

Making it Work: Assisting and Empowering New Mothers

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Objectives:

1. Identify at least two ways to help breastfeeding moms obtain needed support, including family support, as they prepare to and once they return to work;
2. List at least two solutions for facilitating worksite support for moms; and
3. Describe strategies for empowering breastfeeding moms to approach employers for breastfeeding support at work.

Profile of Working Women

- National legislation in the United States under the Affordable Care Act requires employers to provide hourly workers with reasonable time and private space that is not a bathroom to express milk during the work period. (*DOL, Bureau of Labor Statistics*)
- Today nearly 60% of women are in the workforce in the United States, and similar figures are seen in many developed countries across the world.
- Women with children are the fastest growing segment of the work force. Today in the U.S., 71.4% of women with children are in the work force, and 56% of women with infants under the age of 1 are in the work force. (*DOL, Bureau of Labor Statistics*)

Common Barriers to Breastfeeding Among Employed Women

- Around 80% of breastfeeding women discontinue breastfeeding within the first month back at work. (Cardenas 2005)
- Challenges include:
 - Short maternity leave
 - Emotional and physical demands
 - Lack of support from family
 - Lack of accommodations in the workplace
 - Lack of support from employer and co-workers
- Emotional challenges include role conflicts, competing demands, fatigue, sadness, and guilt.

Barriers of Low-Wage Earners

For women working in low-wage jobs, additional challenges can make breastfeeding difficult, including:

- Earlier return to work
- Faster return to work among African American mothers
- Job settings that are not conducive to milk expression or breastfeeding
- Lack of job autonomy and flexibility
- Erratic work schedules and nonstandard hours
- Lack of job security; perception that women are replaceable (therefore leading to hesitancy bringing up breastfeeding needs with supervisors)

Job Reality	Low-Wage Earners	Middle Income Workers
Can Take Off to care for Sick Child	24%	54%
Have a say in when to take breaks	33%	57%
Have a say in the start/quitting time	12%	26%

Health Impact of Low-Wage Environments

- Increases in chronic diseases
- Fewer health benefits and paid sick leave
- Increased levels of stress
- Increased perception of fatigue
- Resource: *Nickel and Dimed* (Ehrenreich 2001)

Findings from the New York Department of Health

Mothers:

- WIC mothers are not aware of their rights under either the Federal or New York state nursing breaks laws
- Though all women wanted to continue breastfeeding, most were not comfortable talking with their male supervisor about their needs; women need advice and language for how to begin the conversation
- Co-workers are not always supportive of breastfeeding employees
- Biggest issues are lack of time and private space
- Women need help to navigate breastfeeding at work
- Other onsite challenges include eating a meal or snack and expressing milk at the same time
- WIC mothers tend to rely on family members to provide free childcare support; not all families are knowledgeable about breastfeeding or eager to care for a breastfed child

Employers:

- Lack knowledge about both Federal and state breastfeeding laws (particularly among smaller companies without an HR manager)
- Are unaware of the bottom line benefits to the business for supporting nursing moms at work
- Have never or rarely thought about the issue
- Lack knowledge about the needs of nursing women
- Are embarrassed about breastfeeding and are uncomfortable discussing it
- Would support a breastfeeding mom if requested; however, most do not recall ever having been approached
- Are more willing to support a “responsible” employee
- Have barriers:
 - Worry that women will “take advantage” of the privilege
 - Lack available space to accommodate nursing women
 - Believe that giving up break time will be too costly for the business

Federal and State Legislation

- Federal legislation housed under Section 7 of the Fair Labor Standards Act of 1938
- Language of federal legislation:
 - “Reasonable Time”
 - “Private space shielded from view from coworkers and the public”
 - Space cannot be a bathroom
 - Milk expression breaks do not have to be paid
 - Limited to hourly workers considered “non-exempt”
- New York laws:
 - Are not limited to non-exempt workers
 - Provide protection up to 3 years

Helping Mothers Prepare for their Return to Work

- Support for mothers begins by helping her identify her goals and then providing information and support to help her reach her family’s goals.
- Mothers also need:
 - A supportive work environment
 - Adequate maternity leave
 - Flexible return to work options
 - Direct access to the baby
 - Private time and space to express milk
 - Access to professional support
 - Support from managers and coworkers
 - Support from family (partner and female relatives are especially critical)

During Maternity Leave

- Establish milk production through evidence-based practices
- Importance of the magical first hour for building milk supply
- Skin to skin contact in the first hour – and beyond
- Frequent milk removal
- Using maternity leave to exclusively breastfeed to build production capacity
- Getting help with early problems

After Returning to Work

- The “magic” number (Mohrbacher 2012) - <http://www.nancymohrbacher.com/blog/2010/8/13/the-magic-number-and-long-term-milk-production-part-1.html>
- Use the supply – but replace it!
- Breastfeed exclusively when home with the baby
- Finding a relaxing area to express milk
- Setting up a realistic pumping schedule (Wright 2013) - <http://lactationmatters.org/2012/05/17/pumping-strategies-for-the-working-mother/>
- Using expressed milk

Building Milk Production

- Skin to skin helps increase production
- Fully empty breasts at least once daily
- Breastfeed at night
- Power pumping (*concept by Cathy Genna*)
- Frequent milk removal and breast stimulation
- Hands-on milk expression (Jane Morton)

Back at Work

- Getting organized
 - Pumping schedules
 - Phasing back to work
 - Preparing baby for mom’s return to work
- Approaching supervisors
 - Just ask!
 - Begin during pregnancy
 - Focus on mother’s needs and her desire to be a productive employee
 - Be honest about the importance of breastfeeding to the family
 - Consider a letter from the mother’s or baby’s physician(s)
 - Provide solutions to address barriers; use the “My Lactation and Work Plan” – New York “Breastfeeding Partners” – www.breastfeedingpartners.org
 - Provide resources from HHS Office on Women’s Health
- Dealing with co-workers
 - “Breaks are predictable; absences are not!”
 - Establishing a sense of teamwork

- Engaging family members
 - Include them in counseling and education efforts
 - Consider the “ask” for partners and grandmothers caring for the baby
 - Provide simple guidelines on handling human milk
- Creative solutions for break time for expressing milk
 - Reasonable breaks protected under law
 - Using standard breaks (fixed or as needed)
 - Going home to breastfeed
 - Bringing baby to work
 - Staff coverage options (floater staff, supervisor/manager provides coverage, staff help each other out)
- Creative solutions for private space
 - Permanent space options
 - Flexible space options
 - Outdoor/mobile options
- Empowering mothers and building confidence

Resources for Supporting Nursing Moms

Office on Women’s Health

- “Supporting Nursing Moms at Work: Strategies for Employers” (U.S. Department of Health and Human Services, Office on Women’s Health) with searchable online resource featuring 200 business profiles and 29 videos. Available at www.womenshealth.gov/news/highlights/breastfeeding-at-work/index.html
- Presentation platform available for downloading at the website of the United States Breastfeeding Committee at: www.usbreastfeeding.org/SNMW-platform.
- *New York Department of Health “Making it Work”* (New York Department of Health) – resources for employers, mothers, family members, and breastfeeding educators. Available at www.breastfeedingpartners.org.
- *HRSA Maternal and Child Health Bureau*
- “The Business Case for Breastfeeding” (HHS Maternal and Child Health Bureau) – <http://mchb.hrsa.gov/pregnancyandbeyond/breastfeeding>.



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