



BREASTFEEDING SUPPORT AT THE WORKPLACE

Best Practices to Promote Health and Productivity

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Family Health

in brief

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INTRODUCTION

As we begin the 21st century, the number of women who enter and remain in the workforce continues to rise and increasing numbers of women delay childbearing. In addition, 62.2% of mothers with children under age 3 participate in the labor force.¹ For many new mothers, the return to work following maternity leave is often cited as a significant barrier to continuation of breastfeeding. Employer support of breastfeeding for nursing mothers can significantly help mothers balance the demands of work with their desire to continue to breastfeed their infant. The American Academy of Pediatrics released guidelines in 1997 recommending breastfeeding of infants up to one year of age to ensure optimal mental, physical, and emotional development.² Increasing the initiation and duration of breastfeeding is still a major concern. In 1997 the breastfeeding initiation rate was 62.4% for all mothers and 61% for full-time working mothers. However at six-months the rate was only 26% for all mothers and 18% for full-time working mothers.³ Although these figures increased slightly in 1998, only 16% of all mothers were breastfeeding until the recommended age of 1 year. Current statistics fall far below the Healthy People 2010 targets of 75% in the early post-partum period, 50% at 6 months, and 25% at 1 year.

The number of corporate lactation programs continues to grow as employers recognize the benefits of reduced health care costs and absenteeism, increased retention and employee morale, and an enhanced corporate image. The presence of worksite lactation programs is part of the criteria used in the rating of Working Mother Magazine's 100 Best Companies for Working Mothers each year. While breastfeeding support programs are traditionally viewed as a work-life benefit, it is important to recognize the impact of improved health outcomes for infant and mother and the correlated reduction in overall health care costs for employers. As the introduction of breastfeeding education as a component of prenatal care programs rises, employers are increasingly forging a link between their work-life and health benefits. This brief will provide background information for employers on the issue of breastfeeding as well as provide ideas for consideration when implementing a comprehensive lactation program at the workplace.

HEALTH BENEFITS

Breast milk is the most complete, easily digested, convenient, and economical source of nourishment for infants.⁴ Supplement or formula cannot duplicate the nutrients of breast milk or the benefits these nutrients provide. During the first 4-6

MODEL PROGRAMS

Procter and Gamble

Procter and Gamble has had a lactation support program in place for nine years. At their Cincinnati headquarters, a private Mother's Room holds two hospital grade dual pump machines, as well as space for refrigeration of breast milk. Other locations have a variety of arrangements including private rooms that supply refrigeration space and pumps or, at some sites, mothers bring their own breast pumps. Breastfeeding education in the Procter and Gamble corporate office begins as part of the prenatal care program. A lactation specialist emphasizes the individual choice of mothers to breast or formula feed their infants; however the advantages of breastfeeding are discussed and counseling is provided. When presented with research validating the significant health benefits of breast milk for their baby and themselves, as well as an understanding that returning to work and continuing to breastfeed is not prohibitive, many program participants have chosen to initiate breastfeeding after the birth of their baby. Procter and Gamble feels a worksite lactation program falls in step with corporate philosophy encouraging support of female employees balancing work and family life. Internal research investigating the number of pediatric visits for ear infections and lost-time at work revealed significant differences between breastfeeding and non-breastfeeding mothers. Breastfeeding mothers had a decreased number of pediatric visits and were absent from work less. In addition, provision of dual pumps at their on-site private rooms resulted in a real time savings. Using dual electric pumps decreased expression times from 30-40 minutes if mothers were using manual expression to 10-15 minutes. As a result of implementation, Procter and Gamble has seen a reduction in absenteeism, an earlier return to work and enhanced productivity.

CIGNA Corporation

Working Well Moms, CIGNA's comprehensive corporate lactation program, supports CIGNA employees who breastfeed.

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months of an infant's life, a high demand for specific essential nutrients is present since the brain doubles in size. Nutritional inadequacies at this stage may result in prolonged and sometimes irreversible effects on growth and development.⁵

Breastfeeding offers protection against a variety of infections. Exclusive breastfeeding as a sole nutrient for the first months provides sufficient nutrition and results in less morbidity and mortality.⁶ The immune system of the newborn infant is immature and has insufficient innate defenses. Breastfeeding supplies an array of anti-microbial, anti-inflammatory and immunologic stimulating agents.⁷ Known benefits for the infant include protection against diarrhea, lower respiratory infection, bacterial infections such as meningitis, UTI's, and otitis media (earaches). Breastfed infants have decreased incidence and severity of insulin dependent diabetes, lymphoma, ulcerative colitis, allergies and other digestive problems.⁷ Breastfed babies also have a better chance for dental health and are one-third less likely to die of SIDS (Sudden Infant Death Syndrome).^{8,9}

Breastfeeding also delivers life long advantages. Human milk enhances cognitive development and promotes mental health. One study has shown that infants breastfed more than 8 months demonstrated higher IQs at 8 and 9 years, improved reading comprehension, mathematical, and scholastic ability from 10-13 years, and higher academic outcomes in high school.¹⁰ The results of improved health for infants and children translate into reduced employer health care costs of covering dependents.

The advantages of breastfeeding extend beyond those experienced by the infant; women realize the health benefits as well. Breastfeeding facilitates the mother's post-partum recovery and enhances self-esteem and confidence.⁴ It has been shown to improve maternal health, including reduction in post-partum bleeding, earlier return to pre-pregnancy weight, reduced risk of osteoporosis, and reduced risk of

ovarian cancer continuing long after the postpartum period.^{11,2} Breastfeeding and breast milk also lower the risk of pre-menopausal breast cancer for mothers who breast-feed. A recent study showed that women who breastfed at least one child had more than a 20% reduction in breast cancer risk as compared with women who did not breast-feed. With increased duration of breastfeeding, there is a greater reduction in risk. Evidence exists that the protective effect extends to the post-menopausal years.¹²

MAKING THE CHOICE—FACTORS INFLUENCING INITIATION AND DURATION

A mother's choice to breastfeed her newborn infant is a personal one. Several factors are involved in a woman's choice to breastfeed, including employment status, understanding of the breastfeeding process and experience, and presence of social support from family or friends. One of the greatest barriers to breastfeeding is misinformation; mothers may not fully comprehend the nutritional needs of their infants, or may question their ability to maintain an adequate milk supply to keep the infant healthy.¹³ Providing breastfeeding information as part of prenatal care programs can educate mothers about the advantages of breastfeeding and alleviate the fear that continuing to breastfeed upon returning to work will not be a viable option. By offering education and workplace support for breastfeeding, employers can positively influence the primary concerns of new and expectant mothers and allow female employees to combine their roles as mothers and wage-earners.

WORKPLACE IMPACT

Breastfeeding support at the workplace can offer a considerable return on investment by lowering healthcare costs, enhancing productivity, improving employee satisfaction, increasing retention and improving corporate image. Specifically, implementation of corporate lactation programs

can reduce staff turnover and loss of skilled workers after the birth of a child, and reduce sick time/personal leave for sick baby medical visits because breastfed infants are more resistant to illness. The presence of lactation programs can make the transition back to work easier such that more new mothers may be willing to take shorter maternity leaves.⁷ Employee satisfaction and morale serves as an added recruitment incentive in today's tight labor market.^{4,14}

Employers have a vested interest in supporting breastfeeding for their employees. The direct and indirect costs of illnesses whose incidence may be reduced by breastfeeding are significant. Estimated savings from childhood disease prevention are summarized in Table 1. Increasingly, corporations with established lactation programs are conducting internal cost-benefit analyses that demonstrate the effectiveness of breastfeeding support at the workplace. Corporate lactation consultants/vendors continue to develop new measurement tools to assess effectiveness. Estimated direct costs for lactation programs range from \$585 for furnished private rooms with a lock and electrical outlet to \$1660 for a room with an employer owned electric breast pump and written materials. Estimated fees for a lactation consultant range from \$150 to \$600 per participating mother.³

A 1995 study revealed that employees of breast-fed versus formula-fed infants experienced substantially different absenteeism rates due to childhood illness. Approximately 28% of the infants in the study had no illnesses; 86% of these were breast-fed and 14% were formula-fed. When illnesses occurred, 25% of all one-day maternal absences were among breast-fed babies and 75% were among the formula-fed group.¹⁴ While research on the overall return on investment of lactation support programs continues, some companies have demonstrated positive and cost-effective outcomes (see Model Programs). Many employers recognize that helping employees balance the demands of work and family results in a happier and more productive workforce. In addition to making a positive impact on employee

MODEL PROGRAMS:

The program has grown from 12 sites in 1995 to more than 250 sites across the country. More than 1000 women have enrolled in the program. CIGNA attributes the success of Working Well Moms to the scope of services provided. Program components include a mother friendly private room, access to a hospital-grade breast pump, as well as a carrying case for transporting bottled breast milk. Refrigeration and packaging is also provided. Counseling is an integral resource available to new and expecting mothers. During the last trimester of pregnancy, each new mother enrolled in the program receives a call and is assigned an individual lactation consultant. One week past the mother's due date, calls are scheduled for the first 4 weeks. Counseling includes assessment tools for newborns, as well as preventive education. Any problems discovered are referred back to the health care system. A return to work consultation helps mothers prepare for transition back to the workforce and follow-up counseling to measure progress continues for 6 months.¹⁶ An added benefit of having an on-site mother's room are the support groups of breastfeeding mothers that develop through length of use. Approximately 10-15 women are actively using the company-provided breast pumps at any given time. The program's average breastfeeding time is 5.9 months. More than 40 percent of participants breastfeed beyond 6 months, a figure well above the national average for working mothers.

Home Depot

The Home Depot began a Breastfeeding Worksite Solutions Program in 1995 with 4 associates participating. In 1998 Home Depot had 47 mothers taking advantage of full participation; these mothers breastfed their infants for an average of 7.8 months. Recently, breastfeeding duration has increased to 8.7 months and participation has risen to 108 mothers. Outreach about the program is provided for prospective participants through lunch-time seminars at the worksite.

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morale, corporate lactation programs offer companies an opportunity to demonstrate sensitivity to the challenges faced by working mothers.⁹

FEATURES OF CORPORATE LACTATION PROGRAMS

Building a successful and supportive corporate lactation program requires careful planning. To maintain her supply of breast milk, a nursing woman must be able to express her milk regularly.⁴ Physical access to breast pumps and private rooms must be combined with appropriate outreach, education and flexibility for optimal results.¹⁵ Although many companies do not have a written policy regarding lactation, communications with new and expecting mothers should clarify company policies and indicate company support for a mother's choice to breastfeed or use formula.¹⁶

Well-coordinated lactation programs use a team approach to assisting working mothers with breastfeeding. The advent of vendors who design and implement corporate lactation services allows employers to build tailored programs that meet the needs of their employee population. Employers can provide access to private rooms and hospital-grade breast pumps, and mothers can avail themselves of counseling services from a lactation consultant on-site or by phone prior to, during and after pregnancy. Lactation consultants can provide breastfeeding education, help mothers overcome breastfeeding problems, and play a important role in preparing a new mother for the transition back to work. Many lactation consultants are registered nurses who have pursued additional training to work with breastfeeding mother-baby pairs. She/he can also be a good intermediary to transmit pertinent information to the both the infant's and mother's physicians.¹⁷ Ongoing communication between employers and vendors to assess program effectiveness enhances good outcomes for health and productivity.¹⁶ In the event companies are not able to establish comprehensive lactation programs, particularly at all worksites, a broad

TABLE 1. COST SUMMARY FOR CHILDHOOD DISEASES

Condition	Range of Cost for Treatment (\$)	# of Days Off for Employee	Effect of Breastfeeding
Ear Infections	60-80	1-2	60% decrease in risk
Allergies (Food)	400 (diagnosis) 80-100 (acute reaction treatment)	1-2 (per reaction)	4-5 fold decrease in allergic symptoms (Harris)
Cytomegalovirus	60-80	1-2	Decrease in severity
Baby Bottle Tooth Decay	250 (cleaning/repair) 3000 (replacement)	1-4	Very low risk
Diarrhea	50-70 (mild) 1500-3000 (severe)	1-5	3-4 fold decrease in risk
Ear Tubes (Surgery)	400-1650	2-3	
Bronchitis/Pneumonia	60-80 (mild) 4600-5000 (severe)	2-7	80% decrease in risk
Respiratory Syncytial Virus (Upper and Lower)	60-80 (mild) 4600-5000 (hospitalized)	2-7	Less severe, Fewer hospitalizations
Meningitis	4500-32000	3 days to 3 weeks	4 fold decrease in risk Decrease in severity
Insulin Dependent Diabetes Mellitus	3000-5000 (w/o complications)	5-15	Reduced risk

*Adapted from Doraine Bailey, MA Lexington-Fayette County Health Department 1993.
(Information provided by International Lactation Consultants Association)*

range of options that demonstrate support for breastfeeding mothers are available:

- Prenatal lactation education specifically tailored for working women
- Corporate policies providing information for all employees on the benefits of breastfeeding and services available to support breastfeeding women
- Education for personnel about why their breastfeeding co-workers need support
- Adequate breaks, flexible work hours, job sharing and part-time work
- Private “Mother’s Rooms” for expressing milk in a secure and relaxing environment
- Access to hospital-grade, autocycling breast pumps at the workplace
- Small refrigerators for safe storage of breast milk
- Subsidization or purchase of individually owned portable breast pumps for employees
- Access to lactation professional on-site or by phone to give breastfeeding education, counseling and support during pregnancy, after delivery and when the mother returns to work
- Coordination with on-site or near-site child care programs so infant can be breastfed during the day
- Support groups for working mothers with children

MODEL PROGRAMS:

Breastfeeding Worksite Solutions begins with educational classes for expectant mothers and their spouses. These classes provide basic information about breastfeeding as well as an introduction to the corporate benefit program available to them. During the first four weeks of maternity leave, new mothers have unlimited access to a lactation consultant who assists the mother during the critical postpartum period. Each participant also receives a weekly phone call from the consultant to assess progress. Two weeks prior to returning to work, each mother receives private consultation to prepare her for changes in her nursing schedule. Lactation support continues with 24-hour access to a lactation consultant and a monthly private follow-up call that extends until the mother no longer is pumping at work. Home Depot provides access to a hospital grade breast pump onsite, and also subsidizes the purchase of a portable electric breast pump for each program participant. Home Depot has recognized a return on investment in breastfeeding support including reduced absenteeism and increased productivity. The national average time for a mother to miss work with a new baby is 9 days for the first year. The Home Depot mothers in the program reported only 3 days absent due to a baby's illness. Using a minimum of \$100 per day as the cost of absenteeism, The Home Depot saved \$42,000.¹⁸

AETNA

Aetna's efforts to build both an expansive and comprehensive breastfeeding support program for its employees has met with great success. With an employee population that is 76% female, an average employee age of 36 years and 1200 babies born each year, Aetna was able to make a strong business case to provide breastfeeding support as part of the health benefits offered to its employees. Each newborn results in an average of \$10,000 in health care costs; leading health expenditures for the company include disability and income replacement associated with maternity. The Breastfeeding Support Program at

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FUTURE DIRECTIONS

Today's corporations continually look toward improving the health and productivity of their workforce. Creating a sustainable and effective lactation program is one means to address the health needs of working mothers. But, careful consideration of the barriers to implementation is also necessary. Companies face multiple challenges as they begin to think about developing a breastfeeding support program that will meet the unique needs of their employee population. Companies must assess how the multiple modes of support necessary can be effectively integrated into the existing corporate structure and operations. Limited funding resources may require an incremental approach to expansion from corporate headquarters to regional offices.

Nonetheless, as more companies discover the rewards of investment in lactation support programs for their female employees, new programs that reach out to the male population are being developed and implemented. The Los Angeles Department of Water and Power, a forerunner in providing breastfeeding support programs at the worksite, has incorporated education for male employees for years. With a predominately male workforce (80%), a key focus of their lactation program includes providing coaching classes for men whose spouses or partners are breastfeeding. Recent research has revealed that partners of male employees who participate in the program are equaling the breastfeeding duration rates of female employees. Other companies such as Johnson & Johnson have similar programs that are targeted toward their male employees.¹⁶ Emphasis on breastfeeding as not simply a woman's issue but a family issue is increasing.

References

- 1 "20 Facts on Women Workers", U.S. Department of Labor Women's Bureau. www2.dol.gov
- 2 AAP Workgroup on Breastfeeding. "Breastfeeding and the Use of Human Milk". *Pediatrics* 1997; Vol. 100 No.6.
- 3 Hamilton J. "Breastfeeding in the Workplace", Report of the National Breastfeeding Policy Conference; November 1998:46-51.
- 4 "What Gives These Companies a Competitive Edge? Worksite Support for Breastfeeding Employees", *Healthy Mothers, Healthy Babies*.
- 5 Lawrence R. "Breastfeeding Advantages and Child Development", Report of the National Breastfeeding Policy Conference; November 1998:27-37.
- 6 Raisler J et al. "Breastfeeding and Infant Illness: A Dose-response Relationship?", *Am J Publ Hlth* 1999; 89(1):25-30.
- 7 Robinson H. "The Working Mother's Guide to Breastfeeding", *Working Mother* May 1998; 28-31.
- 8 Palmer B. "The Influence of Breastfeeding on the Development of the Oral Cavity: a Commentary", *J Hum Lact* 1998; 14(2):93-98.
- 9 "Corporate Lactation Programs", Medela, Inc. www.medela.com/breastfeeding/working/corpprog.html 12/27/99
- 10 Horwood LJ, et al. "Breastfeeding and Later Cognitive and Academic Outcomes", *Pediatrics* 1998; 101(1):e9.
- 11 "Breastfeeding, Newborn Screening, and Service Systems", *Healthy People 2010 Objectives*; Chapter 16. January 2000.
- 12 Enger SM, et al. "Breastfeeding Experience and Breast Cancer Risk Among Post-Menopausal Women", *Cancer Epidemiol Biomarkers Prev* 1998; 7:365-69.
- 13 Springen K. "The Bountiful Breast", *Newsweek* June 1, 1998; 71.
- 14 Cohen R, Mrtek MB, Mrtek RG. "Comparison of Maternal Absenteeism and Infant Illness Rates Among Breastfeeding and Formula-feeding Women in Two Corporations", *Am J Health Promot* 1995; 10(2):148-53.
- 15 Marsha Walker, International Lactation Consultants Association; personal communication.
- 16 Rona Cohen, MCH Services, Inc.; personal communication – consultant to CIGNA Corporation
- 17 Neifert M. "Future Strategies in Breastfeeding Promotion", presented at Breastfeeding Promotion Consortium Meeting US Dept. of Agriculture, May 1999.
- 18 Camilla B. Fore, CBF Inc.; personal communication – consultant to Home Depot, Inc.

MODEL PROGRAMS:

Aetna is one component of its New Child Program, a comprehensive benefits program that includes preconception planning, preparation for arrival of the baby, and return to work initiatives. Recognizing the difference between simply providing a nursing room and offering a comprehensive program, Aetna's breastfeeding support services are available at all stages of the new mother experience: before delivery, during maternity leave and throughout the return to work. As part of prenatal education, participation in classes focused specifically on breastfeeding and mothers have access to individual counseling on infant feeding choices as well as how to avoid common problems that affect new breastfeeding mothers. During maternity leave, particularly during the first 30-60 days, a lactation consultant keeps in touch with mothers individually to assess progress and address any concerns. In some locations home visits are conducted, and 24-hour access to lactation consultants by phone is also available. The lactation consultant provides return to work counseling and Aetna supplies an accessory kit including attachments for the onsite electric pump and cooling agent for refrigeration. Once back at work, employees have access to two private mother's rooms equipped with a hospital-grade breast-pump and private stalls to accommodate multiple mothers. Nationwide the number of mother's rooms available has grown from 3 in 1996 to 27 currently, with over 700 mothers participating and a success rate of 36% of mothers who breastfeed for 6 months or longer. Aetna estimates a return on investment of approximately 2.18 to 1. In addition to its financial savings, an equally valuable result is the positive feedback Aetna has received from mothers who have participated in the program. Many have expressed excitement to return to work, and noted the advantages of reduced stress, a network of support from other breastfeeding mothers, and company backing of women balancing career and motherhood. Aetna recognizes the benefits of employee engagement at the workplace as a result of implementation.

Resources for Employers:

Medela, Incorporated, www.medela.com

Healthy Mothers, Healthy Babies, www.hmhb.org

La Leche League International, www.lalecheleague.org

International Lactation Consultant Association
www.ilca.org

MCH Services, Incorporated.
(800) 822-6688

CBF, Incorporated.
(800) 225-8129

Cohen R, Mrtek MB, Mrtek RG. "Comparison of Maternal Absenteeism and Infant Illness Rates Among Breastfeeding and Formula-feeding Women in Two Corporations", *Am J Health Promot* 1995; 10(2):148-53.

Cohen R, Mrtek MB. The impact of two corporate lactation programs in the incidence and duration of breastfeeding by employed mothers. *Am J Health Promot* 1994; 8:436-41.

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