

Breastfeeding Indicators

Developing a Hospital Workplace Wellness Surveillance Index that addresses Nutrition, Breastfeeding-Support, Physical Activity, Tobacco, and a Culture of Wellness



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Executive Summary

NC Prevention Partners (NCP) has developed a unique web-based strategic planning tool, called WorkHealthy AmericaSM, to guide workplaces of any size and sector to establish prevention policies, environments, benefits, programs, and practices. This tool is currently comprised of four modules including tobacco, nutrition, physical activity, and creating a culture of wellness.

Initiation and duration of breastfeeding has been linked with the health of infants and mothers, and increasing rates of breastfeeding is a national priority. One barrier that many women report to breastfeeding is the work environment not being conducive to expressing milk or breastfeeding their child. Knowing that a worksite is supportive of breastfeeding and has made accommodations for women to breastfeed or express milk is essential for women to be able to commit to breastfeeding once she returns to work. A review of the evidence and key informant interviews revealed that while workplace support is essential, there is little evidence defining what components of a supportive environment are necessary and sufficient to promote the practice of breastfeeding amongst employees.

The Centers for Disease Control and Prevention (CDC) contracted with NCP through the UNC Center for Health Promotion and Disease Prevention (HPDP) to research the topic, develop new indicators for NCP's product WorkHealthy AmericaSM, and to field test the new questions. The methods and results are described in this document.

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Introduction

Breast milk has been identified as the preferred method of feeding for nearly all infants, as it provides health benefits to both the infant and the motherⁱ. This range of health outcomes for both mother and child has been well documented and summarized in the literature. As a result of these positive health outcomes associated with breast milk, *Healthy People 2020* has identified increasing breastfeeding rates as a national priority with targets of 81.9% of infants being ever breastfed (baseline 74%), 60.6% at 6 months (baseline 43.5%), and 34.1% at 1 year (baseline 22.7%).ⁱⁱ

Mothers have been identified as the fastest-growing segment of the labor force in the United Statesⁱⁱⁱ. In 2008 56.4% of mothers with infants under 1 year of age participated in the labor force.^{iv} This is significant since a woman working outside the home is associated with lower rates of breastfeeding initiation and shorter duration.^v

One means of addressing this barrier is to identify ways that the worksite can be supportive of breastfeeding and instead of being a hindrance might encourage the initiation and duration of breastfeeding amongst working mothers. NCPP has developed an evidence-based health prevention program built on four areas of focus: good nutrition, increased physical activity, tobacco cessation, and culture of wellness. Questions in the WorkHealthy AmericaSM assessment focus on prevention policies, environments, benefits, programs, and practices and are based on gold standards for what works in workplace wellness. This assessment currently has one question related to breastfeeding supportive environments that is currently housed in the nutrition module of WorkHealthy AmericaSM. The CDC funded NCPP to dive deeper into the literature for breastfeeding in the workplace and to develop new questions for the assessment tool. This paper describes the methods used, the resulting indicators, and lessons learned during field testing.

Methods

Literature Review

The need for breastfeeding interventions in the workplace has been well documented. The emphasis of this review of the literature was the components of a breastfeeding supportive policy for worksites that have the strongest evidence for improving health outcomes. First, key documents on breastfeeding and specifically those relating to worksite practices were reviewed. Examples of references consulted include *The Business Case for Breastfeeding* by the U.S. Department of Health and Human Services, the Surgeon General's *Call to Action to Support Breastfeeding*, the CDC's *Guide to Breastfeeding Interventions*, as well as materials by the National Business Group on Health and the United States Breastfeeding Committee (see Appendix 1 for a list of references consulted). These core documents pointed to many more resources, and others were located using standard search mechanisms in tools such as PubMed.

From the information gleaned in these documents, a spreadsheet was created that documented the components of breastfeeding supportive workplace wellness policies that the various sources recommend [See Appendix 2]. Only when the article specifically recommended a particular feature was it included in the matrix. Many peer-reviewed articles, while stating that having a policy was beneficial, gave examples of possible components but did not make specific recommendations. Several governmental agencies, advocacy groups, and wellness organizations have developed comprehensive toolkits to help employers enact mother-friendly practices and policies. The components recommended in these toolkits were added to the grid. This grid illuminated practices that were recommended by almost all sources (e.g., a private room) and others that were mentioned by only a few sources (e.g. prenatal and postpartum education).

Key Informant Interviews

The information collected in the matrix and literature review was used to inform an interview guide designed to solicit expert opinion from experts identified by the Centers for Disease Control and Prevention [See Appendix 3]. The individuals interviewed were:

Deborah Dee, PhD, MPH
LCDR, US Public Health Service
Senior Scientist, Applied Sciences Branch Division of Reproductive Health
Centers for Disease Control and Prevention

Ruth A. Lawrence, MD, FAAP, FAACT
Professor of Pediatrics, Obstetrics and Gynecology
University of Rochester Medical Center

Rebecca Mannel, BS, IBCLC, FILCA
Clinical Instructor and Hospital Breastfeeding Education Project Leader
University of Oklahoma Health Sciences Center
Lactation Center Coordinator, OU Medical Center

The conversations with the key informants helped pull together concepts from the literature and describe what has been most effective in implementing breastfeeding supportive programs and policies in the workplace. These conversations based on expert opinion and practical experience, reflected the information found in the literature which suggests that in general breastfeeding support policies are effective for increasing duration of breastfeeding; but there is sparse research that has been conducted on which elements are necessary in a policy. The experts contacted concurred that the most essential aspects of a formal policy, in their opinion, are space and time.

The interviewees described that in a work environment there must be a designated space provided for women to express milk or breastfeed, and there must be adequate time available to the employee during the workday to make use of that space. There was not as clear of consensus

on the details for what that space should look like or how much time is sufficient. The aspects mentioned by one or more informants related to space for lactation are: it should not be a restroom, it should be sanitary, have access to running water, be easily accessible for all employees, and it should have an electrical outlet and a comfortable chair. There was mixed opinion on if the space needed to be dedicated only to lactation or if it could be a part of a multi-purpose space (such as in a women's lounge) with an area shielded from view. It was expressed that what is reasonable for an employer to provide will depend on the size of the employer and employee demographics. For example, a large employer with many women of child-bearing age should be expected to provide different accommodations than a small employer with few women employees.

As for allocating time for breastfeeding, two of the three informants felt that breastfeeding or expressing milk could be accommodated within normal employee breaks, while the third clarified that this might be true for many women, but there is wide variation amongst women. It was advised that a policy should be less specific about the amount of time offered, so as to allow negotiation with supervisors based on specific job characteristics.

At NC Prevention Partners we have observed in our work with tobacco, nutrition, and physical activity that employee benefits and their clear communication to employees are critical. When asked what insurance benefits would impact breastfeeding rates and duration, the response was consistently: out-patient visits to a certified lactation consultant and reimbursement for some or all of the cost of an electric breast pump.

When discussing best-practices for length of maternity leave it was clear that there are many models for structuring leave and a variety of recommendations available, including 14 weeks suggested by the United Nations International Labor Organization and 12 weeks from the US Family and Medical Leave Act for certain employers. Not only are there a wide variety of models, including staggered return to work and working from home, there is also the question of how much of any available leave should be paid verse unpaid. There was no clear consensus on a recommended structure for maternity leave, but it was clear that the experts believe that paid leave is crucial to address health disparities in lower income women and that if we want to increase the exclusive use of breastfeeding at 6 months it is imperative for women to have more options regarding a return to work. One such option that was stressed was access to the child to breastfeed during the workday. Options for this include on-site or near-site childcare, ability to bring the child to work.

Information was also collected on the provision for the storage of human milk, equipment that could be offered by the employer, and employee education.

Indicator Development

Based on these findings from the literature and conversations with key informants, indicators to evaluate breastfeeding practice within worksites were created (see Table 1). The questions address the key topics of adequate space and time, written policies, insurance benefits, maternity leave, and options for breastfeeding (as opposed to expressing milk) during the workday. These questions were selected because they promote practices with the highest level of evidence or are promising practices for which more evidence is needed for evaluation.

Table 1. Breastfeeding Supportive Indicators

Question	Answer Choices
Do you ensure reasonable time for all employees, regardless of job type, to breastfeed or express milk? ^{vi}	<ul style="list-style-type: none"> a. An employee may make use of their regular breaks and lunch to breastfeed or express milk b. An employee may use work time in addition to regular breaks and lunch for this purpose. As part of a flexible schedule employees can make up the time as needed (e.g., by coming in early or staying late) c. An employee may make use of their regular breaks and lunch to breastfeed or express milk AND break time is considered paid time, regardless of if the employee goes over allotted break times or not d. We do not provide specific accommodations to ensure reasonable time
Do you provide employees with a clean, comfortable and private area in which breastfeeding employees can express their milk or breastfeed at work? ^{vii}	<ul style="list-style-type: none"> a. Yes b. No
Does your worksite have a written breastfeeding support policy? ^{viii}	<ul style="list-style-type: none"> a. Yes b. No
How do you actively communicate this policy to employees?	<ul style="list-style-type: none"> a. Employee policy manual b. New employee and volunteer orientation c. Employee performance review d. Communication from CEO e. As part of a communication when employees inquire about maternity benefits f. Other (newsletter, intranet, email, voicemail, bulletin boards, website, signs, training, events, etc.) g. We do not actively communicate our breastfeeding

	policies to employees
Does your worksite offer health insurance benefits or equivalent employee benefits that include access to comprehensive lactation support and counseling, by a trained provider in an outpatient setting? ^{ix}	<ul style="list-style-type: none"> a. Yes b. No
Does your worksite offer health insurance benefits or equivalent employee benefits that include reimbursement for purchase or rental of an electric breast pump? ^x	<ul style="list-style-type: none"> a. Yes b. No
Does your worksite actively communicate to employees about your health insurance benefits or equivalent employee benefits that support breastfeeding? ^x	<ul style="list-style-type: none"> a. Yes b. No
What types of maternity leave are available for female employees? (Check all that apply.) ^x	<ul style="list-style-type: none"> a. We provide between 1 and 6 weeks of fully paid maternity leave b. We provide between 7 and 12 weeks of fully paid maternity leave c. We provide 13 or more weeks of fully paid maternity leave d. We provide between 1 and 6 weeks of unpaid or partially paid maternity leave e. We provide between 7 and 12 weeks of unpaid or partially paid maternity leave, as is required for organizations covered by the Family and Medical Leave Act (FMLA) f. We provide 13 or more weeks of unpaid or partially paid maternity leave g. We do not provide any maternity leave, paid or unpaid h. We allow creative use of accrued vacation days, personal time, sick days, and holiday pay after childbirth i. Instead of exclusive maternity leave we have a short term disability policy that may be used as paid leave j. Other

<p>Does your workplace support accommodations for a mother to directly breastfeed her child (as opposed to expressing milk) during the work day? (Check all that apply.)</p>	<ul style="list-style-type: none"> a. Yes, we provide access to on-site or near-site childcare b. Yes, we allow women to bring their infant to work for the full workday c. Yes, we allow women to have their infant brought to them at work for feeding d. No, we do not provide any accommodations for a mother to directly breastfeed her child during the workday
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Field Testing

After the questions were developed they were field tested with wellness staff at four hospitals. The results from this field test are included in Appendix 4. Interesting findings from the field testing include: only two of the four had a written policy in place that was communicated to employees, three out of four include lactation support as a benefit but only one includes reimbursement for cost of an electric breast pump. None of the four employers offered paid maternity leave (this does not counting short term disability leave or use of accrued time as maternity leave). All of the sites have on-site or near-site childcare available.

The individuals who field tested the questions also provided us with valuable feedback which we incorporated into revisions of the questions (Table 1 lists the questions after this revision). Helpful feedback included acknowledging that staff may have different levels of access to break time depending on job responsibilities and that many health plans have flexible spending accounts which can be used to pay for reimbursement of a breast pump.

Tools and Resources

In addition to drafting the questions, a preliminary list of resources that will be added as resources in the WorkHealthy AmericaSM toolbox was created. This toolbox will be available to all users of WorkHealthy AmericaSM to help them establish and evaluate their breastfeeding supportive programs. Materials that state the need for supportive practices in the workplace, the potential return on investment, and federal regulations related to breastfeeding in the workplace will be highlighted. There will also be case studies describing successful programs, links to toolkits and sample policies that exist in the public domain. See Appendix 4 for a listing of a few sample items.

Appendix 1. Key Resources

Abdulwadud OA, Snow ME. Interventions in the workplace to support breastfeeding for women in employment. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD006177.

Bonoan, R. (2000). *Breastfeeding Support at the Workplace*. Washington Business Group on Health. Retrieved May 15, 2011 from www.wbgh.org

U.S. Department of Health and Human Services (2008). *The business case for breastfeeding*. U.S. Department of Health and Human Services, Health and Service Administration, Maternal and Child Health Bureau. Retrieved May 15, 2011 from <http://www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding/index.cfm>

Centers for Disease Control and Prevention. (2011). *Breastfeeding Report Card- United States, 2010*. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity Prevention. Retrieved May 15, 2011, from <http://www.cdc.gov/breastfeeding/data/reportcard.htm>

Shealy, K., Benton-Davis, S., & Grummer-Strawn, L. M. (2005). *The CDC Guide to Breastfeeding Interventions*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/breastfeeding>

Society for Human Resource Management. (2010). *2010 Employee Benefits Report: Examining Employee Benefits in the Midst of a Recovering Economy* (SHRM No. 978-1-586-44201-9).

United States Breastfeeding Committee. (2002). *Workplace Breastfeeding Support [Issue Paper]*. Raleigh, NC: United States Breastfeeding Committee.

U.S. Department of Health and Human Services (2011). *The Surgeon General's Call to Action to Support Breastfeeding*. U.S. Department of Health and Human Services, Offices of the Surgeon General, Washington, DC.

Appendix 2. Components Recommended in Key Sources

	HRSA ¹	USBC ²	PPACA ³	Sattari Review ⁴	Sattari Study ⁵	Bar-Yam ⁶	WABA - WFW ⁷	South Carolina ⁸	Arizona ⁹	New York ¹⁰	Rhode Island ¹¹	Wisconsin ¹²
Breaks												
May use personal time (breaks and meals)	✓	✓	✓						✓			✓
Additional non-break time		✓										
Flexible time: make up time used as negotiated with supervisor	✓	✓						✓				
Allow time (Details not specified)				✓		✓	✓					
Breaks are paid and counted as working time		✓										
Location												
Private room	✓	✓				✓	✓		✓	✓	✓	✓
Space shielded from view and free from intrusion			✓								✓	
Not a toilet stall or restroom	✓	✓	✓			✓		✓	✓		✓	✓
Near sink with running water	✓	✓							✓	✓		✓
Electrical outlet	✓	✓							✓	✓		✓
Permission to use private office	✓											✓
Sanitary		✓							✓	✓		✓
Comfortable		✓							✓	✓		✓
Space exclusive for breastfeeding		✓										
Create space (Details not specified)		✓		✓	✓							
Room w/ lock									✓			
Equipment												
Provides/subsidizes/rents electric breast pump	✓	✓										

Offers breast pump equipment to partner of male employee	✓										✓	
Employee provides own pump		✓										
Education												
Offers prenatal and postpartum breastfeeding classes or access to										✓		
Lactation provider on call		✓									✓	
Education to employees on importance				✓				✓	✓			✓
Offers prenatal and postpartum breastfeeding information to employees		✓										
Storage												
Cold packs provided		✓										
Refrigerator space		✓										
Small refrigerator espec. For storage of human milk		✓								✓		✓
Storage (Unspecified)					✓							
Maternity Leave												
Part-time return				✓						✓		
Flexible work hours							✓			✓		
Longer leave (unspecified)				✓								
Maximizing potential for paid leave		✓		✓						✓		
Non-clinical duties upon return					✓							
Creative use of vacation days, personal time		✓										
Child Care												
On-site or near-site childcare provided		✓		✓	✓		✓		✓	✓	✓	
Support teleworking		✓										
Support keeping infant with mother during workday		✓								✓		
Policy												
Have formal policy		✓			✓			✓			✓	✓
Policy communicated to all		✓							✓		✓	✓

employees												
Insurance Benefits												
Breastfeeding Equipment (Pump/kit)										✓	✓	
Breastfeeding Services/Lactation Consultant										✓	✓	

1. Carothers C, Hare I. The business case for breastfeeding. Breastfeed Med. 2010 Oct; 5 (5):229-231.
2. U.S. Department of Health and Human Services (2008). The business case for breastfeeding. U.S. Department of Health and Human Services, Health and Service Administration, Maternal and Child Health Bureau. Retrieved May 15, 2011 from <http://www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding/index.cfm>
3. Patient Protection and Affordable Care Act. 2010.
4. Sattari M, Levine D, Serwint JR. Physician Mothers: An Unlikely High Risk Group—Call for Action. Breastfeeding Medicine. 2010 Feb;5 (1):35-39.
5. Sattari M, Levine D, Bertram A, Serwint JR. Breastfeeding intentions of female physicians. Breastfeed Med. 2010 Dec; 5 (6):297-302.
6. Bar-Yam NB. Workplace lactation support, Part II: Working with the workplace. J Hum Lact. 1998 Dec;14(4):321-325.
7. World Alliance Breastfeeding Action: <http://www.waba.org.my/whatwedo/womenandwork/mpckit.htm>
8. South Carolina: <http://scbreastfeedingcoalition.org/employers/sc-mother-friendly-employers/>
9. Arizona <http://www.gobreastmilk.org/>
10. New York State Department of Health: <http://www.health.state.ny.us/community/pregnancy/breastfeeding/>
11. Rhode Island <http://www.health.state.ri.us/awards/breastfeedingfriendly/>
12. Wisconsin: <http://www.dhs.wisconsin.gov/health/nutrition/Breastfeeding/bffriendlycomm.htm>

Appendix 3. Interview Guide for Key Informant Interviews:

Underlying Research Questions:

- *Where does the evidence stand on breastfeeding promotion in workplace stand*
- *What are the recommendations for comprehensive breastfeeding indicators*

Introduction

Thank you again for your willingness to participate in this call and to share your expertise. I was given your name by Dr. Brook Belay, our partner at the CDC, because of your expertise in the field of breastfeeding. NC Prevention Partners is working with the CDC to develop an assessment tool for measuring breastfeeding practices in workplaces as part of a larger comprehensive worksite wellness program. Our current task is to define the most important assessment questions, or indicators, in a voluntary surveillance system to be recommended for all hospitals and other workplaces.

I would like to start our conversation today by asking you about the evidence base for breastfeeding promotion in the workplace.

1. There is a great deal of evidence for why breastfeeding is important for maternal and child health, and that return to work is a common barrier to breastfeeding mothers. We are particularly interested in understanding better how to facilitate breastfeeding in the workplace setting. Can you describe for me your impression of the existence evidence base related to supporting breastfeeding in the workplace?
 - a. Who do you consider the most important researchers addressing this question?
 - b. Are you aware of any articles that describe which elements of workplace policies are most effective?
2. What do you believe to be the most important elements in a worksite policy to encourage and support breastfeeding among employees?
 - a. Which of these would you consider to be evidence-based practices as opposed to best-practices or recommended practices?
3. As I have examined the literature as well as toolkits available by various institutions there are several themes that emerge. I would like to ask you some more specific questions about each one.
 - a. Location
 - i. What do you consider to be the most important elements about the location or physical space provided for a woman to express milk or breastfeed her child?
 - b. Storage
 - i. What do you consider to be the most important elements relating to provisions for storage of human milk?

- c. Equipment
 - i. What do you consider to be the most effective way an employer can support breastfeeding women in regards to the equipment needed for expressing milk?
 - ii. Are there any concerns relating to sanitation if the employer were to provide a pump used by multiple women?
- d. Breaks
 - i. In considering breaks provided to an employee, what would you consider to be the essential elements?
 - ii. How much time is needed for the average woman to breastfeed or express milk during a traditional workday?
 - iii. In your opinion should a policy be written to include specific times (Such as a woman is allowed 2-15 minute breaks) or in more flexible terms that are less explicit?
- e. Maternity leave
 - i. Studies have suggested that the length of maternity leave can affect duration of breastfeeding. Based on the existing evidence, what do you consider best-practices in regards to length of leave and accommodations upon return to work (such as part-time work, or limited duties)
 - ii. Are there types of job duties that would affect a woman's milk supply or ability to express milk? {Ex- hospital environment: heavy lifting, exposure to chemicals/radiation)
- f. Childcare
 - i. For women to breastfeed, as opposed to expressing milk, access to the child during the workday is critical. What practices have been shown to be most effective in the worksite for encouraging mother to infant feeding?
- g. Education: to breastfeeding moms
 - i. What forms of education that an employer could potentially provide (e.g, classes, lactation consultant, and general education to all employees about importance of breastfeeding), are the most evidence based for encouraging expecting mothers or new mothers to breastfeed?
- h. Policy
 - i. Regarding the existence of a formal policy to support breastfeeding, aside from the particular elements that we have been discussing, are there recommendations for how the policy should be communicated to employees?
- i. Insurance benefits

- i. When considering which medical benefits related to breastfeeding are covered by employer based insurance policies, which are the most critical?
(Ex. Equipment and lactation support)
4. In addition to understanding what the best-practices are, we are also interested in tools to help employers implement breastfeeding supportive policies. Can you recommend any examples of work site policies or toolkits for employers that are particularly well done?
5. Thank you for your time today, this information has been very helpful. In any reports that we provide based on our review of the literature and key informant interviews, we would like to acknowledge those who have provided assistance. Can you give me your full name, title, and degrees/certifications you would like us to list?
6. If you think of anything else, or have an additional comment or question don't hesitate to call or e-mail.

Appendix 4: Results from Field Test with Four Hospitals

Question	Answer Choices
Do you ensure reasonable time for employees to breastfeed or express milk?	<p>Hospital 1: An employee may make use of their regular breaks and lunch to breastfeed or express milk</p> <p>Hospital 2: An employee may make use of their regular breaks and lunch to breastfeed or express milk</p> <p>Hospital 3: An employee may make use of their regular breaks and lunch to breastfeed or express milk AND break time is considered paid time, regardless of if the employee goes over allotted break times or not</p> <p>Hospital 4: An employee may make use of their regular breaks and lunch to breastfeed or express milk AND break time is considered paid time, regardless of if the employee goes over allotted break times or not</p>
Do you provide employees with a clean, comfortable and private area in which breastfeeding employees can express their milk or breastfeed at work?	<p>Hospital 1: Yes</p> <p>Hospital 2: No</p> <p>Hospital 3: Yes</p> <p>Hospital 4: Yes</p>
Does your worksite have a written breastfeeding support policy?	<p>Hospital 1: Yes</p> <p>Hospital 2: No</p> <p>Hospital 3: No</p> <p>Hospital 4: Yes</p>
How do you actively communicate this policy to employees? (Check all that apply.)	<p>Hospital 1: Employee policy manual</p> <p>Hospital 2: We do not actively communicate our breastfeeding policies to employees</p> <p>Hospital 3:</p> <p>Hospital 4: -Employee policy manual -New Employee and volunteer orientation -As part of a communication when employees inquire about maternity benefits -Other (newsletter, intranet, email, voicemail, bulletin boards, website, signs, training events, etc.)</p>
Does your worksite offer health insurance benefits or equivalent employee benefits that include	<p>Hospital 1: Yes</p> <p>Hospital 2: Yes</p> <p>Hospital 3: Yes</p>

<p>access to comprehensive lactation support and counseling, by a trained provider in an outpatient setting?</p>	<p>Hospital 4: No</p>
<p>Does your worksite offer health insurance benefits or equivalent employee benefits that include reimbursement for the purchase or rental of an electric breast pump?</p>	<p>Hospital 1: Yes Hospital 2: No Hospital 3: No Hospital 4: No</p>
<p>Does your worksite actively communicate to employees about your health insurance benefits or equivalent employee benefits that support breastfeeding?</p>	<p>Hospital 1: Yes Hospital 2: No Hospital 3: Yes Hospital 4: No</p>
<p>What types of maternity leave are available for female employees? (Check all that apply.)</p>	<p>Hospital 1: We provide between 7 and 12 weeks of unpaid or partially paid maternity leave -We allow creative use of accrued vacation days, personal time, sick days, and holiday pay after childbirth -Instead of exclusive maternity leave we have a short term disability policy that may be used as paid maternity leave Hospital 2: We provide between 7 and 12 weeks of unpaid or partially paid maternity leave -We allow creative use of accrued vacation days, personal time, sick days, and holiday pay after childbirth Hospital 3: We allow creative use of accrued vacation days, personal time, sick days, and holiday pay after childbirth -Instead of exclusive maternity leave we have a short term disability policy that may be used as paid maternity leave Hospital 4: We provide between 7 and 12 weeks of unpaid or partially paid maternity leave -We allow creative use of accrued vacation days, personal time, sick days, and holiday pay after childbirth</p>
<p>Does your workplace support accommodations for a mother to directly breastfeed her child (as</p>	<p>Hospital 1: Yes, we provide access to on-site or near-site childcare Hospital 2: Yes, we provide access to on-site or near-site</p>

opposed to expressing milk) during the work day? (Check all that apply.)

childcare

Hospital 3: Yes, we provide access to on-site or near-site childcare

-Yes, we allow women to have their infant brought to them at work for feeding

Hospital 4: Yes, we allow women to have their infant brought to them at work for feeding

Appendix 5. Sample Resources

Need for Policies and Employer Toolkits:

- Business Case for Breastfeeding, Health Resources Service Administration
 - <http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/>
- Investing in Workplace Breastfeeding Programs and Policies: National Business Group on Health
 - http://www.businessgrouphealth.org/healthtopics/breastfeeding/docs/BF_entire_to_olkit_FINAL.pdf
- Call to Action to Support Breastfeeding, Office of the Surgeon General
 - <http://www.surgeongeneral.gov/topics/breastfeeding/index.html>
- Patient Protection and Affordable Care Act: Fair Labor Standards ACT, US Department of Labor
 - <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>

Additional Resources and Sample Policies

- Wisconsin Department of Health Services
 - http://www.dhs.wisconsin.gov/health/nutrition/Breastfeeding/BF_FriendlyComm/SampleWorksiteBFPolicy.pdf
- Rhode Island Breastfeeding-Friendly Workplace Award
 - <http://www.health.ri.gov/awards/breastfeedingfriendly>
- University of Pennsylvania
 - Breastfeeding Plan:
http://www.hr.upenn.edu/Quality/WorkLife/nursingmothers_plandoc.pdf
 - Sample Policy: <http://www.hr.upenn.edu/Policy/Policies/415.aspx#return>
 - Guidelines for Creating Lactation Areas:
http://www.hr.upenn.edu/Quality/Worklife/nursingspace_setup.pdf
- State Program Highlights, Centers for Disease Control and Prevention
 - www.cdc.gov/obesity/downloads/CDC_BFWorkplaceSupport.pdf
- *Workplace Accommodations checklist, United States Breastfeeding Committee*
 - <http://www.usbreastfeeding.org/Portals/0/Publications/Workplace-Checklist-2002-USBC.pdf>

Notes

ⁱ U.S. Department of Health and Human Services (2011). *The Surgeon General's Call to Action to Support Breastfeeding*. U.S. Department of Health and Human Services, Offices of the Surgeon General, Washington, DC.

ⁱⁱ U.S. Department of Health and Human Services. *Healthy people 2020: The road ahead*. accessed October 31, 2011 at www.healthypeople.gov

ⁱⁱⁱ Bureau of Labor Statistics (2009). *Women in the Labor Force: A Databook*. Bureau of Labor Statistics, accessed October 31, 2011 at <http://www.bls.gov/cps/wlf-intro-2009.htm>

^{iv} United States Department of Labor (2008). *Labor force participation of mothers with infants in 2008* accessed October 31, 2011 at <http://www.bls.gov/opub/ted/2009/may/wk4/art04.htm>

^v U.S. Department of Health and Human Services (2011). *The Surgeon General's Call to Action to Support Breastfeeding*. U.S. Department of Health and Human Services, Offices of the Surgeon General, Washington, DC.

^{vi} **Reasonable time** ensures that employees have adequate time to travel to the designated lactation area, express milk or breastfeed, clean up, and return to their work area. Having a written policy is highly recommended because it ensures that all employees receive equal treatment without exception and the worksite has fully thought through ways to accommodate breastfeeding employees.

^{vii} **A clean, comfortable and private area** ensures that an employee can express milk or breastfeed in an environment that is sanitary (i.e., not a restroom) and protects the employee's privacy. Providing a designated lactation room is highly recommended, though it is reasonable for organizations with few women of child-bearing age to opt for a temporary space

^{viii} **Policies for supporting breastfeeding** in the workplace protect employees from discrimination and ensure several of the following supportive practices for all employees: provision for designated space to breastfeed or express milk, provision of flexible time to breastfeed or express milk, a variety of options for mothers to return to work after childbirth, and health benefits that support lactation such as breast pumps and lactation counseling.

^{ix} **Health insurance benefits:** All eligible employees receive benefits for specific services (for example, medical and dental insurance benefits). A benefit is not dependent on participation in wellness programs or activities.

Equivalent employee benefits: An employer may choose to offer benefits to employees that are not part of a benefits package/plan purchased from a broker or insurance company. For example, if an employer chooses to offer a Vision Benefit or a gym membership to employees, but does not purchase those benefits as part of a health plan.

^x **Paid Maternity Leave** refers to any leave that that grants full customary pay, not including partial forms of wage payment (i.e., 80% of salary).

Maternity Leave: The Family Medical Leave Act entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to twelve work weeks of leave in a 12-month period for reasons including: the birth of a child and to care for the newborn child within one year of birth. (US Department of Labor)

