

# 1 | The Business Case for Breastfeeding Promotion



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## INTRODUCTION TO BREASTFEEDING

### BREAST MILK—MORE THAN JUST FOOD

More than 70% of new mothers now follow their doctor's advice to breastfeed immediately after birth. However, women employed full-time are less likely to initiate breastfeeding and to continue breastfeeding once they return to work. Only 25% of employed women with children under age 1 combine working and breastfeeding for at least a month.<sup>1</sup>

Breastfeeding is an essential part of the overall reproductive cycle for the mother, resulting in faster recovery from pregnancy. A healthy mother means an employee who is absent less often and able to contribute more productively to her workplace. Breastfeeding may also decrease employee absences associated with caring for a sick child since it has important short- and long-term health benefits for both children and women. During the first several months of life, infants who are breastfed exclusively receive stronger protection against infection than those who are not.<sup>2</sup> A longer duration of breastfeeding may also provide a stronger protective effect.

#### Breastfeeding lowers the risk of:<sup>2</sup>

##### Child

- Ear infections
- Respiratory infections
- Dermatitis
- Gastrointestinal disorders
- Asthma (young children)
- Obesity
- Type 1 and 2 Diabetes

##### Mother

- Weight gain
- Maternal postpartum depression
- Cancers (breast, ovarian, endometrial)
- Type 2 Diabetes
- Osteoporosis

The American Academy of Pediatrics (AAP) and the American Association of Family Physicians (AAFP) recommend that

- Babies receive nothing but breast milk for about the first 6 months of life; and
- Mothers continue breastfeeding *at least* until the end of a baby's first year.

### WHY WOMEN NEED TO EXPRESS MILK

Milk production is a constant, ongoing process. Every time the nursing baby consumes milk, the mother's body automatically makes more milk to replace it. The more often the baby feeds, the more milk the mother's body produces. If the baby does not take the milk directly, it must be regularly removed by hand or with an efficient breast pump about as often as the baby usually feeds. This process is called expressing milk. If a baby does not breastfeed and the mother does not express milk, the mother's breasts become overly full and uncomfortable. This can lead to an infection and potentially a drop in her milk supply.

Most women who return to work are able to sustain their milk supply and avoid pressure and discomfort by simply expressing their milk every two to three hours for about 15 minutes per session. After the baby is 6 months old and begins eating solid foods, the number of milk expression breaks usually begins to diminish.

## **WHY EMPLOYERS CARE**

Workplace breastfeeding programs may help to mitigate health care costs, lost productivity and absenteeism by

- Reducing the risk of some short- and long-term health issues for women and children;
- Decreasing employee absences associated with caring for a sick child;
- Promoting an earlier return from maternity leave; and
- Increasing retention of female employees.

### **LOWER HEALTH CARE COSTS**

Breastfeeding can reduce medical costs for mother and child. For every 1,000 babies not breastfed, there are an extra 2,033 physician visits, 212 days in the hospital and 609 prescriptions.<sup>3</sup>

### **LOWER ABSENTEEISM**

One-day absences to care for sick children occur more than twice as often for mothers of formula-feeding infants.<sup>4</sup>

### **KEEPING VALUABLE EMPLOYEES**

Employee turnover is costly for business. Employers are interested in retaining valuable employees, including those who go on maternity leave. Providing family-centered programs to help employees balance family and work commitments can positively impact retention rates, resulting in potential cost savings to the company. A study of multiple companies with lactation support programs found an average retention rate of 94%.<sup>5</sup>

### **POSITIVE PUBLIC RELATIONS**

Company breastfeeding programs may help employers build goodwill within the community. In addition, any recognition given to breastfeeding-friendly worksites can be valuable because it gives businesses a competitive advantage when recruiting and retaining employees.

### **EMPLOYMENT LEGISLATION**

As of the beginning of 2009, more than 40 U.S. states have enacted breastfeeding-related legislation. Currently, 21 states plus the District of Columbia and Puerto Rico have legislation specifying the rights and responsibilities of employers in supporting breastfeeding employees. Most of these laws require that employers provide reasonable time and private accommodations for employees to express milk at the workplace. A 50-state summary of breastfeeding laws is available from the National Conference of State Legislatures (NCSL) at <http://www.ncsl.org/programs/health/breast50.htm>.

## FACTORS THAT INFLUENCE BREASTFEEDING AMONG WORKING WOMEN

Mothers are the fastest-growing segment of the U.S. workforce.<sup>6,7</sup> In the past 20 years, the percentage of new mothers in the workforce has increased by more than 80% to a current level of 60%.<sup>8</sup> One third of working mothers return to work within three months of the birth of their child and two thirds return within six months.<sup>6,7</sup> Only 15% of employers offer paid maternity leave other than short-term disability insurance.<sup>9</sup>

Employment plays a key role in a woman's decisions about infant feeding. A woman's career plans have the most significant impact on both whether she breastfeeds exclusively and for how long she breastfeeds.<sup>10</sup> Working outside the home negatively affects both initiation and duration of breastfeeding.<sup>6,7</sup>

- 60% of women with children under the age of 3 are employed.<sup>8</sup>
- As mentioned earlier, only 25% of employed women with children under age 1 combine working and breastfeeding for at least a month.<sup>1</sup>

### FULL-TIME EMPLOYMENT

Women employed full-time are less likely to initiate breastfeeding and to continue breastfeeding once they return to work.<sup>11</sup>

- Many women choose full-time work due to economic necessity and fringe benefits.<sup>12</sup>
- Mothers planning to work part-time are more likely to initiate breastfeeding<sup>13</sup> and to breastfeed longer,<sup>11, 14</sup> with the longest duration rates associated with part-time employment of less than 20 hours per week.<sup>15</sup>
- Women who are not employed outside the home generally breastfeed at least eight weeks longer than mothers who work full-time.<sup>14</sup>

### ETHNICITY

Although maternal employment is an obstacle to breastfeeding in all ethnic groups, it is a particular concern in the African-American population. African-American women tend to have lower rates of breastfeeding, return to work sooner, and are more likely to work full-time than other population groups.<sup>11, 12, 16-18</sup> The need for worksite support is especially crucial among African-American mothers.<sup>19</sup>

### INCOME

Disadvantaged women with lower income levels appear to have the greatest difficulty combining work and breastfeeding<sup>20</sup> and are often employed in low-wage jobs whose settings make continued breastfeeding difficult.<sup>16</sup> The Welfare Reform Act has led to more women returning to work sooner than they had planned, resulting in significant issues with maintaining breastfeeding.<sup>21</sup>

### MATERNITY LEAVE

A 16-country study found that adequate maternity leave policies might increase breastfeeding sufficiently to prevent one to two neonatal deaths per 2,000 live births.<sup>22</sup> Many women in the United States are not able to take a long maternity leave due to financial pressures. African-American women and women employed in low-wage jobs tend to take shorter maternity leaves.<sup>23, 24</sup>

A 16-week maternity leave is considered ideal for helping mothers establish and maintain a good milk supply,<sup>12</sup> and a leave of at least 6 weeks increases the likelihood that women will initiate breastfeeding compared to those who take a shorter leave.<sup>14</sup>

Although the 1993 Family and Medical Leave Act (FMLA) provides for unpaid maternity leave, many women are not eligible for or do not use this benefit. Only 20% of mothers in the United States meet the eligibility criteria, which include employment in a workplace of more than 50 employees, working more than 24 hours per week, and employment for at least a year of continuous service.<sup>12</sup> Other women choose not to participate in FMLA because they cannot afford to take unpaid leave.

### **ACCOMMODATIONS IN THE WORKPLACE**

There is ample evidence that a supportive work site environment with a private place to express milk and access to a quality breast pump helps women feel more confident in continuing to breastfeed after returning to work,<sup>12</sup> and that lack of accommodations contributes to shorter breastfeeding duration.<sup>25</sup> Women who do not express milk regularly experience a drop in milk supply that leads to early weaning.<sup>26</sup>

## REFERENCES

1. Zinn B. Supporting the employed breastfeeding mother. *Journal of Midwifery and Women's Health*. 2000;145(3):216-226.
2. Department of Health and Human Services, Office on Women's Health. *HHS Blueprint for Action on Breastfeeding*. Washington, DC: Office on Women's Health; 2000.
3. Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics*. 1999;103(4):870-876.
4. Cohen R, Mrtek MB, Mrtek RG. Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. *American Journal of Health Promotion*. 1995;10(2):148-153.
5. Ortiz J, McGilligan K, Kelly P. Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatric Nursing*. 2004;30(2):111-119.
6. United States Breastfeeding Committee. *Workplace breastfeeding support*. Raleigh, NC: United States Breastfeeding Committee; 2002.
7. Biagioli F. Returning to work while breastfeeding. *American Family Physician*. 2003;68(11):2201-2208.
8. U.S. Department of Labor Women's Bureau. Employment status of women and men in 2008. Available at: [http://www.dol.gov/wb/factsheets/Qf-ESWMo8\\_txt.htm](http://www.dol.gov/wb/factsheets/Qf-ESWMo8_txt.htm). Accessed May 15, 2009.
9. Society for Human Resource Management. *2008 Benefits Survey Report*. Available at: <http://www.shrm.org/>. Accessed April 17, 2009.
10. McKinley N, Hyde J. Personal attitudes or structural factors? A contextual analysis of breastfeeding duration. *Psychology of Women Quarterly*. 2004;28:388-399.
11. Ryan AS. The resurgence of breastfeeding in the United States. *Pediatrics*. 1997;99(4):e12.
12. Galtry J. Lactation and the labor market: breastfeeding, labor market changes, and public policy in the United States. *Health Care Women Int*. 1997 Sep-Oct;18(5):467-80.
13. Scott JA, Landers MC, Hughes RM, Binns CW. Factors associated with breastfeeding at discharge and duration of breastfeeding. *Journal of Paediatrics and Child Health*. 2001;37(3):254-261.
14. Fein SB, Roe B. The effect of work status on initiation and duration of breast-feeding. *Am J Public Health*. 1998;88(7):1042-1046.
15. Gielen AC, Faden RR, O'Campo P, Brown CH, Paige DM. Maternal employment during the early postpartum period: Effects on initiation and continuation of breast-feeding. *Pediatrics*. 1991;87(3):298-305.
16. Cricco-Lizza R. The milk of human kindness: Environmental and human interactions in a WIC clinic that influence infant-feeding decisions of Black women. *Qual Health Res*. 2005;15(4):525-538.
17. Caulfield L, Gross S, Bentley M, et al. WIC-based interventions to promote breastfeeding among African-American women in Baltimore: effects on breastfeeding initiation and continuation. *Journal of Human Lactation*. 1998;14(1):15-22.
18. Klerman J, Leibowitz A. Job continuity among new mothers. *Demography*. 1999;36(2):145-155.
19. Hermann M. Encouraging breastfeeding among African Americans. *Journal of the American Dietetic Association*. 2001;101(11):8.
20. Kimbro RT. On the job moms: work and breastfeeding initiation and duration for a sample of low-income women. *Maternal Child Health Journal*. 2006;10(1):19-26.
21. Haider SJ, Jacknowitz A, Schoeni RF. Welfare work requirements and child well-being: evidence from the effects on breast-feeding. *Demography*. 2003 Aug;40(3):479-97.
22. Ruhm C. Parental leave and child health. *Journal of Health Economics*. 2000;19(6):931-960.
23. Anderson D, Shapiro D. Racial differences in access to high-paying jobs and the wage gap between black and white women. *Industrial and Labor Relations Review*. 1996;49(2):273-286.
24. Nichols L. Then comes the baby in the baby carriage: the economic resource use of new mothers. *Abstracts International*. 2001;61(7):2925-A.
25. Corbett-Dick P, Bezek SK. Breastfeeding promotion for the employed mother. *J Pediatr Health Care*. 1997 Jan-Feb;11(1):12-9.
26. Arora S. et al. Major factors influencing breastfeeding rates: mother's perception of father's attitude and milk supply. *Pediatrics*. 2000;106(5):e67.