

7 | Other Ways to Support Breastfeeding Women



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Health benefits can be structured to support breastfeeding in several ways.

COUNSELING TO PROMOTE BREASTFEEDING

The United States Preventive Services Taskforce (USPSTF), the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) all recommend that clinicians counsel women on the importance of breastfeeding during routine prenatal and postpartum care.

The National Business Group on Health recommends that employers provide coverage for primary care counseling as well as counseling provided by International Board Certified Lactation Consultants (IBCLCs). (For more information, please see the National Business Group on Health’s *Investing in Maternal and Child Health: An Employer’s Toolkit*—http://www.businessgrouphealth.org/benefitsttopics/et_maternal.cfm. Prenatal counseling and support is important in encouraging women to initiate breastfeeding; postpartum support is essential in encouraging women to continue breastfeeding their infants.

SUMMARY PLAN DESCRIPTION LANGUAGE: BREASTFEEDING COUNSELING	
Covered Counseling	Structured breastfeeding education and behavioral counseling is a covered benefit for all pregnant and lactating women. Counseling may be provided in an office setting, during hospitalization for labor/delivery, or in the patient’s home after the birth of her child.
Initiation, Cessation and Interval	Counseling to promote breastfeeding initiation and continuation is a covered benefit for all pregnant and lactating women. There is no maximum number of sessions, provided that the care is medically necessary.

Source: Campbell KP, Lanza A, Dixon R, Chattopadhyay S, Molinari N, Finch RA, editors. *A Purchaser’s Guide to Clinical Preventive Services: Moving Science into Coverage*. Washington, DC: National Business Group on Health; 2006.

BREAST PUMPS

In addition to providing coverage for lactation counseling and support, employers should also consider covering breast pumps as durable medical equipment (DME). Breast pumps allow women to pump and save their milk when they are separated from their infants. The National Business Group on Health recommends that employers provide all women with one-time coverage of a hospital-grade breast pump.

BANKED BREAST MILK

A small minority of infants may not be able to breastfeed due to complications such as extreme prematurity. Also, some mothers may not be able to provide their own breast milk due to physical limitations or other complications. But infants who cannot take their own mother’s milk can still benefit from breast milk.

Employers should consider covering banked breast milk for specific medical conditions and situations. Banked breast milk is milk that is donated by lactating women, sterilized, processed and

stored for use by other infants. While banked breast milk is appropriate only for a small minority of infants, it can have a dramatic impact on their short- and long-term health outcomes. Preterm infants who do not receive breast milk are at an increased risk for costly health problems such as necrotizing enterocolitis (a gastrointestinal disease) and sepsis. Both necrotizing enterocolitis and sepsis can mean extra days in the neonatal intensive care unit (NICU). The incremental costs of not feeding preterm infants human milk in the NICU are estimated at \$9,669 per infant, even when the costs of alternate forms of nutrition are included.¹ Thus, banked breast milk is an important health care benefit to consider providing

BABY-FRIENDLY HOSPITALS

“Baby-friendly” is a designation awarded by the World Health Organization and the United Nations Children’s Fund to hospitals worldwide that follow the “Ten Steps to Successful Breastfeeding.” Baby-friendly hospitals encourage and support breastfeeding by allowing mothers and babies to room together and by refusing to provide formula samples, advertisements or coupons to pregnant and postpartum women.

Women who do not initiate breastfeeding within the first few days after birth are unlikely to breastfeed their infants at all. In fact, the first few hours after birth are extraordinarily important for breastfeeding, since infants and mothers must learn together how to effectively attach and suckle. Hospital policies and procedures have a significant impact on whether mothers feel encouraged to begin breastfeeding. Babies born at baby-friendly hospitals are more likely to be breastfed because their mothers have access to nurses and lactation consultants, they are not fed formula unless there is a medical indication, and their parents do not receive incentives to formula feed such as free formula samples. Currently there are 77 baby-friendly hospitals in the United States.²

Employers have opportunities to encourage their employees to select a baby-friendly hospital. Here are some examples:

- Provide pregnant employees with a list of baby-friendly hospitals in their area. If there is no baby-friendly hospital within a reasonable distance of the woman’s home, provide information directly to her on the importance of breastfeeding and on what a new mother can do to ensure that she receives the breastfeeding support she needs while in the hospital.
- Reduce or eliminate maternity or inpatient co-pays/co-insurance for health plan beneficiaries who select a baby-friendly hospital as their maternity center.
- Provide cash or material incentives (e.g., a baby car seat) to employees who opt to give birth in a baby-friendly hospital.

Leave policies can also help support breastfeeding.

DISABILITY MANAGEMENT

In the United States, normal pregnancy is the cause of 21% of all short-term disability (STD) claims, and “pregnancy complications” (as a group of conditions) are the cause of 12% of long-term disability claims.³ Women on pregnancy-related disability, whether during the prenatal period or the postpartum period, should be sent educational materials on the importance of breastfeeding and information on breastfeeding support available in the workplace. Pregnant/postpartum women on disability should have regular contact with a case manager and should be receiving other health

education materials. Adding information on breastfeeding is a simple step that can have a dramatic impact on the health of women and their babies.

MATERNITY LEAVE

When women are on maternity leave, Family Medical Leave Act (FMLA) or another type of leave during the postpartum period, it is important that they receive information about breastfeeding support available at work. Women who work outside the home may be less likely to continue breastfeeding or to breastfeed exclusively. One reason for this is the perceived difficulty of combining work with breastfeeding: women with short or unpaid maternity leaves, or women who simply wish to return to the workforce as early as possible, may choose not to initiate breastfeeding at all because they believe it will be difficult or impossible to continue once they return to work. Simple and concise education materials, such as those provided in sections 8 and 9, can be sent to women while they are on leave. These materials should reinforce the importance of breastfeeding and explain the facilities and policies available in the workplace to support breastfeeding.

FLEXIBLE WORK ARRANGEMENTS

On-site childcare

On-site childcare, whether operated by the employer or a separate company, can facilitate breastfeeding.

Bring baby to work option

Some employers, especially those whose employees typically have private offices, allow women with young babies to bring them to work one or more days per week. While age limits vary, most employers with “bring-your-baby-to-work” policies allow women to bring infants younger than about 6 months. Under these policies, women are encouraged to breastfeed their babies directly in the privacy of their own offices. Babies under 6 months old are typically immobile (they don’t crawl or climb) and are less distracting (to their mothers and to other employees) than older infants.

Many women find it easier or more beneficial to directly breastfeed their infants rather than use a breast pump. Therefore, on-site childcare facilities and bring-your-baby-to-work programs have some advantages.

SUMMARY

Because women have different needs and preferences, it is important to provide a wide array of breastfeeding options. Employers who are not able to provide the full suite of on-site breastfeeding programs (e.g., nursing mothers’ room, lactation consultation services, education, etc.) should consider providing robust health care benefits such as those described above. These benefits can help employees initiate and sustain breastfeeding.

REFERENCES

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3. Unum. *Cancer remains top cause of Unum’s disability claims; research finds supportive workplace can aid recovery, May 1, 2008*. Available at: <http://www.unum.com>. Accessed July 23, 2008.