because I'm a lactation consultant, and it was very obvious to me. I could see the baby's little head bobbing up and down right in the place he should be. Nobody else knew she was nursing – she was so discreet that nobody else was able to tell. That's the good news.

Pumping is a little bit more difficult. However, I will say we met up with a restaurant in Colorado that allows their wait staff to bring their baby to work. They can carry their baby in a sling and they wait tables with their baby being held, and they said it works great. Families love it because they feel this is a restaurant that supports and welcomes families and it has been good for business.

**Moderator**: That is really terrific. It goes back to [the idea that] it's not just what's good for mom and baby, but showing that creating a policy that is supportive of mom and the baby is actually going to benefit you, too. And I think sometimes people need that extra motivation to consider is this going to cost a lot? Is this going to be a drain on my resources? And being able to show, you know, by supporting your employees and supporting the healthy development of the mom and the baby, you're actually going to do better for your business and how you're perceived in the community.

**Dr. Lawrence**: It's very interesting how important these laws are because when we first started years ago at the University to try and get a pumping room, because we had a union, union 911 took care of our housekeeping, they said no, because it's not an equal benefit to every employee. Therefore, we can't do it. But the laws made the difference. Now of course, we have the pumping rooms.

**Moderator**: Absolutely. Like you said, we don't want to go into the situation saying, this is the law, you have to do this. Knowing that, if you speak with your employer and they're not willing to work with you and meet you, knowing that you have the power of the law behind you is an empowering thing.

**Cathy**: You know, Rachel, you were talking about how this could be a win-win for the business; one of the examples that really impressed me was a Walgreen's store in Indianapolis, and what this Walgreen's store did was, they allow their vaccination area – the clinic area where they give vaccinations – they allowed employees to use that space to
express milk. They said, why aren't we welcoming breastfeeding moms and bringing them in? They brought up a program that is called wait-check and the mom can bring her baby in. The hospital provides a lactation consultant and it's a free service. Most hospitals have requirements to do outreach in the community. This helps the hospital satisfy their requirements. The lactation consultant provides free consultations to women. Women can weigh their babies and know that their baby is doing well. Guess what they do while in the store? They're shopping. It became good news and just a win-win for everyone, and when businesses start thinking outside the box, they'll realize that there are some great opportunities to support their employees, support their customers and support the business as well.

Moderator: That's terrific. Now what about places where there's a lot of people coming and going, and I'm thinking of transit stations or hotels where you have people in and out, have you seen situations where there have been creative solutions that have worked in those kinds of environments?

Cathy: Absolutely. Certainly for hotels. If you think about it, a hotel is nothing but space. That's all it is – it's a building full of space. There are guestrooms and sometimes, some hotel chains are able to provide these for mothers, this is a picture of an employee who works at a Hampton Inn and they allow the mothers to use one of the guestrooms and provide the conference room, hospital suite. There's a lot of different spaces and the manager lets the employees use her office if that is the only space available. Some hotels have requirements under their corporate policies that don’t allow employees to use spaces that are also going to be used by guests. So that's fine. If that's their policy, you have a lot of space options there. Certainly in a transit station, again, you will have to get creative, it might be that they put up some kind of a pop-up tent in their space or get some dividers and create a little space on the back corner and an area that's out of the way. We talked to one company that purchased a shelving unit from a home lumber type store and they attached plywood to the outside of the shelving unit and created a little space with very little cost and it was kind of a temporary space when the mother didn't need it, they could tear it down and use it for shelving. Again, just thinking outside the box.

Moderator: And what about in situations where, I'm thinking about schools, and I think, we would all assume that schools would be a family-friendly work environment. Can you talk about how schools have or haven't been able to be supportive of breastfeeding mothers?

Cathy: I will say that I think in the past, a lot of schools have not been very supportive to nursing mothers who are teachers because of the scheduling situation. A lot of times teachers are required to stay with their class of students all day long and they don't get a lot of breaks to be able to be away from them. We did find some very creative solutions and more and more schools now are coming onboard. This is a picture of an elementary school, a nurse's office and the employees are able to use the nurse's office to be able to express milk and because the scheduling is a big issue, what they've done at this school system is they set up a policy that floater teachers, substitute teachers and other teachers can support each other. They can fill in for the teacher when she has to be out. The principal sometimes will come in and sit with the class while the teacher goes to go pump, or maybe they can use their allotted teacher planning period or a portion of their lunch break as well. So there's a lot of options. Even librarians have been great advocates to just come in and sit with a
class while a teacher needs to express milk.

**Moderator:** That, too, to me seems like a win-win – that mom is getting ready to pump and breaking up the day and have the students interact a bit more with the librarian and the principal and getting the other interaction, doesn't that benefit the other students and faculty members, getting more of that interaction as well?

**Cathy:** Absolutely. In some of the schools they say it's been so good for their school system to feel that they're all supporting one another because if you're not taking leave to have a baby, you might be taking leave for another reason and you are going to need support for other reasons. Maybe there's a sickness in your family or some other situation comes up and that's what a team is all about. We're here to support each other and mom has a need and we want to try to meet that for her.

**Dr. Lawrence:** In school, we've always said that until children grow up knowing that breastfeeding is the norm, we're not going to change things, and so this is an opportunity in kindergarten even to talk about the fact that a mother nurses her baby as opposed to putting it in the closet somewhere.

**Moderator:** Absolutely.

**Dr. Lawrence:** She doesn't have to nurse in front of the class, but you can talk about it, you know, 'Mrs. Jones is going out for a few minutes to pump her milk to feed her baby.'

**Cathy:** Teaching children early on that, yes. This is a natural, normal part of life.

**Moderator:** That goes back to what you were saying with the restaurants, just changing the culture and not making it something that we have to hide but welcoming conversations about, hey this is how babies are fed. This is the way that human bodies work and children are so young and inquisitive and kind of judgment free at that time, it's the perfect time to really start those conversations.

**Cathy:** It is and thinking about the school situation also from the administrator's perspective, this is important because these babies that these mothers are nursing are their future students. We want those students to have all the benefits of human milk to have a higher I.Q. and better development so they are ready whenever they go to school.

**Dr. Lawrence:** And fewer infections.

**Cathy:** Fewer infections, absolutely.

**Moderator:** Those are all great examples of how folks kind of, created space and found a way to work in a solution. Can you talk about ways that our viewers can work together to create spaces?

**Cathy:** I think that's a good question. I think it does take a team and there are a lot of solutions and ideas for ways that a team can work together to support moms. I think beginning that conversation with the employer early on makes a big looking at the different
resources because of a community. This is a picture of a lactation room and a company in Georgia called Shaw Enterprises. It's a large carpet manufacturing company, and what they did with there space here, is they created a space out of a storage area and they worked collaboratively with the health department in the community, with the WIC program and the breastfeeding coalition. The breastfeeding coalition came out and provided training for the supervisors in this huge factory that was something like 23-, 24,000 employees. They came out and did the training for their supervisors. The department of health actually provided a breast pump for this company through a grant from the CDC and this breast pump was able to be used by the mothers. They trained the nurse that works at the factory, the occupational health nurse, so she could now issue the breast pump to the other mothers and be a support. We're passing it on. We're helping the folks that they will be able to support each other and peer counselors from the WIC program provided direct services to the mothers who are eligible for WIC. So, I just thought that was a great example of everyone working together and providing resources and support, and just a great, great company and a great program.

**Moderator:** It is really inspiring, I think, to hear these stories of how these folks have come together to make it happen.

**Dr. Lawrence:** One of our biggest obstacles early on was day care centers. The employees did not want to touch that milk and they didn't want it in their refridge and they didn't want this or that. Slowly the education has developed and most day care centers have a place for mothers to nurse. They can drop back in during the day and nurse her baby or, you know, when you finally show up to take them home, the baby wants to be fed now. Not later. Not when you get home. Right now! And they can nurse right at the day care center. So that's been a tremendous change in attitude, and knowledge.

**Cathy:** It is great to see, you know, and you have more historical perspective than I have. It's great to hear how far we've come.

**Dr. Lawrence:** That's right. We've come a long way.

**Moderator:** Lets take this opportunity now to show this work to our viewers. The following clip shows exactly what we've been talking about and is available at womenshealth.gov.

**Shaw Industries Clip:** The environment of the manufacturing plant is often busy and noisy, but at Shaw Industries in Dalton, Georgia, nursing moms find a quiet, comfortable place to express milk. A converted storage room gives privacy and floater staff provide coverage. The company HR manager and nurse work with local breastfeeding experts to train supervisors and arrange for a breast pump and supplies.

**Tim Bates/HR:** The lactation program here at the plant or the mommy room as we call it, began out of necessity. We have a lot of females that work at this plant. Some of them became new mothers and we were contacted, really, by local resources here in the Dalton area about what was available to us to help us facilitate the need for on-site breastfeeding, breast pumping lactation rooms. Local resources helped us get started. All we had to do was find a place for it.
Carol Hendrix/WIC Coordinator: We put on our tennis shoes and our safety glasses and we walked around the plant and we looked for rooms that maybe they have never thought could be used as a lactation room and we brainstormed as we went through the plant and once we chose a room, I helped them to make the preparations to get the room put into place.

Tim: They actually came on site, advised us, supplied equipment and help train us, really educate us on what it was about and how it can benefit our teammates and we were sold. I think it's a win-win situation for everyone involved.

Carol: The room that they chose at this particular plant was an old office.

Susan Wyatt/Nurse: And we have the lactation room on the third floor. It's quieter up there. That gives them a more comfortable feeling that they know that nobody's going to be up there because nobody's hardly ever up there.

Inez Ramos: The room is, like, five minutes and away and it is not far away from the job and it's close, you know.

Carol: Inside the room is a chair and there's a desk area, a pump. We left literature there from WIC and we left literature there about breastfeeding. Inez: They also provide us with a refrigerator so we can store our milk in there so by the time we leave, yeah. They set up the room real nice.

Tim: Covering mothers hasn't been an issue for us. We have teams on each machine. It takes teamwork, understanding.

Inez: So whenever I go on my break, I have three breaks and every break, like I said, they give me some time and I take my time to eat and then to pump.

Conception Ramirez: I don't have any issues in taking a few extra minutes to do what I have to do and well, yes, everyone has supported me. The supervisors, my coworkers—well, everyone. I am grateful for it all.

Tim: I think the supervisors have been really the key to making this thing work. The supervisors make sure they do have the time to participate in this. I think the more you talk about it, the more people understand the importance of it to the mothers and to the children, and we simply make it happen. Everyone steps in and helps fill that void when they're off the line participating in this. Like they would on any other break. It hasn't really disrupted our operation at all.

Carol: We know that there is a return on investment. Of course, a lactation room is an investment about that big, but once these moms are back to work, they're not missing work in general. Their babies are going to be healthier. They're not going to be taking out a lot of sick days because we know breastfed infants have a way better chance and spend a lot less time in the doctor's office in most cases.

Tim: It's been an education for all of us and we're at a point where everyone is
comfortable with it and everyone realizes the benefit of having on-site facilities for this type of activity and I think the teammates are really happy with it as well.

Inez: I'm real glad that I'm here with this plan. They understand and they're real, you know, they give me the support, you know to keep doing this and breastfeed my baby and that's the most important thing.

Moderator: As breastfeeding advocates, what are some steps that you can take to start to start dialogue with employers?

Cathy: I would first recommend that you start that conversation in person. Employers have told us that they do not like for people to mail things to them. [they say] 'If you mail us something, it will go in the garbage,' and it's good not to start that conversation through e-mail. We urge folks to go to the HR department or wellness department, maybe to the employee assistance program or employee benefits division. Just whoever is going to be working directly with employees and start that conversation.

And when you have that conversation, I would urge you to not assume that the person you're meeting with knows about breastfeeding. We talk about breast pumps and part of our everyday conversation, but a lot of employers don't know what a breast pump is, and when I heard breast pump, I thought they were talking about a gas pump. He didn't have any idea what a breast pump was. We have to be careful about our language. Employers don't like to hear the word breastfeeding, breastfeeding, breastfeeding, and so maybe calling mothers "nursing moms" instead of breastfeeding all the time and sometimes have to meet them where they are and kind of get over that hump a little bit.

And we urge advocates that we're here to be a partner with the employer. They're here to provide solutions. They're here to help that employer find a way to make this work. They're not here to bang them over the head with the law. They're here to help them comply. When you go in with that heart, that I'm here to meet you where you are, I'm here to be your resource and your support, that it makes all the difference in the world.

Moderator: It reminds me that you catch more flies with honey than vinegar and if you go in with that positive attitude, I think you will be more likely to be met with reception rather than resistance.

Cathy: Absolutely.

Moderator: What are some things when mothers or expectant mothers are expected to engage in a dialogue with the employer, what are the things she needs to say and parts of the conversation that come up and we'll hear from both of you.

Cathy: Do you want to go first?

Dr. Lawrence: No.[ laughter ]

Cathy: Ok, well, I was going to start-- I feel like I'm doing all the talking.
**Dr. Lawrence:** That's all right.

**Cathy:** I always urge moms to start that conversation during pregnancy. Don't wait until your day back at work to say, 'by the way, I need to pump my breast today.' She will freak out her employer. Start that conversation during pregnancy and say, 'When I return to work after I have my baby I do want to be able to express my milk and these are some the needs that I'm going to have. Can you help me with that?' As I mentioned earlier, just letting the supervisor know, 'I want to be a good employee, I want to be a good mom. Let's see how we can make that work together.' She might even want to think ahead about what she thinks some solutions might be, where would a space possibly be if there is not a lactation room. If she hasn't thought about her scheduling, she might want to consider that and say, 'Well, here's some ideas I have, you know, about how we can do the scheduling. I can take my break at this time and this time. So-and-so could cover for me. I could take part of my lunch break and maybe that would work.' And thinking that through before you meet with the employer will make a big difference.

**Moderator:** Doing some of the planning before you have the baby but also doing some of your own strategizing, and, recognizing that his may be a challenge for the employer, thinking about how you can help to contribute to the potential solutions?

**Cathy:** Absolutely.

**Dr. Lawrence:** And, I think the secret to motherhood is planning ahead.

**Cathy:** You're so right.

**Dr. Lawrence:** You go through life and college and everything else relatively rather haphazardly. But you really have to plan ahead. You have to know what you are going to feed the family tomorrow. You have to know what you're going to do at work. You have to know what you're going to do at work. You mean, these people who rummage their through their closet at 7 in the morning and haven't planned ahead. [ laughter ] And this is so important if you're planning to breastfeeding, you got to learn something about it. There's some wonderful books. I love Kathleen Ogden's book on breastfeeding. Its so sensitive and the drawings are so lovely, but she says 'This is how it's gonna be and you've got to be ready.'

**Cathy:** Absolutely.

**Moderator:** So when mothers are preparing to have those conversations, I can imagine, especially for a new mom, this might be a really awkward or uncomfortable conversation to have, particularly if she's approaching a male supervisor. Do you have any words of wisdom or any stories you'd like to share about how that can be a more comfortable or more positive experience?

**Cathy:** First of all, I will agree with you. It can be very disconcerting to go approach your male supervisor and talk about your breasts. It can be a little bit unnerving. But I will say that mothers also sometimes have concerns about approaching female supervisors. Especially if their female supervisors do not breastfeed.
**Dr. Lawrence**: Heavens, if they failed.

**Cathy**: Right. It can be a difficult conversation. I just urge moms to be themselves, to be respectful of their employer where they are and to realize they do have a law behind them to back them up. I think it can make a difference.

We do have a great resource for moms that can help them to start that conversation and it's in the Breastfeeding and Work Toolkit that was created for the New York Department of Health. It's called *Making It Work* and one of the things in that toolkit is "My Lactation and Work Plan," and that really is a checklist. We learned from our research that mothers wanted a checklist. They wanted something to take to their supervisor to say, 'This is what I'm going to need,' and so that just outlines everything they need to talk about. So it helps them to have that conversation a little bit more easily. Also, in the toolkit we provided some sample letters so a mom might want to start the conversation through an e-mail to her supervisor so he or she can, kinda, get used to the idea and begin thinking about potential solutions before they meet in person. So, she might feel more comfortable writing about it first before having the conversation face to face. The good news is that we don't have to be embarrassed or ashamed. This is a normal part of life. Feeding our young is something that we were designed biologically to do, and we shouldn't be embarrassed about it.

**Moderator**: While we're talking about this, I'm thinking about all of the things that a mom has to think about during pregnancy, and Dr. Lawrence, you have considerable insight into this. New moms are also going to be thinking about child care in addition to thinking about breastfeeding and going back to work and planning their outfits before 7:00 in the morning. Can you talk about some of the things that a mom will have to think about as she's considering the care of her child?

**Dr. Lawrence**: Well, of course, and things have changed. It used to be with home care and that kind of thing. Now, there are many options – one is somebody else's home, somebody else with a baby the same age. You know, if it's your best friend, that may work but, one needs to be sure that the day care circumstances are approved and in New York State and elsewhere, there are guidelines to be a certified day care center, and one of the things they want to be sure is that they're breastfeeding friendly.

**Moderator**: Absolutely.

**Dr. Lawrence**: Even though the law says this, how about the attitude when you visit? You ought to visit the care circumstance you that plan to put this precious baby in.

**Cathy**: And you know, I would actually urge moms to ask the child care center if their staff had been trained on how to handle human milk. That's a viable question to ask a child care center.

**Moderator**: Certainly a lot to consider in terms of child care. Now, to find out how child care centers can be supportive to a mom when she returns to work, we recently visited Mercy Care for Kids of St. Peter's Healthcare Partners in Albany, New York. Let's take a look.
**MCFK/Carla Wallin/NHSDOH CACFP:** In response to the data that shows that breastfeeding rates fall off when women have to return to work or school, CAFCP decided to develop a program that could support child care centers. We called it Breastfeeding Friendly Child Care. We have one program for day care homes and another program for day care centers. We’re really looking for breastfeeding centers and homes to be a supportive place for breastfeeding women that can be anything from posters on the walls to resources available for parents. Some centers take that and really make it their own, which is exciting for us to see.

**MCFK/Theresa Joslin/Director:** We are the first designated breastfeeding center in Albany County. We worked towards that when we discovered problems parents were having when they returned to work. As a teacher in the older toddler infant room, we found that mothers were stopping breastfeeding because they found it too difficult to work with schedules and [encountered] employers and, even, teachers who weren't understanding, and moving forward. So once I moved into the office, we started working on how could we make it better.

Over the years, we had to look at our center and change how we did things. Originally, moms breastfed in the classroom, which we found was not conducive for a calm, enjoyable experience for moms nor baby. Babies are very easily distracted. Plus, you're dealing with other people coming in and out and maybe their comfort levels. So when we were looking at renovating the building, we took part of our storage planning space and turned it into a comfortable room for moms to come in. They have a place to sit and rock their child. Its soft lit and they can spend as much time as they need. If they are unable to breastfeed at that moment, we set up an area where they can pump in private and in comfort.

**MCFK/Karan Mercandante/Head Teacher:** In the beginning of the year, I make sure that the parents know that we are breastfeeding friendly here. I show them the nursing room and let them know that if the nursing room is fully occupied at the time that they can always come in here in my infant 1 classroom and use the rocker in here to breastfeed. I work with the moms for their schedules and the baby's feeding schedules. So I know when they're coming and when they are about to come, I make sure that the baby is ready for them and I welcome them when they come. Communication is very important as far as breastfeeding goes. It has a very positive impact. In the beginning of the year, we have a orientation for new family members of infants where the breastfeeding friendly policy is reinforced. And we make sure, I make sure, that the parents come to me in the beginning of the year and all throughout the year with any questions or concerns. We're always open to anything. I make sure that they're welcome to come any time. The nursing room has nursing books and there are pamphlets that we obtained from the hospital.

**MCFK/Amanda Weller/Parent:** My concerns returning to work as a nursing mom were—it was mostly I was afraid I wouldn't have the time or the flexibility in my schedule and I was also nervous about asking for that time and asking for that flexibility. And the staff here, their response was to my concerns was that they were pretty receptive. They listened, which was really helpful for me. And initially were very flexible and very supportive. Specific things that helped to support me... from
the staff - having the nursing room was really ideal because that is one of the things that I was worried about, where is all this going to happen? Will I do it in the room? Will I have to take it back to office? Having the nursing room was wonderful and it was a very respected space. That gave me some piece of mind.

Theresa: The role our staff plays each day is being the most supportive that they can. I can set up space and tell you we're breastfeeding friendly but if the teachers are not responsive to the parents' need, it's not successful. Feedback from our parents about our breastfeeding friendly designation has been positive. Over time, we have found that parents touring because other parents told them that we help them continue breastfeeding. We have moms that have chosen the center just because the feeling they get when they walk in and the fact that they have a space that they know they're really welcome to do it. We're not placating or to just saying that we'll help you with that. They see that we really want to do it. And we have a long waiting list to our infant room because people have been told that we want mom to be successful. We want returning to work not to be difficult and that we're going to help them make that happen.

Carla: I would like CACFP centers and family day care homes to know that we really welcome new designees. We made the program as low cost, zero cost, easy as we can and we would really welcome everybody in to join our breastfeeding friendly community.

**Moderator:** What a fantastic program! And it's great to see, and again, hear all these examples, see all these examples. And how would a family find one of these facilities, Ruth?

**Dr. Lawrence:** Well, actually in New York State, there's a system, if you will, and they do have a website and they do have information on their website that a family could access and if a day care center is listed in that system they are located and actually, as you can see on the map, they're all over the state of New York. So it shouldn't be too hard to find.

**Moderator:** Information is readily accessible on the internet if folks have access to that.

**Dr. Lawrence:** Right.

**Moderator:** Excellent. Now certainly, New York State has a lot of resources available online, which is really terrific. And I think New York State also has done a lot to support breastfeeding. I think as states go, we're a trendsetter I would like to say. Cathy, can you tell us a little bit more? You referenced that Making It Work Toolkit that is a New York State resource. Can you talk more about that?

**Cathy:** Sure. The Making It Work Toolkit is something we designed about three years ago or so. It is a free, downloadable resource that's available for employers as well as for mothers and for anybody who works with families. So a physician could use it, a nurse could use it, a WIC program could use it. It's available at the breastfeedingpartners.org website and you can see from this slide there are several photos. Each one of them picture different resources within that toolkit. There's a resource for mothers, for family members, for employers and even a booklet that gives information about both federal and the New York
laws. So it's just a fabulous resource.

**Moderator:** What would you say is the most helpful part of this toolkit?

Cathy: Well, you know, I think – I like it all, but I think the most, probably, the most useful and the most fun piece for me in developing this was was the one for the mothers. I love the piece for the mothers because it is chock full of helpful resources. There's checklists in there that moms can use to know what to pack in a diaper bag the night before. So she's prepared the next morning. There is the Lactation And Work Plan in there. There's sample language and communications she can use whenever she's approaching her supervisor. There's even a great, little tool to help a mom plan healthy food choices while she's at work. This is very interesting. We didn't plan on this. We didn't know this was going to come up as a need, but when we did the research around the State of New York, we discovered that mothers said I want healthy foods that I can eat with one hand because when I'm pumping, I need to be able to eat my lunch with one hand and it's hard to eat a sandwich when you're trying to pump at the same time because mothers are doing double duty. What we provided in this toolkit was a great little resource, a dietitian from the New York Department of Health pulled this together. It has a listing of all kinds of finger foods that you can eat with one hand and then they separate them by the different types of food, proteins and vegetables and fruits and grains and then they have suggestions for how to combine those to have a well-balanced meal eating it with one hand. It's a great resource and if you're a dietitian, I urge you to take a look at this because this is a great resource to pass along to your moms.

**Moderator:** That sounds fantastic. I think even beyond when you're pumping and eating, I think about the first time I tried to eat a meal holding a baby and it's like trying to shovel the food in while you have a baby in your arm. It's eating healthy and holding your baby or multitasking the way mothers always seem to be doing

Cathy: If you are nursing on your predominant arm, it's hard to eat with the other arm.

**Dr. Lawrence:** The most important thing is to mother the mother. We don't do that in this culture. Cultures before us, the mother was the queen. They took care of her. They fed her and so forth, and the biggest enemy of a milk supply is fatigue. I hope there's something in the toolkit about how to rest and cope with the fatigue which also decreases your milk supply.

Cathy: Absolutely. We do have some information, and they're just suggestions. A mom who is going back to work, has the double whammy of not only being an employee. It's hard – you leave work every day and all of us, whether we have children or not, are going to be tired and you get home and you have got a baby to take care of and maybe other children. That fatigue can overwhelm a mom. Really giving her some solutions, I think is important and this resource does have some ideas.

**Moderator:** Great. What about resources for employers? Is there anything directed toward employers in the tool kit?

Cathy: There is. There's a booklet in there designed strictly for the employer. There are additional resources for them. Their resource includes sample policies that they can use if
they wanted to implement a work site policy. There are checklists for employers. We learned when we interviewed the employers in New York, many of them said, 'Well, if an employee came to me and asked for support, what am I supposed to do? Like what are my next steps?' So we created a resource for them. That's a checklist for them to go and check off the things that they're going to need to do to provide that support. We have language of the laws. We have lots of great examples for them on how to make this work in non-traditional settings, non-office type settings such as retail stores and restaurants and manufacturing plants. So it's a great resource for them.

**Moderator:** Certainly seems very comprehensive and you have done a lot of the legwork, almost, so that, you know, when it's a new situation for the employer, it's a new situation for the mom, you guys have already done all the research so they don't have to feel so brand new and overwhelmed.

**Cathy:** That was the idea -- let's make this full of solutions and easy for them. And I guess, another resource that I love in this tool kit is the one for family members. You know, I think a lot of the national research shows that about 35% of women use their family members to care for their child. This is especially true of low-income mothers or mothers working in low-wage jobs where they really cannot afford child care. Child care is very costly in this country today. It's going to cost as much as college tuition in some ways so

**Dr. Lawrence:** And you may not earn that much.

**Cathy:** Exactly. Exactly. So having a resource for the mother's family is important. Mothers told us they needed something to give to her partner or to her mother or her sister, whoever was going to be caring for her child. So they know how to support her and how to make this work as well.

**Moderator:** Beyond the resources that New York State has developed, which certainly are very comprehensive, I understand there's also been some resources developed on the national level, and I wonder if you can talk to us about some of those?

**Cathy:** Absolutely. This is one of my funnest things to talk about. We've been working for about five years now with the Department of Health and Human Services in Washington, D.C. to develop resources for the business community. We developed—just rolled out last summer, a resource through the Office Of Women's Health and it is called, *Supporting Nursing Moms at Work*, and you can go to the URL that's listed in your resources on the website. But this is a fantastic resource. We collaborated with 29 state breastfeeding coalitions who worked with us to provide information about businesses and their solutions and this is actually an online, searchable resource. A business owner or a mother or a staff person who works with moms can go and click on 'industry.' If you click on 'industry,' it's going to take you to an industry page where you'll be able to see how businesses in this industry make it work.

So if you're talking it a mother who says I'm going back to work at a discount store or fast food restaurant, you can go to this resource and see what other fast food restaurants have done. You'll be able to see hundreds of photos. We have hundreds and hundreds of photos of the solutions that businesses have found to make it work of the we are very, very excited
about this.

This resource was done in collaboration with the Society For Human Resource Management, which has about 250,000 members across the United States. So they provided us with little guidance on things we should keep in mind to make this relevant to the business community, and they helped us test this as well. So we're very grateful for their support and the role that they played in helping to make this happen. And it's a great resource.

**Moderator:** Excellent. Are there additional resources as well?

**Cathy:** Absolutely. Another resource that's been around since 2008, but it is still a very valuable resource is the Business Case For Breastfeeding and most people have probably heard of that. It's an incredible opportunity to reach mothers and their employers. This was published by the HRSA Maternal and Child Health Bureau. It's another kit. A hard copy kit is available, and its an online resource and this resource is very comprehensive. It has guidance for outreach workers would are going in the community, contacting businesses and downloadable tools and a slide presentation that can be used with a local business if you were going to approach them. There are sample policies. There are promotional materials that a businesses could use and people would have taken this to businesses and I think they printed, I would say, maybe close to 100,000 of these kits that have gone to businesses in every state and actually several countries as well. So a lot of breastfeeding advocates will take them to their local business to say, here's some information that you want to consider in setting up your lactation program. It's been a wonderful, wonderful resource.

**Moderator:** Sounds fantastic! These all sound like fantastic resources for businesses and moms from all over the United States and not just New York, which tends to be our primary audience, and we have resources for everyone. Now we've got questions from our audience that I want to make sure that we have time to get to, but before we do that, you know, everything we've been discussing today takes work on the part of employers and mothers and there's a lot on everyone's plate. You know, I think there's a lot of things to consider to make it successful. So from both of you, I'd love to hear, you know, what are the things that you think are most important to keep in mind with a mom is planning to go back to work and a mom wants to be able to breastfeed in the workplace? What are the most important things you think mom needs to consider? And Ruth, if we can start with you?

**Dr. Lawrence:** Well, a mom has to consider her milk supply and the success of her breastfeeding. And her comfort with that. And we come back to fatigue again and because our culture doesn't mother the mother the way it ought to, she has to plan ahead and has to be thinking about that. But you learned, there's lots of resources and the present generation of mothers are very comfortable with the Internet and with the computer so they can get at these resources.

**Cathy:** Absolutely, and speaking of resources, I do want to add that there are a wealth of resources also available at the United States Breastfeeding Committee's website. There are downloadable materials and resources for mothers and employers. There's a wonderful FAQ for moms that will help answer a lot of their questions about what their rights are and what they might want to consider in going back to work as well. One of the things that's also at that website is a downloadable presentation that is available for anyone who is going to be
reaching out to mothers or to employers. There's a lot of great information, slides, photos, lots of great things that they can use for moms.

You know, thinking about what moms need for support, I really think moms need to have the support of their family members and I don't think we do enough in our culture to really reach out to the family members. We do a lot directly with the mother, but she's going to go home to her family and her partner, her mother, sisters, cousins, the people would are close to her and we want to urge her to have that conversation with her family and get their buy-in with this as well.

I'm remembering a story of a mom we talked to not long ago that said she talked to her husband about the things she needed him to help her with. And dads sometimes get left out of this conversation and they're a very, very important part of this family and a very important part of this process, but sometimes dads just need to know what to do. We will know what the woman needs, and this woman worked it out with her husband and here's what he did for her. I thought it was a great story. She said he would take her diaper bag and pumping bag – he took charge of the bags. So when she would come home from work everyday, he would take the bags, clean out the diaper bag and put fresh diapers and fresh clothing for the baby. He would take her pumping bag and would wash all the pump parts to her pump and lay them out on the kitchen counter and the next morning with it was time for her to go back to work, he would go in and put new milk from the freezer into the baby's bag. Park those two bags by the back door and all the mother has to do—all she has to do [laughter] is take care of herself and feeding her baby. It was a great win-win. And when the dad was asked why he did this and a lot of people say, 'If I can clone this dad! I would love to have a dad like this everywhere!' But the dad's response is interesting. He said, 'Why wouldn't I do this? This is my wife, my child. She's doing the hard part. She's doing the hard work of feeding the baby and pumping at work. This is the least I can do.' So again, I think just giving dad some ideas.

**Dr. Lawrence:** That's a very important point there because some women say they're not going to breastfeed because they want to share everything with their husband. I would like to say the dad is the non-nutritive cuddler When the baby is crying and has been fed but won't settle down, dad doesn't smell of milk. So dad sits down and the baby goes right to sleep on his chest. The dad is very important partner in breastfeeding and it is not left out. The responsibility is the same but the job is different.

**Cathy:** Absolutely. Dads, Ruth, have the deep vibrations in their vocal chords and they put the baby up where they hum or talk softly and the baby feels those vibrations, it's hypnotic to that baby. And dads do things that they can do that mothers can't do. We want to make sure they're included.

**Moderator:** That's a wonderful story and a wonderful point you made as well. Throughout the show, it's been great to see all of these examples of ways that businesses have come together to support breastfeeding mothers and the ways that families can come together and the ways that child care centers have changed and I think the overall message really reflects the title of the show, that it does take a team. And with that team approach, we can really make a better situation, a better solution for moms and their children which ultimately is going to benefit everyone.
I'm going to shift gears now and start looking at some of the questions. We've got quite a few that have come in from our audience. The first one says, 'Thank you for your information. As a CLC, I love sharing his information with moms. I do have a question. Ruth mentioned an author. Can you say her name again and the book she was talking about?'

**Dr. Lawrence:** It's Kathleen with a K and it's Huggins, and the book is *Breastfeeding Companion*. Actually, Kathleen has written several other books as well, but it's just a wonderful book for a mother to start and it makes a wonderful gift at a baby shower. And so, around our neck of the woods, we give a signed copy to baby shower goers.

**Cathy:** I love it.

**Moderator:** Excellent. Another question: 'My name is Trista and I'm the president of Sweet Water County Healthy Mothers – Healthy Babies Coalition in Wyoming. I'm a public health nurse and a community nurse. I'm currently preparing a presentation for our chamber of commerce members on making breastfeeding work in the workplace. I'm hoping to add information on who the business owners can contact to ask questions and help them set up breast milk expression areas in the workplace. I'm having a hard time finding specific laws on breast milk expression in Wyoming. Any information you can provide is greatly appreciated.'

**Cathy:** That's awesome. First of all, thank you for your work to reach out to these employers. It takes all of us making that decision and I'm going to contact people within my community. So best of luck to you. We're here to help you. Feel free to e-mail me, if you would like; I would be happy to brainstorm ideas with you. I love doing that for people. I would suggest in terms of laws that you go visit the website of the National Conference of State Legislatures. I believe it's NCSL.org, or dot gov.

[Its [www.NCSL.org](http://www.NCSL.org)]

**Cathy:** Okay. I believe that website is included in the resources, but that will list the laws for every state, and Wyoming may not have their own workplace law. If they don't, you would be under the guidance of the federal law, and that's kind of how the law works. If the state law is stricter or provides greater protection than the federal law, you must follow your state law, but if you don't have a state law or state law is not that strict, you would follow the federal law. And if you're needing to find the language of law, go visit the USBC (United States Breastfeeding Coalition) website. They have at the language of the law, and go to the Department of Labor website and they have the language of law listed there'd as well.

**Moderator:** Excellent. Another question, 'As a business setting up a lactation room, we want to provide a pump for moms to use. What kind of pump is recommended?' Do you want to answer that, Ruth?

**Cathy:** She's chomping at the bit.[ laughter ]

**Dr. Lawrence:** Well, there are several very good pumps available and I think what is available in the community in terms of a representative one ought to look at several major
pumps available and not only the basic pump is important but the attachments which become the personal part that touch the mother's milk so that in a community pumping place, you can have one brand or another and then everybody buys their own attachments.

**Cathy:** So a multiuser pump is the one we would recommend. But as Ruth said, there are different varieties and different brands and I always tell businesses to talk with the lactation consultant or breastfeeding expert in your community – maybe your local breastfeeding coalition or your WIC program might have experts as well – to find out what they recommend, because it depends on your business. If you are [like] that agri business in Northern California, an electric pump probably isn't going to be your best option. You will need to look at some options. Somebody in your community can point you to what options are available. Sometimes certain hospitals will use certain brands and it might make sense if the mom is going to get a kit, a

And I will say whoever this is, thank you for providing a breast pump because that's a wonderful benefit for moms. Those are expensive for mothers to buy individually and it will help her to express her milk more easily and more quickly. That's going to be a win-win for the business too. That's great.

**Moderator:** Excellent. Another question. 'We work with a large immigrant population and find that many moms are simply having to take too many unpaid breaks to make it worth pumping, for examples, such as housework and and what advice do you have to help women navigate these challenges?'

**Cathy:** That's a really good question. I think, again, it goes back to finding out what are that mother's goals, you know, what's important to her. Looking at her schedule and seeing if there's a way to work with that. She shouldn't have to pump more than two or three hours while she's on the job.

**Dr. Lawrence:** In an eight-hour job, you would maybe pump twice. I mean, usually feed your baby as you go back out the door and of course, the baby is up and wants to be fed as soon as you're back but that really only leaves about two pumps in an eight-hour period. And you need to sort of get there there before you go back to work and get your baby into that feeding mode at approximately that time.

**Cathy:** Absolutely and they haven't thought about their options but when you can have that conversation prenatally, let them begin thinking about it. Tailoring a schedule that will work for her and her job. And as you mention, Ruth, certainly in the child care center, if the mother could feed the baby in the child care center before she leaves, we always urge moms to look for a child care provider who is close to where she works rather than close to where she lives, and that way, she can pump her milk or feed her baby right there at the child care center and go to work and come back. Maybe even during her lunch hour and come back to the child care and feed the baby, and she might not need to pump than often and if that mother believes that using formula is her best choice, we have to honor that and we are going to support her. And I want us doing some breastfeeding and that's better than no breastfeeding but if she can exclusively breastfeed, that's going to be best for her baby.
Moderator: And starting that planning process well in advance of those situations. And another question, 'I'm listening from the Kings County Hospital, and I did not hear ideas for faith-based communities, how can they help the community with space for breastfeeding, keeping in mind the orthodox women in our areas. Do you have any thoughts?'

Cathy: Are they talking about employees who work for faith-based organization, or people who attend church? I'm not sure what the question is asking.

Moderator: I guess maybe if we can take it from both perspectives. I don't know. If there are women would are working in faith-based settings or, and is there information on what they can or can't do in public? Do you have experience?

Cathy: We do have examples of faith-based organizations, churches and mosques and synagogues who do provide a private area for a mother to breastfeed if she's working for that facility. We visited a wonderful church in Georgia that has not only the church building and employees who work in the church secretarial staff and administrative staff, but they have teachers in the school that's accompanied with that. They have a child care center on campus as well and those employees are going to be able to have access to support. So they've been able to work it out to provide that kind of support.

Dr. Lawrence: If we're talking about services, most churches allow, if you will, a mother to nurse her baby in the church service. Now, Cathy is an expert in the field. [laughter] Her husband is a minister. So I would say no more.

Cathy: My husband would completely welcome a mother nursing in the church service. It can be done so discreetly and if the mother isn't comfortable doing it in the service, there's always a classroom, a Sunday school room or some kind of an office area where the mother could go if she doesn't feel comfortable.

Dr. Lawrence: And a cry room. That's a great idea. You can attend the service. You can see through the window what's going on. You get the audio and you take care of the baby and going up to communion. You will see many, fathers or mothers, with a baby hanging on their chest.

Cathy: Exactly. I would really—I think our society is changing in a lot of ways and breastfeeding is becoming more normal, more welcome. If the mother is a member of a faith that is a little more restrictive, certainly, she will just want to follow the requirements or the things she believes in that are important for her, and if breastfeeding in public and doing this in a public way is not comfortable for her, then that facility may want to provide a private area for her to be able to breastfeed.

Cathy: Can I just add something?

Moderator: Absolutely.

Cathy: I think Jesus was breastfed. Last I heard, I think he was. [laughter] And so, you know, I think this is something that shouldn't be a big problem for us.
**Moderator:** Another question, 'You spoke about protections for employees specifically at schools, but how can we protect female students who need to express milk during the school day?'

**Dr. Lawrence:** Well, I mentioned the University of Rochester several times, and we to have other pumping stations throughout the university which are available for students at any level because, of course, you have the young freshmen just out of high school and you have the graduate student that has been away for a long time. So that schools should have this, just like an employer, they're the customer.

**Cathy:** It's sometimes a little more difficult, I think, for high school students because there might be a stigma and school administrators feel like, 'Oh, if we're going to support her with breastfeeding, are we supporting teen pregnancy?' Which they're not. We're helping this woman to become a responsible parent, a responsible adult, and providing her with this space to be able to breastfeed or pump her milk while at school is a win-win. Its going to help her. She's not going to miss school as much if she has a healthy baby and that child will be in that school system. We want that child to get off to the best start possible.

We also work with a lot of universities. I know Cornell University up here in Ithaca, New York, has a fabulous lactation program where they make the spaces available both for employees and for students and graduates, interns and residents and everyone else, and we all need the support, no matter what your title or role. If you're a nursing mom, you will need support.

**Moderator:** And does the law cover that as well? The law that require certain privacy for breastfeeding, does it apply – I'm thinking the public schools? So teachers need a place to breastfeed, does it apply to students as well?

**Cathy:** The current law under the FLSA does not apply to students, it focuses on employees. Maybe that will come.

**Moderator:** Another goal for a show down the road. Another question, 'I am currently a health educator at a local health department and I'm very interested in getting more involved in the breastfeeding world. I have a 10-month-old son who is exclusively breastfed. Do you have any recommendations on how I can get more involved?'

**Cathy:** Oh, wow. [laughter] First thing I would say is to join your local breastfeeding coalition. Find out who your local coalition is and I promise you, there's plenty of work to do. None of us have worked ourselves out of a job yet. There is a lot of work to do. I would urge to you get involved with the local coalition and find out what opportunities are available in your community.

**Dr. Lawrence:** Actually, the health department ought to be a leader and if there is not a coalition, she could think about starting one.

**Cathy:** Absolutely.
Moderator: I think we did a show on that a few years ago, or very recently – a show on how to start a breastfeeding coalition and how to lay the groundwork for that, so that's a way to find more information. If we don't have a coalition, there are resources available on our website on how to start one.

Cathy: Great.

Moderator: Another question, 'How can I get a Breastfeeding and Work Toolkit?'

Cathy: All right. She might be talking about the New York kit?

Moderator: I believe so.

Cathy: So that toolkit is not available as a hard copy. It's only an online toolkit. It's easy – you can download it at www.breastfeedingpartners.org. The HRSA toolkit is also available as an online resource and you will use the url listed in the resources available for this program.

Moderator: Okay. Another question, and I think it's more of a response, 'Hello, great program. There is now a blog for the Jewish faith that reviews synagogues called Nursing at Shul - and I might be mispronouncing this - s-h-u-l. So I imagine that's in response to the question that came in about how— people who are in orthodox communities.

Cathy: Great to know.

Moderator: I will say it again. Blog for the Jewish Faith and it's called Nursing at Shul. Hopefully google would be able to find that. [NB: several hits come up, here's one - https://nursingatshul.wordpress.com/]

Cathy: I'm going to check that out. That sounds wonderful.

Dr. Lawrence: That's very important.

Moderator: Another question, 'Thank you very much for this excellent session. We're here at Madison County Health Department and we work with various agencies to provide support from breastfeeding moms, from getting our nursing staff credentialed as IBCLC's to county day cares' becoming breastfeeding centers and working with the local Wal-Mart to provide a lactation room. Our newest barrier that we have discovered is high school students that have become pregnant and are concerned as there are laws for teachers. The high school students want to breastfeed but school staff and nurses aren’t supportive in allowing time to pump when they return to school. Do you have any suggestions?'

Cathy: I would suggest with all the outreach – and that is amazing what Madison County has done – visit your schools and sit down with the administrators. Sit down with the superintendent if you need to, and you be their voice. Because a lot of times a high school student doesn't feel she has the voice to be able to speak up about what she needs. You might have to be her voice for her. That's a really important role.
And I will urge you to take a look at the videos. We created 29 videos through the Office on Women's Health on the big project that we did last year, the online searchable toolkit, and you can access those videos at the Office on Women's Health YouTube Breastfeeding Channel. I urge to you take a look at them, because there is a video from Middletown High School in Middletown, Connecticut, where you will hear a superintendent talking about why this is important for her school district. And in Middletown, Connecticut, every single school in their school district is breastfeeding friendly. They have set that standard that we are all going to support these mothers. We all have that video from the McDonnell Elementary School which is another school in that same school district and the principal talks about why this is so important. So I would urge you to take a look at those videos. Share those videos with your schools and let them hear from principals and superintendents about why this is so crucial.

**Moderator:** All right. Thank you. Another question, 'What are some more examples of local programs other than WIC that can provide breastfeeding support?'

**Cathy:** Okay. Can you talk about providers?

**Dr. Lawrence:** I think it's varies from community to community. We tend to speak about WIC because that's a national program and serves almost 50% of mothers across the country. But I would look at your health department, which ought to be a model. Just to begin with.

**Moderator:** Okay.

**Cathy:** And then, the local hospitals that deliver the babies. Not all hospitals deliver babies these days, but a hospital that delivers the baby has a responsibility, if you will, to be sure that there's a safety net out there. So I would go and work with your hospital staff.

**Dr. Lawrence:** Another organization that comes to my mind are the Healthy Start programs.

**Cathy:** Yes. This is federally funded through HRSA and the Department of Health and Human Services. There are Healthy Start agencies all across the country and they are doing really phenomenal work within the local community. I think it's a great resource for moms and it's a great partner to have on your team because they care about working moms as well. I would also make sure you reach out to your Early Headstart program. The Early Headstart program has information and they are doing support for nursing moms at work as well.

**Dr. Lawrence:** We work with the national Head Start and the national programs for these, so they're well educated on that.

**Cathy:** I would urge people to work with their local business groups. The Society For Human Resource Management that I mentioned earlier has state chapters and local chapters. Most major cities have chapters. These folks are always looking for resources and opportunities so I would definitely approach your local chapter. Sometimes the local chamber of commerce might be a resource. You might be able to go and speak at a chamber meeting or maybe go
to a Rotary Club or Kiwanis Club meeting to get the word out to the local business groups because they're in touch with the business community.

**Moderator:** We have another question, 'Are you familiar with the new company in Vermont called Mamava? They create portable rooms for traveling mothers to nurse or pump while waiting for a flight. Like the converted port-a-potty but more elegant to fit in with an airport decor.' And this is coming from Dr. Mary Applegate, who usually joins us. She's not here but still providing great information. [laughter]

**Cathy:** Absolutely. I've heard of this company. I saw one of their units. It's kind of like a little portable unit, but you can set it up in an airport or set it up anywhere. Set it up in the back of a warehouse or any kind of a facility where there isn't a space and they're lovely little spaces. And that's one company, but we don't want to endorse companies, of course, I know. But there are several companies that are providing different types of portable spaces.

**Dr. Lawrence:** In airports are a very important subject. We had a campaign of breastfeeding space at airports and one of my grandchildren is an architect and he was asked to design one at JFK, and I said, 'Rob, you got to be sure to have space for breastfeeding.' He said, 'Oh, Grammy.' [laughter] But there is a breastfeeding facility at JFK.

**Cathy:** That's fantastic. A lot of airports are installing and putting in nursing mom stations.

**Moderator:** Sure. When you think about how long you're stuck at the airport, you need to have that space.

**Cathy:** Absolutely. Not just travelers, but the employees. A lot of employees. You have TSA workers wouldn't have an office. So you do need to provide some private space for your TSA workers. For people who work in the little, you know, fast food restaurants along the airport. There's not a lot of space. Providing some spaces in every terminal for travelers as well as employees, I think it's important.

**Dr. Lawrence:** We spend a lot of time in them.

**Moderator:** Another question, 'Just wondering if our group would have permission to use some your resources from the Making It Work Toolkit, but alter them slightly for our geographical location? We live in Halifax, Nova Scotia, Canada.'

**Cathy:** Wow, that's wonderful. I didn't know there were people from Canada on today. I can't speak for the New York Department of Health, but I would just urge that if you adapt those resources, contact the New York Department of Health office and ask permission.

**Moderator:** I think that sounds like a reasonable solution.

**Dr. Lawrence:** It's very important in this field that when somebody has produced something to give them credit. You know, you go to a lecture and you see your slides up there, right, you need to give people credit. You need to give New York State credit or the U.S. government or women's health or whomever. Giving people credit. Otherwise, it's known as plagiarism. [laughter]
Cathy: Spoken like an academic.

Dr. Lawrence: You know where I come from.[laughter]

Moderator: Absolutely. Alright, another question, 'As a follow-up to a question of other community resources, there are also programs such as Baby Cafe, including a number in Buffalo and elsewhere across the U.S., as well as La Leche League and other free community groups. These provide support to nursing mothers, but many leaders are breastfeeding advocates and engaged in formal or informal coalitions.

Cathy: That's a great addition.

Dr. Lawrence: We have Baby Cafe in Rochester.

Cathy: And La Leche League is fabulous. Breastfeeding USA has groups and there's, like, the Black Mothers Breastfeeding Association and there's support groups for mothers as well. [NB: http://blackmothersbreastfeeding.org/]

Dr. Lawrence: And ROSE.

Cathy: Reaching Our Sisters Everywhere [ http://www.breastfeedingrose.org/ ]. There are many, many different organizations that I think we could mention, and we could spend all our time listing all the different resources and they're out there and they're valuable partners.

Moderator: It's great to have too many and be able to spend two hours talking about all the people who are are committed.

Dr. Lawrence: Mother to mother is so important. I mean, you don't need a doctor to teach you how to breastfeed. We just have lost our generation to generation connection. So you need your friends and other mothers.

Moderator: Absolutely. Another question, 'I am not from New York State. Where would I find information on my state's laws?

Cathy: All right. So that resource we listed earlier on, NCSL - the National Conference of State Legislatures, if you'll go to their website, or just do a search for state breastfeeding legislation. If you do a google search for state breastfeeding legislation, the first thing that will come up will be that link, and they actually list all of the laws by state not just for working mothers, but also lawyers and laws related to public breastfeeding, jury duty and wealth of different laws that apply to breastfeeding.

Moderator: Question, 'How can employers become more educated regarding importance of breastfeeding and how often mothers need to express their milk?'

Cathy: You know, I would say, first of all, visit the Office on Women's Health resource. That's a great place to start, because there is so much information there. I would start there, but I would also urge if you're a member of SHRM – the Society for Human Resource
Management – check that website because SHRM has a lot of resources and links to get more information. I would urge a business to contact your local breastfeeding coalition or your local WIC agency, local La Leche League group, whatever is in your community, and find out, you know, what kind of health and support is available because people want to help. That's the good new there. If there is a gap in resources, we have the resources now. It's just getting them in the hands of the business community.

Dr. Lawrence: Well, an employer needs to know what's reasonable and so if a mother asked to pump every hour and a half or two, that's a little unreasonable. You need to pump for an hour is a lot more time than probably necessary, and so home preparation and practice pumping at home and having a supply at milk at home and all of these things are very important. If they need to know what's reasonable, they can call the local health department, local hospital, one of the local agencies that you mentioned.

Cathy: And I will say that what's reasonable is going to vary depending on the mother and her situation. A mom who goes back to work - and I have known mothers who went back to work two weeks after the baby was born, a week after their baby and we knew a mother who went back to work on Monday, and she had her baby on Friday because she had no leave time and she went back to work. That's a mother who's probably going to need to pump really, really often and so what's reasonable for her might be really often. But if that mother has a baby who is eight Mondays old and the baby is eating a lot of solid foods, that mother is probably not going to be pumping as often.

Dr. Lawrence: I had a company call me a couple years ago because a mother whose two-year-old was breastfeeding and she wanted to pump every two hours and I had to say that was a little out of balance.

Moderator: I think we have time for one more question. Let me see if we've got...'What can an expectant mother do if she encounters resistance from an employer when discussing breastfeeding options?'

Cathy: Other than cry.[ laughter ] If a mom meets with resistance, I would just urge her to continue the conversation. Maybe go above the head of the person she talked to. If she talked to her supervisor, she might want to go to the HR manager of the business and go up the normal chain of command within her business and what's realistic. So, if the HR person is above that person, go there and whoever is above their head. I would maybe write down to document what my concerns were and put that in writing and that could be forwarded onto the managers and the mother has documented that this is something I've asked for and I need the support and this is what I'm willing to do and I would love for to us have a conversation about how to make this work together. If the company still refuses, she's got her documentation and she has her recourse to file a complaint if she chooses.

Moderator: Thank you very much. We're about out of time. We have to wrap things up. I want to thank you both for sharing so much information. I think this is a really valuable show. Not only for moms but also for businesses and other organizations or agencies that are looking to really be able to support their employees. So thank you both so much.
Cathy: We had a good time. Thank you for having us. Good to be on the show with you.

Dr. Lawrence: Thank you.

Moderator: And thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is always helpful to the development of our programs and continuing education credits are available. To obtain nurse continuing education hours, CME and CHES credits, learners must visit this year's breastfeeding grand rounds program page to complete the evaluation and post-test for today's offering. Additional information on upcoming webcasts and relevant public health topics can also be found on our Facebook page. Don't forget to like us on Facebook to stay up to date. This webcast will be available on our website within two weeks of today's show. Please join us for our next webcast on September 17th, a Public Health Live! focused on Advanced Directives for the Diagnosis of Alzheimer’s. I’m Rachel Breidster. Thank you for joining us today for Breastfeeding Grand Rounds.