Assembly Hearing Slip

(Please print plainly)

Date: 2/16/00

Bill No. AB 556
Or Subject Breastfeeding - workplace support

Anne Altshuler
(Name)

5318 Burnett Drive
(Street Address or Route Number)

Madison, WI 53705-4610
(City & Zip Code)

myself
(Representing)

Speaking *in favor:*	☑
Speaking *against:*	☐
Registering *in favor:*	☑
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☐

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

Assembly Hearing Slip

(Please print plainly)

Date: 2/16/00

Bill No. AB556
Or Subject

Rep. Jeff Plale
(Name)

Room 107-N State Cap.
(Street Address or Route Number)

Madison, WI 53708
(City & Zip Code)

Self
(Representing)

Speaking *in favor:*	☒
Speaking *against:*	☐
Registering *in favor:*	☐
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☐

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

Assembly Hearing Slip

(Please print plainly)

Date: 2-16-00

Bill No. 556
Or Subject Breastfeeding in the Workplace

Janet Braun
(Name)

3757 Lance Lane
(Street Address or Route Number)

Madison, WI 53718
(City & Zip Code)

Breastfeeding Families
(Representing)

Speaking *in favor:*	☑
Speaking *against:*	☐
Registering *in favor:*	☐
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☐

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

Assembly Hearing Slip

(Please print plainly)

Date: 2-16-2000

Bill No. 556
Or
Subject

Sue Morrison
(Name)

13 Hollybrook Ct
(Street Address or Route Number)

Madison, WI 53716
(City & Zip Code)

~~Sue M.~~ Self
(Representing)

Speaking *in favor:*	☒
Speaking *against:*	☐
Registering *in favor:*	☒
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☐

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

Assembly Hearing Slip

(Please print plainly)

Date: 2-16-00

Bill No. AB 556
Or
Subject

Liz Nelson
(Name)

202 S. Park St
(Street Address or Route Number)

Madison, WI 53715
(City & Zip Code)

Meriter Hospital
(Representing)

Speaking *in favor:*	☐
Speaking *against:*	☐
Registering *in favor:*	☐
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☑

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

Assembly Hearing Slip

(Please print plainly)

Date: FEBRUARY

Bill No. AB - 556
Or
Subject BUSINESS MILK BUSINESS TAX CREDIT

TRYG KNUTSON
(Name)

ROOM 20 SOUTH, STATE CAPITOL
(Street Address or Route Number)

MADISON, WI 53702
(City & Zip Code)

STATE SENATOR JON ERPENBACH
(Representing)

Speaking *in favor:*	☐
Speaking *against:*	☐
Registering *in favor:*	☒
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☐

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

Assembly Hearing Slip

(Please print plainly)

Date: 2-16-00

Bill No. AB554
Or
Subject

Julie Olson
(Name)

3301 Brighton PL
(Street Address or Route Number)

Madison, Wi 53713
(City & Zip Code)

(Representing)

Speaking *In favor:*	☐
Speaking *against:*	☐
Registering *In favor:*	☒
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☐

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

Assembly Hearing Slip

(Please print plainly)

Date: Feb. 16, 2000

Bill No. AB 556
Or
Subject

Todd Van Fossan
(Name)

202 S. Park St.
(Street Address or Route Number)

Madison 53715
(City & Zip Code)

Martin Management Services
(Representing)

Speaking *In favor:*	☐
Speaking *against:*	☐
Registering *In favor:*	☒
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☐

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

Assembly Hearing Slip

(Please print plainly)

Date: 2/16/00

Bill No. AB 556
Or
Subject

Debra Prine
(Name)

5605 Groveland Terr.
(Street Address or Route Number)

Madison, WI 53716
(City & Zip Code)

(Representing)

Speaking *In favor:*	☐
Speaking *against:*	☐
Registering *In favor:*	☒
Registering *against:*	☐
Speaking for *information only;* Neither for nor against:	☐

Please return this slip to a messenger promptly.

Assembly Sergeant at Arms
Room 411 West
State Capitol
Madison, WI 53702

AB556

LRB-2621/1
JK::jlg::km

1999 - 2000 LEGISLATURE

1999 ASSEMBLY BILL 556

October 25, 1999 - Introduced by Representatives Plale, Jeskewitz, Schooff, Musser, Wasserman, Cullen, Staskunas, Bock, Sinicki, Miller, Riley, Hahn, Colon, Pettis, Boyle and F. Lasee, cosponsored by Senators Erpenbach, Rosenzweig, Moore, Roessler, Zien, Panzer, Darling and Huelsman. Referred to Committee on Ways and Means.

Pg1Ln1 **An Act** to amend 71.05 (6) (a) 15., 71.08 (1) (intro.), 71.10 (4) (i), 71.21 (4), 71.26
Pg1Ln2 (2) (a), 71.30 (3) (f), 71.34 (1) (g), 71.45 (2) (a) 10., 71.49 (1) (f) and 77.92 (4); and
Pg1Ln3 to create 71.07 (5d), 71.28 (5d) and 71.47 (5d) of the statutes; relating to: an
Pg1Ln4 income and franchise tax credit for a business that constructs or equips a
Pg1Ln5 facility for its employes to pump and store breast milk.

Analysis by the Legislative Reference Bureau

AB556

This bill creates an income tax and franchise tax credit for businesses that construct or equip a facility for an employe to pump and store breast milk during the employe's working hours. Sole proprietorships, corporations and insurers may claim the credit. Partnerships, limited liability companies and tax-option corporations compute the credit but pass it on to the partners, members and shareholders in proportion to their ownership interests.

AB556

The credit is an amount equal to 50% of the amount paid or incurred by a business to construct or equip a facility for an employe to pump and store breast milk during the employe's working hours. The credit may not exceed $10,000 in a taxable year. If the credit claimed by a business exceeds the business' tax liability, the state will not issue a refund check, but the business may carry forward any remaining credit to subsequent taxable years.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

AB556, s. 1 

Pg2Ln1 **Section 1.** 71.05 (6) (a) 15. of the statutes is amended to read:

AB556, s. 1 - continued 

Pg2Ln2 71.05 (6) (a) 15. The amount of the credits computed under s. 71.07 (2dd), (2de),
Pg2Ln3 (2di), (2dj), (2dL), (2dr), (2ds), (2dx) ~~and~~, (3s) and (5d) and not passed through by a
Pg2Ln4 partnership, limited liability company or tax-option corporation that has added that
Pg2Ln5 amount to the partnership's, company's or tax-option corporation's income under s.
Pg2Ln6 71.21 (4) or 71.34 (1) (g).

AB556, s. 2 

Pg2Ln7 **Section 2.** 71.07 (5d) of the statutes is created to read:

AB556, s. 2 - continued 

Pg2Ln8 71.07 (5d) **Breast-milk facility credit.** (a) In this subsection:

AB556, s. 2 - continued 

Pg2Ln9 1. "Breast-milk facility" means a private location that has a clean water source,
Pg2Ln10 a sink and equipment for the pumping and storage of breast milk, and is used
Pg2Ln11 exclusively by a claimant's employes to pump and store breast milk during the
Pg2Ln12 employes' working hours.

AB556, s. 2 - continued 

Pg2Ln13 2. "Claimant" means a person who files a claim under this subsection.

AB556, s. 2 - continued 

Pg2Ln14 (b) A claimant may claim as a credit against the tax imposed under s. 71.02 an
Pg2Ln15 amount equal to 50% of the amount paid or incurred by the claimant to construct or
Pg2Ln16 equip a breast-milk facility, except that the credit shall not exceed $10,000 in a
Pg2Ln17 taxable year.

AB556, s. 2 - continued 

Pg2Ln18 (c) The carry-over provisions of s. 71.28 (4) (e) and (f), as they apply to the credit
Pg2Ln19 under s. 71.28 (4), apply to the credit under this subsection.

AB556, s. 2 - continued

Pg2Ln20 (d) Partnerships, limited liability companies and tax-option corporations may
Pg2Ln21 not claim the credit under this subsection, but the eligibility for, and the amount of,
Pg3Ln1 the credit are based on the amount paid or incurred under par. (b). A partnership,
Pg3Ln2 limited liability company or tax-option corporation shall compute the amount of
Pg3Ln3 credit that each of its partners, members or shareholders may claim and shall
Pg3Ln4 provide that information to each of them. Partners, members of limited liability
Pg3Ln5 companies and shareholders of tax-option corporations may claim the credit in
Pg3Ln6 proportion to their ownership interest.

AB556, s. 2 - continued

Pg3Ln7 (e) Section 71.28 (4) (g) and (h), as it applies to the credit under s. 71.28 (4),
Pg3Ln8 applies to the credit under this subsection.

AB556, s. 3

Pg3Ln9 **Section 3.** 71.08 (1) (intro.) of the statutes is amended to read:

AB556, s. 3 - continued

Pg3Ln10 71.08 (1) **Imposition.** (intro.) If the tax imposed on a natural person, married
Pg3Ln11 couple filing jointly, trust or estate under s. 71.02, not considering the credits under
Pg3Ln12 ss. 71.07 (1), (2dd), (2de), (2di), (2dj), (2dL), (2dr), (2ds), (2dx), (2fd), (3m), (3s), (5d),
Pg3Ln13 (6) and (9e), 71.28 (1dd), (1de), (1di), (1dj), (1dL), (1ds), (1dx), (1fd), (2m) ~~and~~, (3) and
Pg3Ln14 (5d) and 71.47 (1dd), (1de), (1di), (1dj), (1dL), (1ds), (1dx), (1fd), (2m) ~~and~~, (3) and (5d)
Pg3Ln15 and subchs. VIII and IX and payments to other states under s. 71.07 (7), is less than
Pg3Ln16 the tax under this section, there is imposed on that natural person, married couple
Pg3Ln17 filing jointly, trust or estate, instead of the tax under s. 71.02, an alternative
Pg3Ln18 minimum tax computed as follows:

AB556, s. 4

Pg3Ln19 **Section 4.** 71.10 (4) (i) of the statutes is amended to read:

AB556, s. 4 - continued

Pg3Ln20 71.10 (4) (i) The total of claim of right credit under s. 71.07 (1), farmland
Pg3Ln21 preservation credit under subch. IX, homestead credit under subch. VIII, farmland
Pg3Ln22 tax relief credit under s. 71.07 (3m), farmers' drought property tax credit under s.
Pg3Ln23 71.07 (2fd), breast-milk facility credit under s. 71.07 (5d), earned income tax credit
Pg3Ln24 under s. 71.07 (9e), estimated tax payments under s. 71.09, and taxes withheld under
Pg3Ln25 subch. X.

AB556, s. 5

Pg4Ln1 **Section 5.** 71.21 (4) of the statutes is amended to read:

AB556, s. 5 - continued 

Pg4Ln2 71.21 (4) Credits computed by a partnership under s. 71.07 (2dd), (2de), (2di),
Pg4Ln3 (2dj), (2dL), (2ds), (2dx) ~~and,~~ (3s) and (5d) and passed through to partners shall be
Pg4Ln4 added to the partnership's income.

AB556, s. 6 

Pg4Ln5 **Section 6.** 71.26 (2) (a) of the statutes is amended to read:

AB556, s. 6 - continued 

Pg4Ln6 71.26 (2) (a) Corporations in general. The "net income" of a corporation means
Pg4Ln7 the gross income as computed under the internal revenue code as modified under
Pg4Ln8 sub. (3) minus the amount of recapture under s. 71.28 (1di) plus the amount of credit
Pg4Ln9 computed under s. 71.28 (1) and (3) to (5) plus the amount of the credit computed
Pg4Ln10 under s. 71.28 (1dd), (1de), (1di), (1dj), (1dL), (1ds) ~~and,~~ (1dx) and (5d) and not passed
Pg4Ln11 through by a partnership, limited liability company or tax-option corporation that
Pg4Ln12 has added that amount to the partnership's, limited liability company's or tax-option
Pg4Ln13 corporation's income under s. 71.21 (4) or 71.34 (1) (g) plus the amount of losses from
Pg4Ln14 the sale or other disposition of assets the gain from which would be wholly exempt
Pg4Ln15 income, as defined in sub. (3) (L), if the assets were sold or otherwise disposed of at
Pg4Ln16 a gain and minus deductions, as computed under the internal revenue code as
Pg4Ln17 modified under sub. (3), plus or minus, as appropriate, an amount equal to the
Pg4Ln18 difference between the federal basis and Wisconsin basis of any asset sold,
Pg4Ln19 exchanged, abandoned or otherwise disposed of in a taxable transaction during the
Pg4Ln20 taxable year, except as provided in par. (b) and s. 71.45 (2) and (5).

AB556, s. 7 

Pg4Ln21 **Section 7.** 71.28 (5d) of the statutes is created to read:

AB556, s. 7 - continued 

Pg4Ln22 71.28 (5d) **Breast-milk facility credit.** (a) In this subsection:

AB556, s. 7 - continued 

Pg4Ln23 1. "Breast-milk facility" means a private location that has a clean water source,
Pg4Ln24 a sink and equipment for the pumping and storage of breast milk, and is used
Pg5Ln1 exclusively by a claimant's employes to pump and store breast milk during the
Pg5Ln2 employes' working hours.

AB556, s. 7 - continued 

Pg5Ln3 2. "Claimant" means a person who files a claim under this subsection.

AB556, s. 7 - continued

(b) A claimant may claim as a credit against the tax imposed under s. 71.23 an amount equal to 50% of the amount paid or incurred by the claimant to construct or equip a breast-milk facility, except that the credit shall not exceed $10,000 in a taxable year.

AB556, s. 7 - continued

(c) The carry-over provisions of sub. (4) (e) and (f), as they apply to the credit under sub. (4), apply to the credit under this subsection.

AB556, s. 7 - continued

(d) Partnerships, limited liability companies and tax-option corporations may not claim the credit under this subsection, but the eligibility for, and the amount of, the credit are based on the amount paid or incurred under par. (b). A partnership, limited liability company or tax-option corporation shall compute the amount of credit that each of its partners, members or shareholders may claim and shall provide that information to each of them. Partners, members of limited liability companies and shareholders of tax-option corporations may claim the credit in proportion to their ownership interest.

AB556, s. 7 - continued

(e) Subsection (4) (g) and (h), as it applies to the credit under sub. (4), applies to the credit under this subsection.

AB556, s. 8

Section 8. 71.30 (3) (f) of the statutes is amended to read:

AB556, s. 8 - continued

71.30 (3) (f) The total of farmers' drought property tax credit under s. 71.28 (1fd), farmland preservation credit under subch. IX, farmland tax relief credit under s. 71.28 (2m), breast-milk facility credit under s. 71.28 (5d) and estimated tax payments under s. 71.29.

AB556, s. 9

Section 9. 71.34 (1) (g) of the statutes is amended to read:

AB556, s. 9 - continued

71.34 (1) (g) An addition shall be made for credits computed by a tax-option corporation under s. 71.28 (1dd), (1de), (1di), (1dj), (1dL), (1ds), (1dx) ~~and,~~ (3) and (5d) and passed through to shareholders.

AB556, s. 10

Pg6Ln4 **Section 10**. 71.45 (2) (a) 10. of the statutes is amended to read:

AB556, s. 10 - continued

Pg6Ln5 71.45 (2) (a) 10. By adding to federal taxable income the amount of credit
Pg6Ln6 computed under s. 71.47 (1dd) to (1dx) and (5d) and not passed through by a
Pg6Ln7 partnership, limited liability company or tax-option corporation that has added that
Pg6Ln8 amount to the partnership's, limited liability company's or tax-option corporation's
Pg6Ln9 income under s. 71.21 (4) or 71.34 (1) (g) and the amount of credit computed under
Pg6Ln10 s. 71.47 (1), (3), (4) and (5).

AB556, s. 11

Pg6Ln11 **Section 11**. 71.47 (5d) of the statutes is created to read:

AB556, s. 11 - continued

Pg6Ln12 71.47 (5d) **Breast-milk facility credit.** (a) In this subsection:

AB556, s. 11 - continued

Pg6Ln13 1. "Breast-milk facility" means a private location that has a clean water source,
Pg6Ln14 a sink and equipment for the pumping and storage of breast milk, and is used
Pg6Ln15 exclusively by a claimant's employes to pump and store breast milk during the
Pg6Ln16 employes' working hours.

AB556, s. 11 - continued

Pg6Ln17 2. "Claimant" means a person who files a claim under this subsection.

AB556, s. 11 - continued

Pg6Ln18 (b) A claimant may claim as a credit against the tax imposed under s. 71.43 an
Pg6Ln19 amount equal to 50% of the amount paid or incurred by the claimant to construct or
Pg6Ln20 equip a breast-milk facility, except that the credit shall not exceed $10,000 in a
Pg6Ln21 taxable year.

AB556, s. 11 - continued

Pg6Ln22 (c) The carry-over provisions of s. 71.28 (4) (e) and (f), as they apply to the credit
Pg6Ln23 under s. 71.28 (4), apply to the credit under this subsection.

AB556, s. 11 - continued

Pg6Ln24 (d) Partnerships, limited liability companies and tax-option corporations may
Pg6Ln25 not claim the credit under this subsection, but the eligibility for, and the amount of,
Pg7Ln1 the credit are based on the amount paid or incurred under par. (b). A partnership,

Pg7Ln2 limited liability company or tax-option corporation shall compute the amount of
Pg7Ln3 credit that each of its partners, members or shareholders may claim and shall
Pg7Ln4 provide that information to each of them. Partners, members of limited liability
Pg7Ln5 companies and shareholders of tax-option corporations may claim the credit in
Pg7Ln6 proportion to their ownership interest.

AB556, s. 11 - continued

Pg7Ln7 (e) Section 71.28 (4) (g) and (h), as it applies to the credit under s. 71.28 (4),
Pg7Ln8 applies to the credit under this subsection.

AB556, s. 12

Pg7Ln9 **Section 12.** 71.49 (1) (f) of the statutes is amended to read:

AB556, s. 12 - continued

Pg7Ln10 71.49 (1) (f) The total of farmers' drought property tax credit under s. 71.47
Pg7Ln11 (1fd), farmland preservation credit under subch. IX, farmland tax relief credit under
Pg7Ln12 s. 71.47 (2m), breast-milk facility credit under s. 71.47 (5d) and estimated tax
Pg7Ln13 payments under s. 71.48.

AB556, s. 13

Pg7Ln14 **Section 13.** 77.92 (4) of the statutes is amended to read:

AB556, s. 13 - continued

Pg7Ln15 77.92 (4) "Net business income", with respect to a partnership, means taxable
Pg7Ln16 income as calculated under section 703 of the internal revenue code; plus the items
Pg7Ln17 of income and gain under section 702 of the internal revenue code; minus the items
Pg7Ln18 of loss and deduction under section 702 of the internal revenue code; plus payments
Pg7Ln19 treated as not made to partners under section 707 (a) of the internal revenue code;
Pg7Ln20 plus the credits claimed under s. 71.07 (2dd), (2de), (2di), (2dj), (2dL), (2dr), (2ds),
Pg7Ln21 (2dx) ~~and,~~ (3s) and (5d); but excluding income, gain, loss and deductions from
Pg7Ln22 farming. "Net business income", with respect to a natural person, estate or trust,
Pg7Ln23 means profit from a trade or business for federal income tax purposes and includes
Pg7Ln24 net income derived as an employe as defined in section 3121 (d) (3) of the internal
Pg7Ln25 revenue code.

AB556, s. 14

Pg8Ln1 **Section 14.** Initial applicability.

AB556, s. 14 - continued

Pg8Ln2 (1) **Breast-milk facility credit.** This act first applies to taxable years
Pg8Ln3 beginning on January 1 of the year in which this subsection takes effect, except that

Pg8Ln4 if this subsection takes effect after July 31 this act first applies to taxable years
Pg8Ln5 beginning on January 1 of the year after the year in which this subsection takes
Pg8Ln6 effect.
Pg8Ln7

(End)

NEWS RELEASE

For Release: Tuesday, August 25, 1998
Contact: Jon Sender
(608) 267-5612, (608) 550-2969 (pager)

Business Survey Released

Madison, WI — The Madison Breastfeeding Promotion Network on Tuesday released the results of its survey of Dane County's largest employers. The survey measures the level and kind of maternity and breastfeeding benefits being offered to employees.

Janet Braun, speaking on behalf of the Madison Breastfeeding Promotion Network, said, "We find that employers for the most part offer a good range of benefits to their workers. Many are in position to offer some form of breastfeeding benefits."

"The fastest growing segment of today's labor force is mothers of infants and young children. Helping these women continue breastfeeding after they return to the worksite can result in less employee turnover, faster return from maternity leave, less employee absenteeism, reduced overtime or temporary worker costs and lower utilization of employee health care benefits," Braun said.

Dr. Anne Eglash, a Family Physician and Certified Lactation Consultant with UW Health-Physicians Plus, said, "The challenges are to encourage all women to begin breastfeeding and to continue breastfeeding longer. In addition, we can strive to make women more aware of the ways that they can continue to breastfeed after returning to work, as well as to help them become more confident in accessing various employee benefits. We should also educate employers to the economic benefits in supporting their breastfeeding employees."

The survey results were released at CUNA Mutual Group which has in recent years provided electric breast pumps and private rooms to its employees who choose to continue to nurse upon returning to work.

Dr. Eglash encouraged businesses to reach out to organizations like the Madison Breastfeeding Promotion Network. She noted that electric breast pumps cost less than $600 and can be used by many different women. Additional information on how businesses can establish breast feeding support services to their employees is available at 608-845-7269.

The survey, conducted in July, was prompted in part by guidelines released by the American Academy of Pediatrics (AAP). The AAP guidelines announced in December, citing overwhelming medical evidence, state that infants ideally should be nursed for at least one year.

The survey consists of 29 respondents drawn from a sample of Dane County's 50 largest employers, including state and local government. Nearly 45% of the responses came from the private sector. The remainder, about 55%, reflect benefits offered by the public sector. The government responses came from school districts and state and local divisions.

Virtually all the respondents offer some kind of maternity care as part of their insurance coverage. Most employers offer at least 3 months of maternity leave (nearly 60%) and about 30% offer their employees extended leave greater than that.

Interestingly, many employers offer flexible scheduling options to their employees. Nearly 90% reported that they allow their employees to take flexible breaks, 65% permit some kind of job sharing, 79% offer flex-time and just under 90% offer part time scheduling options.

A small number of employers offer on-site child care -- about 21%. It was encouraging to find about 44% said that there was private space available for women to express (or pump) their breast milk other than a bathroom. Over two-thirds of the employers said that they could provide a refrigerator to store their breast milk.

A small number of employers provide an electric breast pump for women to use. However, that number would likely improve if employers knew that it costs less than $600 to purchase an electric breast pump that many women could use.

Over two-thirds of the employers reported that their female employees continued to breastfeed after returning to work. A third of the respondents feature health plans that offer some lactation counseling services.

Not surprisingly, government offers its employees a larger range of benefits than the private sector.

The benefits of nursing for infants, according to the research, include a lower rate of respiratory infections and a decrease in cases of diarrhea, ear infections, bacterial meningitis, botulism, urinary tract infections and other illnesses. Women who breastfeed have a lower risk of premenopausal breast cancer, a decreased risk of anemia and improved spacing between pregnancies. Other studies show that when women breastfeed they are more productive on the job, tend to worry less about the baby and miss less work due to illness for themselves or the baby.

###

The Madison Breastfeeding Promotion Network is conducting a survey of businesses to gather information on policies relating to breastfeeding mothers. Your cooperation in filling out this survey is greatly appreciated.

1. What is the name and mailing address of your company?

_____

_____

2. Is your business in the public or private sector?

Private	45%
Public	55

3. What is your job title? _____

4. How long have you been in your current position? _____

5. Approximately, how many people does your company employ in Dane County?

More than 1000	30%
Between 101-1000	55
100 or less	15

6. Approximately how many females does your company employ in Dane County?

More than 1000	27%
Between 101-100	50
100 or less	23

7. Approximately how many of your female employees gave birth in 1997?

Less than 50	96%
More than 50	4

8. Is maternity care provided as part of your insurance coverage?

[ ] No	4%
[ ] Yes	96

9. What is the maximum number of weeks of maternity leave an employee can take at one time?

More than 52	4%
Between 13 & 52	30
12 or less	66

10. How many paid weeks of maternity leave can an employee take?

More than 52	4%
Between 13 & 52	7
12 or less	89

11. How many weeks of unpaid maternity leave can an employee take?

More than 52	4%
Between 13 & 52	35
12 or less	61

16. Does your company allow any of the following schedule options? (check all that apply)

[ ] Flexible break/lunch	89%
[ ] Job sharing	66
[ ] Flex-time work	79
[ ] Part-time work	90

17. Does your company provide on-site child care?

[ ] No	79%
[ ] Yes	21

18. Is there space available for women to breastfeed their children, other than a bath room?

[ ] No	64%
[ ] Yes	36

19. Is there a private space available for women to express (or pump) their breast milk, other than a bathroom?

[ ] No	56%
[ ] Yes	44

20. Which of the following do you provide? (Check all that apply.)

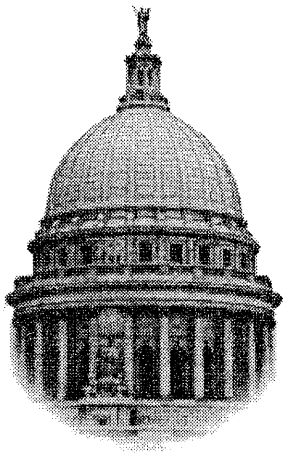
[ ] an electric breast pump for their use	16%
[ ] a refrigerator for storage of breast milk	62

21. Within the last 12 months are you aware if any of your female employees continued to breastfeed after their return to work?

[ ] No	36%
[ ] Yes	64

22. Does your company's health care plan cover any of the following? (Check all that apply.)

[ ] lactation counseling services	60%
[ ] cost of a breast pump for a hospitalized baby	40
[ ] cost of a breast pump for a working mother	0



Jeff Plale

State Representative
21st Assembly District

December 14, 1999

The Honorable Michael Lehman
State Capitol
Room 103 West
Madison, WI 53708
Hand Delivered

Dear Mickey:

I am writing to request a hearing on Assembly Bill 556 relating to an income and franchise tax credit for a business that constructs or equips a facility for its employes to pump and store breast milk.

The bill was referred to the Committee on Ways and Means on October 25th.

If you or your staff persons have any questions or comments on this legislation please contact me directly at 6-0610.

Thank you for your consideration of this matter.

Sincerely,

Jeff Plale
State Representative
21st Assembly District

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State Capitol
P.O. Box 8953
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(608) 266-0610
1-888-534-0021
Fax:
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HOME
1404 Eighteenth Avenue
South Milwaukee, WI 53172-1435
(414) 764-5292
Fax:
(414) 571-0035

February 15, 2000

Dear Representative Plale;

As the chair of the Milwaukee Breastfeeding Coalition, representing Breastfeeding advocates, educators and consultants, I am writing in support of Assembly Bill 556. The benefits of breastfeeding to working mothers and their babies, as well as their employers, are well documented. There has been a significant increase in the numbers of women in the workplace, especially mothers with young children. This bill addresses the necessary support employers can, and we feel should, provide for their employees who wish to themselves provide the best for their babies.

Thank you for your support of the breastfeeding, working mothers, and their babies. We look forward to working with you in the future.

Sincerely,

Sally Callan

Sally Callan Chair, Milwaukee Breastfeeding Coalition

Breastfeeding: Health and Economic Issues

by Jon P. Weimer, Economic Research Service, U.S. Department of Agriculture

Breastfeeding is widely believed to be the most beneficial method of feeding for the health and well-being of most infants. Although not recommended for all mothers (such as those who use illegal drugs, are receiving cancer chemotherapy, or have tested HIV positive), breastfeeding is endorsed by many public health experts as the preferred infant feeding method.

The U.S. Department of Agriculture (USDA), which oversees the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), has promoted breastfeeding, both inside and outside of WIC, including establishing a Breastfeeding Promotion Consortium to exchange information and collaborate on breastfeeding promotion activities. USDA initiated in August 1997 an ongoing national campaign [Loving Support] by Federal, State, and local WIC programs to promote breastfeeding to WIC mothers and to support all women who choose to breastfeed.

The Surgeon General aims to increase the proportion of mothers who breastfeed their babies in the early postpartum period to 75 percent nationally by 2000 and to increase the proportion who continue breastfeeding until their babies are 5 to 6 months old to at least 50 percent. In 1997, about 62 percent of women giving birth in the hospital report initiating breastfeeding, and approximately 26 percent report continuing breastfeeding at 6 months. Women in lower socioeconomic groups are less likely to breastfeed and breastfeed for shorter lengths of time than higher socioeconomic groups and, thus, are far removed from the Surgeon General's goal. Recent data from a 1996 national survey, for example, indicate that only 42 percent of women from households with incomes less than $10,000 breastfeed at all and only 12 percent breastfeed for 6 months.

Breastfeeding trends have fluctuated

Breastfeeding was the most common way to feed infants well into the 20th century United States. In the last 50 years, however, infant feeding has markedly changed. After World War II, with the development and large-scale manufacture of infant formula, formula feeding became the standard. The breastfeeding rate fell by half between 1946 and 1956, and by 1967, only 25 percent of American infants were being breastfed at the time of hospital discharge. The percentage of infants being breastfed when they left the hospital began to increase steadily from 1971 to 62 percent in 1982, declined proximately 16 percent from 1982 to 1990, and has increased slowly again to hover around 62 percent. Breastfeeding at 6 months has paralleled breastfeeding initiation, although at a considerably lower rate.

A number of reasons have been suggested for why more mothers don't breastfeed: aggressive formula product marketing, lack of support from family and friends, insufficient knowledge among medical professionals of breastfeeding techniques and hurdles, maternity hospital practices (such as emphasis on short maternal stays), religious beliefs, cultural attitudes, and lack of public acceptance. All or some of these factors may come into play, but it is interesting that the increase in formula feeding parallels a rapid increase in the number of women entering the formal work force.

The increase in the number of working women since World War II has been one of the most significant social and economic trends in modern U.S. history. In the United States between 1950 and 1985, for example, female participation in the labor force increased by 178 percent, while the number of men in the work force increased by only 47 percent. By 1997, 59 percent of women (16 years and older) were in the work force, compared with 28 percent in 1940. In 1995, 41 percent of the women employed in the labor force had children under 18 years old, with 55 percent of this group returning to the workplace before their children were 1 year old. Many workplaces seem to lack policies supporting breastfeeding or pumping at job sites, inhibiting continuation of breastfeeding after women return to work.

> The breastfeeding rate fell by half between 1946 and 1956

Breastfeeding provides health advantages

Although some past studies have provided conflicting results about the protective effects of breastfeeding, more recent studies have conformed to important methodological standards and better document the protective effect of breastfeeding against a variety of health problems during infancy and early childhood. Endorsement of breastfeeding from the prestigious American Academy of Pediatrics and American Dietetic Association, among others, reflects two decades of research that shows that breastfeeding improves infants' general health, growth, and development and significantly decreases risk for a large number of acute and chronic diseases. As reported in a 1997 policy statement issued by the American Academy of Pediatrics, research in the United States, Canada, Europe, and other developed countries suggest that breastfeeding decreases the incidence and/or severity of diarrhea, lower respiratory infection, otitis media (ear infection), bacterial meningitis, botulism, urinary tract infec-

tion, and necrotizing enterocolitis. For example, breastfeeding is estimated to reduce the incidence of otitis media by one-fourth to one-third in breastfed infants as compared with formula-fed infants.

Costs of breastfeeding versus formula

Breastfeeding may bring direct economic benefits to the family by significantly reducing or eliminating the cost of purchasing infant formula. Formula prices rose more than 150 percent during the 1980's, and several studies compared breastfeeding and formula costs. A study reported in a 1993 medical journal article, for example, found that feeding an infant formula costs approximately $260-$400 extra a year than breastfeeding the infant.

USDA's WIC program is the largest purchaser of infant formula, buying approximately 40 percent of all formula sold in the United States. The cost of infant formula distributed to WIC mothers in 1997 was $567 million after formula company rebates of about $1.2 billion to WIC. Advocates of breastfeeding contend that if more of these women breastfed, overall WIC food costs would decrease. A 1989 reauthorization of the WIC Program, providing both a mandate and funding, has allowed States to substantially increase breastfeeding promotion. Note, however, that WIC is explicitly promoting breastfeeding because of its health benefits, not because of its possible effects on food costs.

Formula prices rose more than 150 percent during the 1980's

In 1993, the General Accounting Office (GAO) studied the extent that the WIC Program promotes breastfeeding and examined the effects of increased breastfeeding on WIC food costs for a year. GAO concluded that if WIC were fully funded and serving all eligible recipients, any increases in breastfeeding would decrease total food costs as long as formula-supplemented breastfed infants received no more than 25 percent of the monthly amount of formula given to formula-fed infants. GAO estimated total WIC food costs for fiscal year 1992, using 16 scenarios under varied assumptions. For one scenario, for example, GAO estimated that a 10-percent increase in breastfeeding rates, with breastfed infants receiving 25 percent of the monthly amount of formula given to formula-fed infants, would save the WIC Program almost $408,000. If breastfed infants received 10 percent of the formula allowed to formula-fed infants, a 10-percent increase in breastfeeding rates would save the program approximately $750,000.

Other benefits and costs

When considering the economic benefits of breastfeeding versus formula feeding, the cost of mothers' absenteeism from work should be considered in addition to those incurred by the health system. When these women miss work, it is often because their infants are ill. As breastfed infants have been shown to be less likely to catch common infectious illnesses than formula-fed infants, it is possible that mothers who breastfeed may have to miss fewer days from work to care for a sick child than mothers who are formula feeding. Attributing costs to time and wages lost by mothers (and fathers) attending to a sick child should be considered when estimating the possible economic benefits of breastfeeding.

Relatively few studies in the United States have attempted to assess the economic benefits of breastfeeding. The few studies reported in the literature generally looked at the economic effect of breastfeeding within the context of a WIC program operating at a specific State site, with net savings expressed either in terms of reduced overall Medicaid expenditures for infants, reduced formula purchases, or decreased infant morbidity and health care costs associated with a specific illness (gastrointestinal problems and ear infections). For example, a 1997 study looked at whether breastfeeding of infants enrolled in WIC was associated with a reduction in Medicaid expenditures during the first 6 months of life. The two researchers found that, compared with formula feeding, breastfeeding each infant enrolled in Colorado's WIC Program saved $478 in WIC costs and Medicaid expenditures during the first 6 months of the infant's life, or $161 after considering the formula manufacturer's rebate.

Comprehensive assessment needed

Despite the health benefits to both mothers and their infants, some policymakers remain skeptical about the cost effectiveness of breastfeeding promotion and support efforts. Policymakers may be reluctant to fund breastfeeding promotion and support activities and may need proof that breastfeeding will help the "bottom line" or is cost effective. Support for breastfeeding must be balanced against an organization's potential financial costs and benefits of an increase in the number of breastfeeding patients/clients/employees. Mothers who receive support for continued breastfeeding as they re-enter the workplace tend to return earlier after their babies' births. An employer might want to balance these benefits against such factors as costs related to the time spent by working mothers to express milk onsite and the costs of providing facilities (breastpump, private room, cold storage). Without health and cost-benefit studies, the Nation's employers, health and life insurance companies, and Federal health policymakers may not provide financial incentives to employees and insurance subscribers to breastfeed or to health providers to support and competently care for breastfeeding mothers.

February 15,2000

Jeff Plale
State Representative
21 st. Assembly District

Dear Rep.Plale:

I regret that I am not able to attend today's hearing and would like to express my support for your bill that would give income tax and franchise tax credit to businesses that construct or equip a facility for an employee to pump and store breastmilk during the employee's working hours.

Breastfeeding has long been established as the preferred method and natural way of feeding human babies,with numerous health benefits for mothers and babies. In December 1997, the American Academy of Pediatrics(AAP) published a ground breaking statement on breastfeeding that included new recommendations and guidelines:"The AAP identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as primary in achieving optimal infant and child health, growth, and development." The AAP further recommends exclusive breastfeeding for the first 6 months and the continuation of breastfeeding for at least the first year of life.

The majority of new mothers today return to work outside the home shortly after the birth of their babies. Without support in the work place, the AAP recommendations cannot be achieved. Women must not be forced to choose between providing breastmilk or income for their families.

The many benefits of breastfeeding are not just limited to babies and mothers. Research has shown that breastfeeding mothers have fewer absences, higher productivity and are more loyal employees. Employers also benefit from reduced health care costs since both mothers and babies are healthier through the simple act of breastfeeding. Affordable health care truly begins with breastfeeding.

Governments have a responsibility to protect and provide for the health of their citizens,especially their children. Successful breastfeeding should not be a luxury afforded by the resourceful, the rich or the lucky. All mothers have the right to breastfeed and every baby has the right to their mother's milk. Your bill will help assure these rights for all women. I would like to express my appreciation of your efforts and leadership in promoting, supporting and protecting breastfeeding in Wisconsin.

Sincerely,

Joan Buczynski-Radomski IBCLC
2909 E. Rhode Island Ave
Milwaukee,Wi. 53207

Lowrie, Gerald

From: Jeannie_Manthe [jsmanthe@itis.com]

Sent: Wednesday, February 16, 2000 9:35 AM

To: gerald.lowrie@legis.state.wi.us

Subject: Re. breastfeeding legislation

This letter is in regards to the legislation presented today regarding the tax break for employers for setting up a lactation room for breastfeeding employees. I fully support this matter. Breastmilk marks an unmatched beginning for babies. The health benefits extend to many people in that the breastfed child is less ill requiring less medical, therefore the employeed mother misses less work resulting in a better work environment. The employer benefits in this way as well. Children who are breastfeeding recognize reduced incidences or less severe illnesses associated with lower respiratory infection, diarrhea, otitis media, bacteremia, bacterial meningitis, botulism, urinary tract infections and necrotizing enterocolitis. This protection continues into adulthood reducing many illnesses associated with this age, not limited to reduced incidences of Crohn's disease, allergies, insulin dependent diabetes, ulcerative colitis, lymphoma, and other chronic digestive diseases. When babies are not breastfed there is risk for many illnesses in the first year and their chances of hospitalization associated with these illnesses goes up. Many mothers find employment a deterrent to continuing breastfeeding. If the workplace had a mother friendly room to express milk for their babies, the breastfeeding relationship can and should continue. When this happens, mom, baby, employer and the whole community benefit. The American Academy of Pediatrics now recommends ***at least*** one year of breastfeeding and to continue beyond that as long as desirable. They list many of the benefits to this at their web site, www.aap.org/policy/re9.

In closing, I would highly urge you to consider this bill as a way to help in continuing every child's birthright, to receive his/her mother's milk. This **can not** be duplicated by some substitute.

Jeannie Manthe
LLL Leader and mother of 3 breastfed children

February 16, 2000

Janet Daniel
4705 Windigo Trail
Madison, WI 53711

Dear Assembly Ways & Means Committee:

Please accept this letter in lieu of testimony at the Public Hearing for AB 556 which would create an income & franchise tax credit for businesses that would create/ equip a facility for an employee to pump and store breastmilk during work hours.

During my twenty years experience of working with limited-income women in the Supplemental Nutrition Program for Women, Infants, and Children, great strides have been made in educating women that mother's milk is the superior nutrition for infants. The American Academy of Pediatrics recommends breastfeeding for the full first year of life.

However, there is a tremendous drop-off of women who can continue to breastfeed when they return to work because their workplace offers no accommodation to meet the needs of breastfeeding women. While creating and equipping a facility for an employee to pump and store breastmilk during work hours is not difficult or expensive, the employers would be much more likely to provide the small room with chair and electrical outlet and a shelf (refrigerator would be nice, but is not essential) with the income & franchise tax credit.

Thank you for your positive consideration of AB 556.

Janet Daniel

Wisconsin Association for Perinatal Care

TO: Assembly Committee on Ways and Means

FROM: Sue Murvich, MS, RD, IBCLC
Chair, Wisconsin Association for Perinatal Care Nutrition Committee
Co-Chair, Wisconsin Breastfeeding Coalition

DATE: February 16, 2000

RE: Assembly Bill 556

The Wisconsin Association for Perinatal Care supports Assembly Bill 556 which creates an income tax and franchise tax credit to businesses that construct a space for employees to pump and store human milk during working hours. Most women who return to work and wish to provide human milk for their babies have no appropriate place to express breastmilk. Restrooms are not adequate to meet this need because infants should not receive food obtained in unsanitary areas. Lactating women will more easily meet goals for milk production when given an area that is private and quiet.

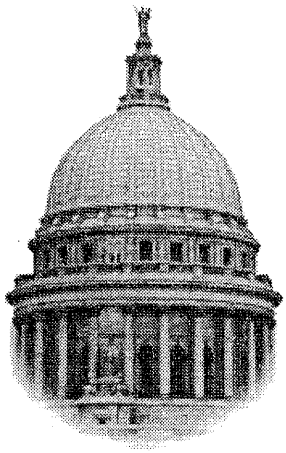
Businesses can be family friendly by setting aside a room for nursing mothers with a refrigerator for milk storage, a sink for hand washing and partitioned areas for privacy. In addition, many companies have provided electric breast pumps for their employees to use at work.

Some of the benefits that a business receives when they enable their employees to provide breast milk for their babies include:

1. More women return to work when they are guaranteed a time and place to provide breastmilk for their babies. This results in less employee turnover and decreases the cost of new employee hiring, orientation and training.
2. Human milk has anti-infective and anti-viral factors. Consequently, breastfed babies are sick less and lactating mothers miss fewer days at work to care for sick children.
3. Since breastfed babies are healthier, medical expenses are drastically reduced. In addition, women who have breast-fed, have a lower incidence of breast, ovarian and cervical cancer and reduced osteoporosis. This saves the self-insured company in health care costs.
4. Employee job satisfaction, employee morale and productivity increase when a mother is given time at work to help meet her child's needs.
5. This benefit may provide a recruitment incentive for women of reproductive age and may enhance the company's reputation as caring about families.

Supporting lactating women in the workplace is a good business practice.

Wisconsin Association for Perinatal Care McConnell Hall 1010 Mound Street Madison, Wisconsin 53715-1574
Tel: 608-267-6060 Fax: 608-267-6089 E-mail: wapc@execpc.com



Jeff Plale

State Representative
21st Assembly District

Good morning Chairman Lehman and members of the committee. Thank you for the opportunity to give my strong support to Assembly Bill 556. This legislation would provide a tax credit to businesses that provide a facility for working moms to express milk for their babies.

By now, there is wide agreement about the many benefits of breast feeding. The practice results in healthier babies and healthier moms. Breast feeding saves money for families, insurance companies, businesses, and governments.

Close to 70% of new mothers start out breast feeding their babies. However, fewer than 30% continue to do so for six months. 55% of working moms try breast feeding. Only 24% of part time and 12 ½% of full time working mothers breast feed their babies for six months.

Many mothers breast feed while on maternity leave, but stop when they return to work. Work site barriers and lack of company support for breast feeding often discourage women from even trying to breast feed in the first place.

Employers who support working moms in their efforts to express milk have a definite competitive disadvantage. 2/3 of the expected growth in the labor force over the next decade will consist of women starting or returning to work. 80% of working women will become pregnant at some point during their working lives.

Family-friendly workplaces will be in a better position to recruit and retain employees. Their employees will use fewer sick days or personal days because breast fed infants are more resistant to illness. Absenteeism will be reduced and productivity enhanced. Healthier babies lead to lower health care costs and maybe even reduced insurance premiums for employers.

AB 556 will help Wisconsin employers support working moms. Women need clean, comfortable, and private facilities to express milk. Restrooms are neither private nor sanitary, and are not an adequate solution.

These facilities need not be elaborate. A small, quiet room equipped with a table, chair, and a small refrigerator to store bottles of expressed milk may be all that is needed. An existing room can easily be converted for this purpose, and the room does not have to be used solely for expressing milk. Larger companies with more employees may choose to construct separate, specialized rooms. AB 556 allows for this flexibility.

Several other states have already passed similar laws, and Congresswoman Carolyn Maloney has introduced legislation on the federal level. I will also be offering an amendment so that a company that takes the tax credit but closes its facility within five years will have to return a prorated portion of the credit.

This is a triple-win proposal. Babies win. Moms win. Wisconsin businesses win.

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In the attached 1999 position statement, "Wellness Promotion Through Breastfeeding Support," the Wisconsin Breastfeeding Coalition summarized the well-documented benefits of breastfeeding for infants and mothers. The American Academy of Pediatrics, the World Health Organization, the U.S. Department of Health and Human Services, and many other groups concerned with the health and welfare of mothers and children, have all urged the exclusive breastfeeding of infants for about the first six months of life and continued breastfeeding with the gradual addition of appropriate complementary foods for the first year and beyond.

The percentage of mothers of young children in the workforce has increased dramatically in Wisconsin in recent years. Although expressing milk does not require a lot of time, many mothers have found it difficult to continue to provide breast milk for their babies after returning to work, citing obstacles such as lack of support, lack of a private place to express milk, and even harassment by other workers or employers. It is of utmost importance to educate employers, managers and other workers about how support for breastfeeding mothers will benefit their businesses.

When babies are separated from their mothers and enrolled in child care, expressed breast milk still provides them with immunities against illness. These immunities are not a component of any artificial formula. Less illnesses in babies reduces sick or absence time for their employed mothers. It also reduces costs for health care, benefiting both businesses and individual families. Mothers who keep up their milk supply are able to continue to nurse their babies during the hours when they are together, fostering a close attachment. Continued long term nursing helps in building optimal brain development and decreasing the risks of later health problems such as diabetes, allergies, asthma, obesity, infections and cancer in the children, and osteoporosis and breast cancer in mothers. These kinds of illnesses cause devastating physical, emotional and financial costs to Wisconsin families, to employers, and to the general community as well.

Companies that lead the way in fostering continued breastfeeding should be encouraged and rewarded. It is to the benefit of all Wisconsin residents when employers provide their workers time and space to collect milk at the workplace and when they foster an atmosphere supportive of their breastfeeding employees.

I strongly urge support for this bill.

Anne Altshuler, RN, MS, IBCLC
5318 Burnett Drive
Madison, WI 53705-4610
(608) 238-0864
February 16, 2000

Wisconsin Breastfeeding Coalition

P O S I T I O N S T A T E M E N T

Wellness Promotion Through Breastfeeding Support*

INTRODUCTION

The establishment of breastfeeding as a cultural norm for at least the first year of life, is a fundamental cornerstone of promoting wellness in Wisconsin. Several national, [1,2,3,4] state [5,6,7,8] and local [9] groups have gone on record in support of breastfeeding. However, only 62 percent of Wisconsin infants are breastfed at birth and only 22 percent continue to be breastfed for five to six months. [10] These figures indicate that Wisconsin has a long way to go if we are to realize the Healthy People 2000 objective that at least 75 percent of women will breastfeed at birth and at least 50 percent of mothers will continue breastfeeding until their infants are five to six months of age. [11,12] Long overlooked as an important factor in reducing health care costs, breastfeeding promotion has now become a national priority.

In an effort to promote greater awareness of the many benefits of breastfeeding and to advocate for public and private sector initiatives to support breastfeeding mothers, the Wisconsin Breastfeeding Coalition was formed. In this, its first formal position statement, the Coalition will:

- summarize the many benefits of breastfeeding, and
- state recommendations for establishment of a positive, supportive breastfeeding community.

The goal of the Breastfeeding Coalition and of this position statement is to establish breastfeeding as a cultural norm in Wisconsin for at least the first year of life.

BENEFITS TO THE INFANT

Human milk is nutritionally complete

When an infant is breastfeeding exclusively, human milk provides optimal nutrition for the first six months of life. Continued breastfeeding, with the gradual addition of appropriate complementary foods, is recommended for the remainder of the first year and thereafter for as long as mother and child desire.

Human milk contains factors that optimize infant growth and development

Human milk supports optimal infant growth and development. Human milk contains a variety of hormones and hormone-like substances that are not found in artificial milks. Many of these hormones and growth factors serve important functions in the newborn infant, including fostering gastrointestinal maturation. This is of utmost importance in immunological protection, as two-thirds of the infant's immune system is located in the gut.

**A listing of the specific references that were used to substantiate the benefits of breastfeeding within this position statement is available upon request, or can be accessed at http://www.execpc.com/~wapc.*

Benefits to the Breastfed Infant

- *Optimizes growth and development*
- *Enhances bonding*
- *Protects against acute and chronic illness*

Risks to the Formula Fed Infant:

- *Acute illness*
- *Diarrheal disease*
- *Respiratory illnesses*
- *Ear infection*
- *Bacterial infection*
- *Type 1 and 2 diabetes*
- *Inflammatory bowel disease*
- *Lymphoma and breast cancer*
- *Cardiovascular disease*
- *Allergy*
- *SIDS*
- *Complications associated with preterm birth*

Fatty acids found in human milk also play a role in infant development. One of these fatty acids, docosahexaenoic acid (DHA), is highly concentrated in brain and retinal tissues. Breastfed infants have higher DHA levels and perform better on tests of visual function than artificially fed infants. The brain triples in size during infancy, achieving more than 90% of its final adult size by two years of age; fatty acids are especially important during this critical time of brain development. Dietary differences during this sensitive period may have profound effects on cognitive development.

■ Breastfeeding enhances bonding and healthy emotional development

The act of breastfeeding enhances the development of a close and warm bond between infant and mother. The infant learns to associate the mother's breast with a sense of comfort and security as well as a place for nourishment.

■ Human milk contains factors that protect infants from a wide variety of acute illnesses

There is clear evidence of the protective effects of human milk against many illnesses. Antibodies, abundant in human milk, are specific to pathogens encountered by both the mother and the infant. Concentrations of various immunologic factors are especially high in colostrum. Children who continue to partially breastfeed during the second year of life continue to benefit from immunologic components in human milk.

Diarrheal disease: Human milk protects infants from diarrheal diseases and against illness from specific enteric pathogens such as *Rotavirus, Giardia, Salmonella, E. coli, Campylobacter* and *Shigella*. Exclusive breastfeeding provides the best protection.

Respiratory illnesses and ear infections: Breastfeeding is protective against respiratory illness in the first year of life. Breastfed infants are protected from *respiratory syncytial virus (RSV)*, one of the most common causes of severe respiratory illnesses causing hospitalizations among infants.

Otitis media (middle ear infection) is the most common illness diagnosed in children under age two in the United States. Annual treatment costs have been estimated at $3.8 billion. Breastfeeding greatly reduces the risk of both acute and recurrent otitis media during the first year of life.

Other bacterial infections: Breastfeeding is protective against a variety of illnesses such as bacteremia, neonatal sepsis, meningitis and urinary tract infections. Breastfed infants are less likely to be hospitalized with bacterial infections than artificially fed infants.

Breastfed infants are less likely to develop certain chronic diseases

Diabetes: Type 1 diabetes (insulin dependent) is estimated to affect approximately 120,000 American children under age 19, making it one of the most common of the chronic childhood illnesses. Several studies indicate that exclusively breastfeeding for at least three months is associated with a reduced risk for developing Type 1 diabetes in susceptible children. In an analysis combining the results from 19 studies examining the relationship between infant feeding method and Type 1 diabetes, patients were more likely to have been breastfed for less than three months as compared to healthy controls.

In 1993, approximately 7.8 million people in the U.S. had been diagnosed with diabetes. Ninety percent of these had Type 2 diabetes (non-insulin dependent). A recent study suggests that Type 2 diabetes may be increased in individuals who were not exclusively breastfed for the first two months of life.

Cancer: In three case control studies, children who were artificially fed or breastfed for less than six months were more likely to develop lymphoma before age 15 years. Recent studies have shown an increased rate of breast cancer in adult women who were not breastfed as infants.

Cardiovascular Disease: Adolescents who had shorter durations of breastfeeding, or early introduction of artificial milk, had higher total serum cholesterol levels than those breastfed longer than six months, putting them at greater risk for cardiovascular disease in later life.

Inflammatory Bowel Diseases: Non-breastfed infants have an increased risk of developing Crohn's disease and possibly of ulcerative colitis later in life.

Breastfed infants experience fewer allergies

Exclusive breastfeeding helps protect many infants against symptoms of food allergy. Breastfeeding results in delayed exposure to allergenic compounds in foods and may protect sensitive infants from both minor and serious allergic reactions.

Exclusive breastfeeding may protect infants from sudden infant death syndrome

Sudden Infant Death Syndrome (SIDS) is the third leading cause of infant mortality in the nation. In 1997, in Wisconsin, 53 infants were reported to the Sudden Infant Death Center with the cause of death being SIDS. Some research suggests that breastfeeding may be a protective factor. The nature of the relationship between breastfeeding and SIDS continues to be researched.

Human milk is especially important for preterm and low birth weight infants

In 1996, 4,222 Wisconsin infants (6.3 percent of live births) were low birth weight (less than 2,500 grams or about 5 pounds, 8 ounces) and 850 infants were very low birth weight (less than 1,500 grams or about 3 pounds, 5 ounces). Human milk has many benefits for low birth weight babies. Higher DHA levels in human milk fed to preterm infants are associated with increased psychomotor and mental development. Preterm infants are especially prone to *respiratory syncytial virus (RSV), rotavirus,* and necrotizing enterocolitis (NEC), a major life threatening risk to preterm infants. Feeding with human milk is associated with a greatly reduced risk of NEC, especially in infants of 25 to 29 weeks gestation.

BENEFITS TO THE MOTHER

Breastfeeding promotes rapid recovery after childbirth

Breastfeeding immediately after delivery promotes maternal recovery from childbirth. Infant suckling triggers the release of a hormone which stimulates uterine contractions. These contractions help control postpartum bleeding and promote more rapid uterine involution. Continued breastfeeding hastens the return of the uterus to its prepregnant state. Breastfeeding delays the return of menses, also reducing the mother's iron losses.

Breastfeeding mothers return to their prepregnancy weight sooner than bottlefeeding mothers

Breastfeeding women may have more rapid weight loss three months postpartum than women feeding artificial milk. Of women who breastfed versus those who artificially fed their infants throughout the first year of life, more breastfeeding mothers returned to their prepregnancy weight by 12 months and had maintained it at 24 months postpartum. The artificially feeding mothers were still four to five pounds above their repregnancy weight at 24 months postpartum. Women should breastfeed six months or longer if they expect lactation to enhance weight loss.

Breastfeeding can be an important factor in child spacing and fertility control

Breastfeeding women have a longer postpartum anovulatory period than those who artificially feed their infants. Among non-lactating women, ovulation generally returns about six to seven weeks postpartum. Among breastfeeding women who allow their infants unrestricted access to their breasts, the first ovulation usually returns between 30 to 40 weeks postpartum.

Benefits to the Mother

- *Promotes rapid recovery after childbirth*
- *Enhances bonding*
- *Affects fertility*
- *Protects from chronic diseases*

Breastfeeding may protect women from chronic diseases

Osteoporosis: The prevalence of osteoporosis in Western societies is 50 percent among elderly white women and annually costs some $7 billion in the United States. Breastfeeding may reduce the risk of hip fracture in later life. Increasing average duration of breastfeeding per child was associated with a greater reduction in risk of hip fracture. There is short-term loss of bone mass during lactation, but remineralization occurs after weaning. Final bone density for multiparous lactating women may be increased over prepregnancy levels. Lactation is among the major lifestyle factors that positively contribute to peak bone mass development of premenopausal women.

Heart Disease: Lactating women secrete large amounts of cholesterol into their milk which is developmentally important for the infant. The effect on blood cholesterol levels can be similar to the effects of cholesterol-lowering drugs. During lactation nearly all fatty acids are rapidly removed from the blood. In contrast, fatty acids remain longer in the blood of non-lactating women.

Diabetes: Women who had gestational diabetes and breastfed showed a lower incidence of Type 2 diabetes later in life than those who did not breastfeed.

Breast Cancer: Close to 3,400 reported cases of invasive breast cancer were diagnosed among Wisconsin women in 1995. Greater total duration of breastfeeding has been reported to reduce the risk of breast cancer, especially among premenopausal women. The longer the cumulative duration, the greater the protective effect.

Ovarian Cancer: Ovarian cancer is one of the top ten leading causes of cancer mortality in women in Wisconsin. In 1995, approximately 470 new cases were reported. In a meta-analysis of 12 case-control studies conducted in the United States, breastfeeding for six months or longer was associated with a reduced risk of ovarian cancer among parous women.

Endometrial Cancer: Lactation (of over one year duration) may reduce the mother's risk of endometrial cancer, for up to 16 years after weaning.

Breastfeeding promotes maternal confidence

The new mother's psychosocial health is often overlooked, perhaps due to the difficulty of measuring and determining what would comprise a positive maternal identity. Evidence suggests that breastfeeding may instill confidence and reduce anxiety in new mothers. This effect on women has been seen to endure beyond the duration of lactation. A new mother can experience stress and fear. Breastfeeding, with its resultant release of the hormone oxytocin, counteracts the stress and fear, causes relaxation, and brings feelings of confidence. This confidence allows for the process of attachment to occur. Oxytocin may be essential for initiating social interaction which influences the formation of social bonds. In a study of first time mothers, women who breastfed their infants were found to have less anxiety and more mother-infant harmony at one month postpartum than those who artificially fed their infants. During feeding, breastfeeding mothers were more engrossed in interaction with their infants than the artificially feeding mothers. Among mothers with negative birth experiences, successful breastfeeding boosts confidence and facilitates acquisition of the maternal role.

Benefits of continuing to breastfeed for at least 12 months

Breastfeeding for 6 to 12 months is necessary for many of the continued longer-term benefits to be realized for mother and child. The World Health Organization recommends that children continue to breastfeed for up to two years or beyond, while receiving nutritionally adequate and safe complementary foods. Breastfeeding beyond the first year of life continues to be protective for children even in affluent populations. The American Academy of Pediatrics in its newest guidelines recommends that "breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired."[1]

BENEFITS TO SOCIETY

Breastfeeding is economical

Important for many women are the clear economic benefits of breastfeeding. The estimated cost of artificial feeding for one infant is $1,160 in the first year. If no Wisconsin infants were breastfed, the cost of artificial baby milk alone would exceed $79 million per year. The costs of associated illness bring the price of artificial feeding even higher. The cost of breastfeeding is minimal. It has been estimated that two to four billion health care dollars could be saved annually in the U.S. if all women breastfed their infants for as little as twelve weeks.

Breastfeeding promotion and support in the workplace directly benefits businesses

Within a few pioneering companies, lactation support has been included among benefits offered to employees. These employers are finding that lactation programs result in reduced absenteeism and health care claims. Mothers of breastfed infants require less time off to care for sick children and have fewer visits to health care providers.

Breastfeeding is beneficial for the environment

Breast milk is a natural and renewable resource. On the other hand, artificial milks and processed baby foods are non-renewable products which create ecological damage at every stage of their production. Breastfeeding is a superior example of how humankind can sustain itself through provision of the first and most complete food for human life.

Breastfeeding is best with few exceptions

The benefits of breastfeeding are so compelling and strong that few situations definitively contraindicate breastfeeding. The decision not to breastfeed in the presence of a possible contraindication should be made on an individual basis, considering the risks to the infant and mother versus the benefits of breastfeeding. In general, acute infectious diseases in the mother are not a contraindication to breastfeeding. Certain serious infections require further evaluation if present in breastfeeding mothers. Few medications are contraindicated during breastfeeding. It is important for health professionals to be informed about those rare situations when the mother should be counseled not to breastfeed, such as HIV/AIDS.

Environmental contamination

Breastfeeding is recommended despite the possible presence of chemical residues in the tissues and breastmilk of women. For the vast majority of infants, the benefits of breastfeeding outweigh the risks associated with possible environmental contamination. Rarely have women been exposed to environmental contaminants or heavy metals at levels which are associated with risk to breastfeeding infants.

Benefits to Society

- *Cost savings*
- *Good business practice*
- *Protects the environment*

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

2. Train all health care staff in skills necessary to implement this policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within a half-hour of birth.

5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breastmilk unless medically indicated.

7. Practice rooming-in—allow mothers and infants to remain together—24 hours a day.

8. Encourage breastfeeding on demand.

9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The "Ten Steps to Successful Breastfeeding" are taken from a joint WHO/UNICEF statement, "Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services," 1989.

RECOMMENDATIONS

✔ Educate the community about breastfeeding

To improve breastfeeding rates, all segments of the community need to be educated about breastfeeding. The "message" that breastfeeding an infant is "the way it is done" needs to be pervasive in the community consciousness. Women should feel welcome to breastfeed wherever they have a right to be with their babies. Specific goals for educating the community about breastfeeding include:

- Images of breastfeeding women and their infants should be more pervasive than bottle-feeding images.
- Information about breastfeeding should be incorporated into curricula for school children from K-12.
- Comprehensive breastfeeding education should be incorporated into basic professional education and continuing education programs for all health care professionals.

✔ Empower and enable new mothers to initiate breastfeeding soon after giving birth

The initiation of the breastfeeding relationship very soon after the birth is key to establishing successful breastfeeding. To facilitate breastfeeding for the women they serve, we encourage hospitals and birth care providers to adhere to the "Ten Steps to Successful Breastfeeding."

✔ Educate pregnant women and their families/support systems about breastfeeding

Women usually make the decision about their infant feeding method during pregnancy. The decision is made based on a woman's own predisposition; the influence of her partner, mother and health care providers; her culture; and her social background. The primary reason women give for choosing breastfeeding is that it is better for the baby's health. Health care providers should discuss the benefits of breastfeeding at the first prenatal contact and reinforce these messages throughout pregnancy. Health care providers can encourage women to learn more about breastfeeding by attending special breastfeeding clinics and childbirth education classes and by using other community resources. Women and their families and friends should have appropriate educational materials available to them.

✔ Incorporate breastfeeding support into health care services

The health care system should fund breastfeeding education and support services by a qualified professional or peer counselor. To reach the goals set in "Healthy People: 2000" and "Healthier People in Wisconsin: A Public Health Agenda for the Year 2000," expanded insurer coverage of breastfeeding support and equipment is required. In 1997, Wisconsin implemented a statewide initiative to contract with health maintenance organizations to provide Medicaid services. Policies in Medicaid have historically set the standard of coverage for commercial insurers. The Medicaid-HMO contract provides for a health education and prevention program, which is provided as part of the normal course of office visits and in discrete programming. Recommended programs include breastfeeding promotion and support. As one of the major insurers of pregnant women and infants, the Medicaid program should follow current American Academy of Pediatrics guidelines for breastfeeding support.

✔ Support for breastfeeding in the environment of work and child care

The percentage of women of child bearing years in the workforce is increasing dramatically, especially with recent reform of Wisconsin welfare regulations. Nationally, within the next ten years it is anticipated that two-thirds of new workers will be women. Consequently, if the conditions and the atmosphere of the workplace are incompatible with breastfeeding, lactation rates and duration will decline. Specific goals for supporting breastfeeding in the work environment include:

- Educate employers/managers about how breastfeeding can benefit their businesses.
- Promote policies that provide for flexible maternity leave of adequate duration.
- Encourage employers to provide adequate time and facilities for breastfeeding women to collect breast milk at the work place.
- Educate child care providers about benefits of breastfeeding.
- Encourage child care providers to support the breastfeeding relationship for infants/toddlers who are in child care.

Employer Benefits of Breastfeeding

- *Reduction in staff turnover and loss of skilled workers after childbirth.*
- *Reduction in sick time and personal leave time as breastfed children are sick less often.*
- *Lowered health care costs with healthier children.*
- *Increased job productivity with employee satisfaction and morale.*
- *Provision of a recruitment incentive for women.*
- *Enhancement of the business' reputation as caring for the employee's family welfare.*

"Breastfeeding is for many women a natural part of motherhood. Until recently, however, nursing mothers often had to nourish their children behind closed doors, because their right to breastfeed their children in public was not protected by law. That situation changed on March 22, 1996, with the enactment of Wisconsin Act 165. . .which takes effect immediately and protects a mother's right to breastfeed her child in public."

Press release from Sue Murvich, M.S., R.D., IBCLC, March, 1996.

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WAPC-PS8:3/99

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To: Assembly Ways & Means Committee

From: Julie Olson, RN, Certified Breastfeeding Educator
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Re: AB 556

As a Public Health and WIC nurse I work with hundreds of pregnant and post-partum mom's and their babies. On a daily basis I struggle with encouraging woman from lower SES to initiate breastfeeding. The benefits of breastfeeding have been well founded in research, benefits ranging from decrease infant risk of ear infections, diarrhea, multiple sclerosis, leukemia, heart disease, and obesity to an increase in IQ. Mothers also benefit from breastfeeding through a decreased risk of breast , ovarian, and cervical cancers, as well as forging an incredible bond with the infant. These are only a few of the multitude of benefits breastfeeding affords both mother and child.

When I am successful in getting a mom to initiate breastfeeding, I then struggle with how to encourage her to continue breastfeeding. The American Academy of Pediatrics recommends that women breastfeed their babies through the first year of life. Breastfeeding provides a dose –response benefit, the longer a mom breastfeeds, the greater the benefit to both her and her child. With the advent of W2, Wisconsin moms are going back to work much earlier and in many cases are unable to overcome of the barrier that work poses.

On a weekly, if not daily basis, I have women in my practice telling me they quit breastfeeding their newborn because they had to go back to work. Even more frequently I have women state their desire to pump once they go back to work, but were unsuccessful due to lack space for pumping, lack of adequate refrigeration to store expressed breastmilk, and inflexible work policies which would not allow them to pump on their lunch or break periods.

This bill will not only help Wisconsin employers, it will benefit the State of Wisconsin through 1) reduced staff turnover and loss of skilled workers after the birth of a child, 2) reduced sick time / personal leave for breastfeeding women because their infants are more resistant to illness, 3) lower healthcare costs associated with healthier, breastfeed infants, 4) added recruitment incentive for women, 5) enhanced reputation for employers who are concerned for the welfare of its employees and their families, and 6) it will perpetuate a healthier workforce for the future.

Please do the right thing for working moms in Wisconsin. Vote in favor of this bill.

For Businesses

Breastfeeding: The Best Investment...

Worksite support of breastfeeding employees improves your bottom line.

When an employee returns from maternity leave, she wants to be productive and profitable...

And a good mother.

That's why so many women are choosing to breastfeed their babies. Breastfeeding keeps babies healthy and helps them grow to their potential. Breastfeeding helps moms and babies stay close even when they are separated much of the day. The World Health Organization, the American Academy of Pediatrics[1], and other health organizations, recommend exclusive breastfeeding as the preferred source of infant nutrition, exclusively through the first 6 months of life and with appropriate complementary foods through at least the first year.

When women breastfeed, they are more productive on the job.

- They worry less about the baby
- They miss less work due to illness for themselves or the baby.

A study in two Southern California corporations found twice as many absences related to a sick baby among employees who did not breastfeed compared with those who did. Among babies who were never sick, 86% were breastfed.[2]

Breastfeeding can mean greater profitability for employers.

The fastest growing segment of today's labor force is mothers of infants and young children. Helping these women continue breastfeeding after they return to the worksite can result in:

- Less employee turnover
- Faster return from maternity leave
- Less employee absenteeism
- Reduced overtime or temporary worker costs
- Lower utilization of employee health care benefits

Over one year, Aetna estimates a savings of U.S.$1,435 on medical claims and of three days of sick leave per breast-fed baby. That's a total savings of $108,737—an almost 3-to-1 return on their investment in a worksite breastfeeding support program through medical claims alone.[3]

Employer support of breastfeeding is reflected in:

- Improved employee morale and loyalty
- Improved image as family-friendly
- Improved recruiting for personnel
- Improved retention of employees after childbirth

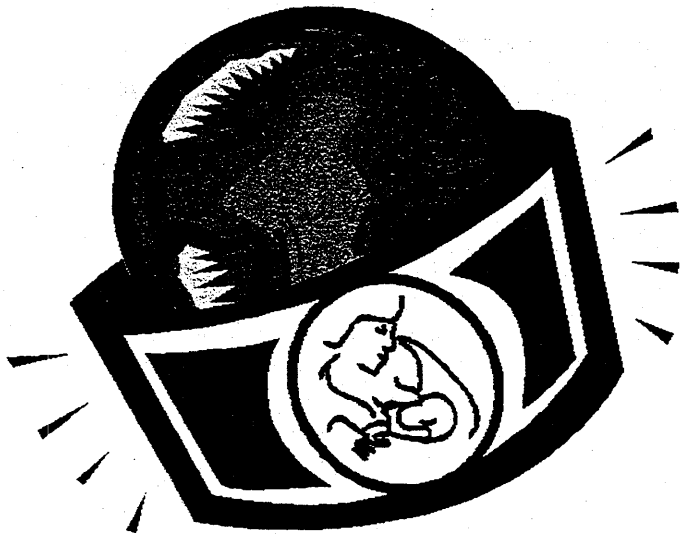
Employees at Los Angeles Department of Water and Power recounted the following benefits of a Corporate Lactation Program:

- 86% state it eased their transition back to work
- 83% feel positive about their employer
- 71% took less time off since being in the program
- 67% were less worried about family problems
- 33% felt that the program enabled them to return to work sooner than anticipated[4]

A Growing number of companies recognize the benefits of breastfeeding.

Hundreds of companies in the U.S. alone have begun worksite breastfeeding support programs. Company returns on their program investment have been substantial.

Sanvita, a worksite lactation support program, has helped companies achieve a $1.50 to $4.50 return for each dollar invested.[5]



Companies successfully implementing worksite lactation support programs include Cigna, Eastman Kodak, Eli Lilly, Aetna, the Los Angeles Dept. of Water and Power, the American Academy of Pediatrics, the U.S. Department of Agriculture, the University of Minnesota School of Nursing, the Kentucky Cabinet for Health Services and the U.S. Center for Disease Control and Prevention.

Breastfeeding support can be a powerful contributor to worksite wellness

Breastfeeding provides numerous well-documented health benefits to infants and mothers. These benefits are greatest when human milk is the baby's primary food for at least the first 6 months of life.

Infectious illnesses common in childhood, such as diarrhea, ear infections, and the common cold, are less frequent and less severe among infants who are breastfed. This is especially important for infants and young children in group day care settings, where the risk of infections is increased.

Babies who are breastfed also have a lower risk for death, meningitis, childhood cancers, diabetes, obesity, and developmental delays.

Mothers who breastfeed reduce their risk for breast cancer, ovarian cancer and osteoporosis.

Breastfeeding, Baby's Risk of Illness, and Maternal Absenteeism.[6]

Baby illness	Typical time away from work	Impact of breastfeeding
Diarrhea (not hospitalized)	1-2 days	cuts risk by one half to one-third
Ear Infection	1-2 days	cuts risk by two-thirds to three-fourths
Respiratory infection	2-7 days	cuts risk by three-fourths

Employer support is critical for successful breastfeeding.

Worksite barriers to breastfeeding create added stress for a mother trying to do her best for both her employer and her baby.

- In some instances, a lack of support has kept a mother from returning to an employer or forced her to resign her position.
- In many other instances, worksite barriers keep a mother from even starting breastfeeding, eliminating the opportunity for mother or baby to receive the unique and vital benefits of breastfeeding.

Policies and programs specifically designed to support breastfeeding women are a crucial factor in worksite support. A written policy promotes a corporate environment supportive of breastfeeding.

> *"Some managers seem to think that participation in wellness programs will interfere with job performance. In fact, such programs help people get their jobs done." — Malcolm Forbes*

Components for worksite breastfeeding support programs

To maintain her milk supply, a mother must breastfeed or express milk during the day.

Minimal conditions to support breastfeeding:

- Allowing a 20 to 30 minute break both morning and afternoon for a mother to nurse her infant or express her milk.
- Providing a private, clean area for breastfeeding or milk expression.
- Providing a safe, clean, and cool place or container to store expressed breastmilk.
- Having a clean, safe water source and sink nearby for washing hands and equipment.

Whether a worksite has one breastfeeding woman or one hundred, acceptance of basic breastfeeding needs is the bottom line for support.

Additional worksite provisions for maximal support:

- Flexible work schedules, job sharing, or part-time employment.
- On- or near-site childcare facilities.

- Breastfeeding education and support programs available during pregnancy, maternity leave, and after return to the worksite.
- Coverage of breastfeeding consultation services and supplies through the company's wellness program or health benefits plan.

Corporate lactation programs can help women breastfeed as much and as long as women who are not employed outside the home.[7]

Implementing a worksite lactation support program

Businesses support breastfeeding employees in many ways, often based on employee need and numbers.

- A flexible policy may be all that is required when employee need is low.
- More extensive facilities, including a specialized pumping or breastfeeding room, may be appropriate with larger numbers of breastfeeding employees.
- Offering classes and support groups can be useful regardless of workforce size, especially when spouses can participate as well.
- Where large numbers of employees participate, many companies contract out for such programs, services and supplies.

Resources:

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International Board Certified Lactation Consultants are the health professional specializing in breastfeeding. They can provide guidance and assistance in establishing breastfeeding support systems for employees and providing clinical lactation therapy should problems arise.

For more information, contact:

International Lactation Consultant Association
4101 Lake Boone Trail, Suite 201
Raleigh, NC 27607
tel: 919/787-5181
fax: 919/787-4916
Website: <www.ilca.org>

Sanvita Programs
Medela, Inc.
P.O. Box 660
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For local assistance, contact:

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Supporting breastfeeding families in the workplace

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American Academy of Pediatrics Policy Statement on Breastfeeding

Pediatrics, Volume 100 No. 6, Dec. 97

- "Human milk is uniquely superior for infant feeding and is species specific: all substitute feedings options differ markedly from it."
- Babies should be exclusively breastfed for the first 6 months.
- Breastfeeding should continue for at least 12 months and thereafter for as long as mutually desired.
- Breastfeeding should be portrayed as a normal part of daily life.
- Encourage employers to provide facilities and time in the workplace for breast pumping.

Important Statistics

- Healthy People 2000/2010 — 75% Initiation Rate — 50% 6 months 25% 1 year
- Healthy People 98 benchmark — 64% Initiation Rate — 29% 6 months 16% I year
- Dane County WIC 99 data — 83% Initiation Rate — 27% 6 months
- Meriter Hospital 99 data — 87% Initiation Rate — 82% 6-9 WEEKS
  (3325 deliveries)
  32% of mothers who stopped breastfeeding listed returning to work as the reason
- U.S. Dept of Labor Statistics predicts that by 2005 2/3 of new workers will be women.
- Health care costs savings per breastfed infant $400.00- $1453.00 per child during the first year of life ***(University of Arizona Tucson 1999 and Kaiser Permanente 1995)***

Based on using Ave. of 40 oz per day	Expressed milk per oz.	Least expensive formula	Most expensive formula
1 month	.079 cents/oz.	.111 cents/oz.	.407 cents oz.
6 months	.03 cents/oz .($243.00)	.111 cents/oz ($804.72)	.407.cents/oz. $1475.34
1 year		$1609.50	$5901.50

Kathleen Auerbach Ph.D. IBCLC 1999

Employer Benefits *(Healthy Mothers Healthy Babies Coalition)*

- Reduced staff turnovers
- Decreased sick time and personal time
- Decreased healthcare costs
- Increased job productivity
- Recruitment incentive
- Enhanced reputation

Creating Breastfeeding Friendly Programs

- Time
- Space
- Support

American Academy of Pediatrics

Policy Statement

Pediatrics Volume 100, Number 6 December 1997, pp 1035-1039

Breastfeeding and the Use of Human Milk (RE9729)

AMERICAN ACADEMY OF PEDIATRICS

Work Group on Breastfeeding

ABSTRACT. This policy statement on breastfeeding replaces the previous policy statement of the American Academy of Pediatrics, reflecting the considerable advances that have occurred in recent years in the scientific knowledge of the benefits of breastfeeding, in the mechanisms underlying these benefits, and in the practice of breastfeeding. This document summarizes the benefits of breastfeeding to the infant, the mother, and the nation, and sets forth principles to guide the pediatrician and other health care providers in the initiation and maintenance of breastfeeding. The policy statement also delineates the various ways in which pediatricians can promote, protect, and support breastfeeding, not only in their individual practices but also in the hospital, medical school, community, and nation.

ABBREVIATION. AAP, American Academy of Pediatrics

HISTORY AND INTRODUCTION

From its inception, the American Academy of Pediatrics (AAP) has been a staunch advocate of breastfeeding as the optimal form of nutrition for infants. One of the earliest AAP publications was a 1948 manual, *Standards and Recommendations for the Hospital Care of Newborn Infants*. This manual included a recommendation to make every effort to have every mother nurse her full-term infant. A major concern of the AAP has been the development of guidelines for proper nutrition for infants and children. The activities, statements, and recommendations of the AAP have continuously promoted breastfeeding of infants as the foundation of good feeding practices.

THE NEED

Extensive research, especially in recent years, documents diverse and compelling advantages to infants, mothers, families, and society from breastfeeding and the use of human milk for infant feeding. These include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits.

Human milk is uniquely superior for infant feeding and is species-specific; all substitute feeding options differ markedly from it. The breastfed infant is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short- and long-term outcomes.

Epidemiologic research shows that human milk and breastfeeding of infants provide advantages with

regard to general health, growth, and development, while significantly decreasing risk for a large number of acute and chronic diseases. Research in the United States, Canada, Europe, and other *developed* countries, among predominantly middle-class populations, provides strong evidence that human milk feeding decreases the incidence and/or severity of diarrhea,[1-5] lower respiratory infection,[6-9] otitis media,[3,10-14] bacteremia,[15,16] bacterial meningitis,[15,17] botulism,[18] urinary tract infection,[19] and necrotizing enterocolitis.[20,21] There are a number of studies that show a possible protective effect of human milk feeding against sudden infant death syndrome,[22-24] insulin-dependent diabetes mellitus,[25-27] Crohn's disease,[28,29] ulcerative colitis,[29] lymphoma,[30,31] allergic diseases,[32-34] and other chronic digestive diseases.[35-37] Breastfeeding has also been related to possible enhancement of cognitive development.[38,39]

There are also a number of studies that indicate possible health benefits for mothers. It has long been acknowledged that breastfeeding increases levels of oxytocin, resulting in less postpartum bleeding and more rapid uterine involution.[40] Lactational amenorrhea causes less menstrual blood loss over the months after delivery. Recent research demonstrates that lactating women have an earlier return to prepregnant weight,[41] delayed resumption of ovulation with increased child spacing,[42-44] improved bone remineralization postpartum[45] with reduction in hip fractures in the postmenopausal period,[46] and reduced risk of ovarian cancer[47] and premenopausal breast cancer.[48]

In addition to individual health benefits, breastfeeding provides significant social and economic benefits to the nation, including reduced health care costs and reduced employee absenteeism for care attributable to child illness. The significantly lower incidence of illness in the breastfed infant allows the parents more time for attention to siblings and other family duties and reduces parental absence from work and lost income. The direct economic benefits to the family are also significant. It has been estimated that the 1993 cost of purchasing infant formula for the first year after birth was $855. During the first 6 weeks of lactation, maternal caloric intake is no greater for the breastfeeding mother than for the nonlactating mother.[49,50] After that period, food and fluid intakes are greater, but the cost of this increased caloric intake is about half the cost of purchasing formula. Thus, a saving of >$400 per child for food purchases can be expected during the first year.[51,52]

Despite the demonstrated benefits of breastfeeding, there are some situations in which breastfeeding is not in the best interest of the infant. These include the infant with galactosemia,[53,54] the infant whose mother uses illegal drugs,[55] the infant whose mother has untreated active tuberculosis, and the infant in the United States whose mother has been infected with the human immunodeficiency virus.[56,57] In countries with populations at increased risk for other infectious diseases and nutritional deficiencies resulting in infant death, the mortality risks associated with not breastfeeding may outweigh the possible risks of acquiring human immunodeficiency virus infection.[58] Although most prescribed and over-the-counter medications are safe for the breastfed infant, there are a few medications that mothers may need to take that may make it necessary to interrupt breastfeeding temporarily. These include radioactive isotopes, antimetabolites, cancer chemotherapy agents, and a small number of other medications. Excellent books and tables of drugs that are safe or contraindicated in breastfeeding are available to the physician for reference, including a publication from the AAP.[55]

THE PROBLEM

Increasing the rates of breastfeeding initiation and duration is a national health objective and one of

the goals of Healthy People 2000. The target is to "increase to at least 75% the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding until their babies are 5 to 6 months old." [59] Although breastfeeding rates have increased slightly since 1990, the percentage of women currently electing to breastfeed their babies is still lower than levels reported in the mid-1980s and is far below the Healthy People 2000 goal. In 1995, 59.4% of women in the United States were breastfeeding either exclusively or in combination with formula feeding at the time of hospital discharge; only 21.6% of mothers were nursing at 6 months, and many of these were supplementing with formula.[60]

The highest rates of breastfeeding are observed among higher-income, college-educated women >30 years of age living in the Mountain and Pacific regions of the United States.[60] Obstacles to the initiation and continuation of breastfeeding include physician apathy and misinformation,[61-63] insufficient prenatal breastfeeding education,[64] disruptive hospital policies,[65] inappropriate interruption of breastfeeding,[62] early hospital discharge in some populations,[66] lack of timely routine follow-up care and postpartum home health visits,[67] maternal employment[68,69] (especially in the absence of workplace facilities and support for breastfeeding),[70] lack of broad societal support, [71] media portrayal of bottle-feeding as normative,[72] and commercial promotion of infant formula through distribution of hospital discharge packs, coupons for free or discounted formula, and television and general magazine advertising.[73,74]

The AAP identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as primary in achieving optimal infant and child health, growth, and development. The AAP emphasizes the essential role of the pediatrician in promoting, protecting, and supporting breastfeeding and recommends the following breastfeeding policies.

RECOMMENDED BREASTFEEDING PRACTICES

1. Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions.[75-77] The ultimate decision on feeding of the infant is the mother's. Pediatricians should provide parents with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. When direct breastfeeding is not possible, expressed human milk, fortified when necessary for the premature infant, should be provided.[78,79] Before advising against breastfeeding or recommending premature weaning, the practitioner should weigh thoughtfully the benefits of breastfeeding against the risks of not receiving human milk.
2. Breastfeeding should begin as soon as possible after birth, usually within the first hour.[80-82] Except under special circumstances, the newborn infant should remain with the mother throughout the recovery period.[80,83,84] Procedures that may interfere with breastfeeding or traumatize the infant should be avoided or minimized.
3. Newborns should be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing, or rooting.[85] Crying is a ***late*** indicator of hunger.[86] Newborns should be nursed approximately 8 to 12 times every 24 hours until satiety, usually 10 to 15 minutes on each breast.[87,88] In the early weeks after birth, nondemanding babies should be aroused to feed if 4 hours have elapsed since the last nursing.[89,90] Appropriate initiation of breastfeeding is facilitated by continuous rooming-in.[91] Formal evaluation of breastfeeding performance should be undertaken by trained observers and fully documented in the record during the first

24 to 48 hours after delivery and again at the early follow-up visit, which should occur 48 to 72 hours after discharge. Maternal recording of the time of each breastfeeding and its duration, as well as voidings and stoolings during the early days of breastfeeding in the hospital and at home, greatly facilitates the evaluation process.

4. No supplements (water, glucose water, formula, and so forth) should be given to breastfeeding newborns unless a medical indication exists.[92-95] With sound breastfeeding knowledge and practices, supplements rarely are needed. Supplements and pacifiers should be avoided whenever possible and, if used at all, only after breastfeeding is well established.[93-98]
5. When discharged <48 hours after delivery, all breastfeeding mothers and their newborns should be seen by a pediatrician or other knowledgeable health care practitioner when the newborn is 2 to 4 days of age. In addition to determination of infant weight and general health assessment, breastfeeding should be observed and evaluated for evidence of successful breastfeeding behavior. The infant should be assessed for jaundice, adequate hydration, and age-appropriate elimination patterns (at least six urinations per day and three to four stools per day) by 5 to 7 days of age. All newborns should be seen by 1 month of age.[99]
6. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months after birth.[100] Infants weaned before 12 months of age should not receive cow's milk feedings but should receive iron-fortified infant formula.[101] Gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet.[102,103] It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired.[104]
7. In the first 6 months, water, juice, and other foods are generally unnecessary for breastfed infants.[105,106] Vitamin D and iron may need to be given before 6 months of age in selected groups of infants (vitamin D for infants whose mothers are vitamin D-deficient or those infants not exposed to adequate sunlight; iron for those who have low iron stores or anemia).[107-109] Fluoride should not be administered to infants during the first 6 months after birth, whether they are breast- or formula-fed. During the period from 6 months to 3 years of age, breastfed infants (and formula-fed infants) require fluoride supplementation only if the water supply is severely deficient in fluoride (<0.3 ppm).[110]
8. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly, or by pumping the breasts and feeding expressed breast milk, if necessary.

ROLE OF PEDIATRICIANS IN PROMOTING AND PROTECTING BREASTFEEDING

To provide an optimal environment for breastfeeding, pediatricians should follow these recommendations:

1. Promote and support breastfeeding enthusiastically. In consideration of the extensive published evidence for improved outcomes in breastfed infants and their mothers, a strong position on behalf of breastfeeding is justified.
2. Become knowledgeable and skilled in both the physiology and the clinical management of breastfeeding.
3. Work collaboratively with the obstetric community to ensure that women receive adequate information throughout the perinatal period to make a fully informed decision about infant feeding. Pediatricians should also use opportunities to provide age-appropriate breastfeeding

education to children and adults.

4. Promote hospital policies and procedures that facilitate breastfeeding. Electric breast pumps and private lactation areas should be available to all breastfeeding mothers in the hospital, both on ambulatory and inpatient services. Pediatricians are encouraged to work actively toward eliminating hospital practices that discourage breastfeeding (eg, infant formula discharge packs and separation of mother and infant).
5. Become familiar with local breastfeeding resources (eg, Special Supplemental Nutrition Program for Women, Infants, and Children clinics, lactation educators and consultants, lay support groups, and breast pump rental stations) so that patients can be referred appropriately.[111] When specialized breastfeeding services are used, pediatricians need to clarify for patients their essential role as the infant's primary medical care taker. Effective communication among the various counselors who advise breastfeeding women is essential.
6. Encourage routine insurance coverage for necessary breastfeeding services and supplies, including breast pump rental and the time required by pediatricians and other licensed health care professionals to assess and manage breastfeeding.
7. Promote breastfeeding as a normal part of daily life, and encourage family and societal support for breastfeeding.
8. Develop and maintain effective communications and collaboration with other health care providers to ensure optimal breastfeeding education, support, and counsel for mother and infant.
9. Advise mothers to return to their physician for a thorough breast examination when breastfeeding is terminated.
10. Promote breastfeeding education as a routine component of medical school and residency education.
11. Encourage the media to portray breastfeeding as positive and the norm.
12. Encourage employers to provide appropriate facilities and adequate time in the workplace for breast-pumping.

CONCLUSION

Although economic, cultural, and political pressures often confound decisions about infant feeding, the AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant. Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth, and development.

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Return to Contents

Workplace Lactation Support, Part II: Working with the Workplace

Naomi Bromberg Bar-Yam, ACSW, PhD

Abstract

Several factors, including new breastfeeding recommendations by the American Academy of Pediatrics, increasing numbers of women with young children in the workforce, more women initiating breastfeeding, and a strong economy combine to make this an ideal time to promote breastfeeding in the workplace. In a previous article, we presented a return-to-work breastfeeding assessment tool to evaluate lactation support in workplaces. This article focuses on the workplace itself, presenting a continuum of types of workplace lactation support; the key players in the workplace, new mothers, supervisors, and human resource managers, who are instrumental in supporting breastfeeding at work; workplace philosophies and their impact on workplace lactation support and strategies to help lactation consultants work with companies as their clients in establishing lactation support programs. J Hum Lact 1998; 14:321–325.

Keywords: breastfeeding, employment, workplace, managers, lactation support programs

Introduction

This article describes elements of the workplace environment with which lactation consultants should be familiar in order to work with corporations to implement lactation support programs. These include a continuum of different types of workplace lactation support, three key players in the workplace who influence the successful establishment of such programs (new mothers, supervisors, and human resource managers), and two different workplace philosophies and their impact on breastfeeding at work. The article concludes with several recommendations for lactation consultants to begin working with companies to establish lactation support.

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J Hum Lact 14(4), 1998

Continuum of Workplace Lactation Support—Definitions

In this section we describe the different types of corporate lactation support[1] (Sandra Corsetti IBCLC and Rona Cohen IBCLC, personal communication, 1997), and Table 1 illustrates this continuum. Of course, not all companies will fall neatly into these categories, however, this continuum serves as a guide for lactation consultants working with corporations to establish lactation support programs.

1. Lactation Program

A lactation program includes several elements: The first is designated Nursing Mothers' Room (NMR) in the workplace. A NMR has good lighting and ventilation, privacy (locking door or an "occupied" sign), a sink, an electrical outlet, and possibly, but not necessarily, a refrigerator. Sometimes the company provides a hospital-grade breast pump and gives or sells personal supplies to the mother.

A lactation program also includes the services of a lactation consultant who meets with the mother as needed beginning in late pregnancy or during her maternity leave to help her plan the transition back to the workplace and continuing after the mother's return to work to ease the adjustment to the new schedule and

demands on her time and her body. The lactation consultant may be employed by the company or she may work as an independent consultant. Often the lactation consultant also provides education to male workers who are becoming fathers as well as to supervisors, managers, and administrators regarding the importance and practical issues of breastfeeding in the workplace. Some workplaces with lactation programs also have on-site or near-site day care and mothers nurse their babies during the day. Companies with lactation programs make the necessary time available to their new mother workers to nurse or express milk for their babies.

2. Lactation Support

Many workplaces have policies which support continued breastfeeding without having fully developed programs. They have a NMR as well as hospital-grade breast pumps or personal breast pumps which are sold, rented, or given to new mothers. Time is made available for mothers to express milk during the work day.

3. Lactation Awareness

In some companies new mothers who return to work and wish to continue nursing make their employers aware of their needs and the employers do their best to accommodate them. Often they will make some designated space available to workers who do not have their own offices, such as a spare office or conference room. They do not provide equipment or education. Most often, such arrangements are worked out between a new mother and her supervisor and do not involve a company policy at all.

4. No Lactation Support

Many companies do not provide any support for nursing mothers. Unlike pregnancy, there are currently no laws protecting a mother's right to nurse her baby in the workplace, and sometimes women must either express milk without the knowledge of their companies or they cannot express milk at all during the day. Some women feel that the demands of their jobs and the attitudes of their companies prevent them from nursing or pumping at work. These women often feed their babies breast milk substitutes during working hours and nurse when they are at home.[1-3]

Key Players

Three players are central to the drama of the nursing mother in the workplace: the mother herself, her supervisor, and the human resource manager. Each plays a different role and sometimes multiple roles; supervisors and human resource managers are sometimes also mothers.

1. Working Mothers Who Are Nursing

Workers carry out the work of the organization, corporation, or agency. New mothers carry out the work of nursing, nourishing, and nurturing their babies. Many workers who are also new mothers experience very real conflicts between their roles as new nursing mothers and as workers.[4] These conflicts are both psychological/emotional and logistical; it is difficult to divide one's energy and attention between the demands of a job and the demands of a new baby and it is also difficult to divide one's time and physical being between these two roles. While the conflicts are very real, new mothers are very clear about their commitment to being good mothers as well as good workers.[1,5]

Nursing working mothers demonstrate much creativity meeting the demands of their jobs and the need for physical closeness between themselves and their ba-

Table 1. Continuum of Different Types of Corporate Lactation Support.

Lactation Program	Lactation Support	Lactation Awareness	No Lactation Support
1. Designated equipped* space	1. Designated, equipped* space	1. Designated space, i.e., conference room, spare office	
2. Breast pumps for sale, rent, or provided by employer	2. Breast pumps available for sale, rent, or free	2. No equipment	
3. Lactation counselling from prenatal through return to work.	3. Time available for workers to breastfeed or pump.		
4. Time available for workers to breastfeed or pump.			
5. (Optional) on-site or near-site day care			

*Equipment includes: electrical outlets, good ventilation, good lighting, sink, counter, comfortable chair. Optional equipment includes: refrigerator, reading material, tapes of pleasant music, curtain to divide the room in two when necessary.

bies. Some women go from full-time to part-time work, others continue to work full-time but rearrange their hours so that they could work longer hours over fewer days, thereby accomplishing their work responsibilities and being able to spend more time with their children. Some women make telecommuting and flex-time arrangements. In a previous article, we described these arrangements and their benefits to breastfeeding mothers and the workplace.[6]

Nursing working mothers are the central actors in this drama. They articulate their needs, thereby motivating the changes necessary to make it possible for them to meet their professional and family responsibilities. Mothers' clear and unwavering commitment to doing both tasks well further motivates employers to support their special needs rather than lose valuable workers.[1]

2. Supervisors/Managers

The supervisor's job is to assure that the work of the institution is carried out by those who report to them. It is in the best interest of supervisors for their workers to maintain a balance between their lives inside and outside of work. This helps workers to work more effectively. However, this balance is dynamic, not static; it is always being achieved. New demands at work or at home force workers and supervisors to reconfigure the balance. This is as true when there is a deadline to meet or new tasks assigned to the company or department as it is when a worker marries, divorces, has a baby, or cares for loved ones who are ill. Managers (the terms manager and supervisor are used interchangeably here) often call upon human resource professionals and programs to help workers achieve this balance. However, it is each manager's responsibility to interpret how the programs and policies will be carried out in his or her department.

3. Human Resources and Work and Life Programs

Most large companies have human resource professionals whose responsibility is to implement programs that increase workers' productivity and efficiency. This includes a wide range of benefits and programs including maternity and other types of leave, part-time work, flex-time arrangements, day care, elder care, on-site fitness centers, parent education, and others. They also oversee the implementation of government-mandated programs such as the Family and Medical Leave Act. Human resource departments set the tone of balance of work and family life throughout the workplace on individual and department levels.

There is much interaction among these key players. Human resource managers do not develop their programs in a vacuum. They are in close contact with supervisors and workers as they develop, implement, and modify programs to meet the dynamic needs of workers and the corporation.

Workplace Philosophy

Feminist scholars and activists have spent much thought, energy, paper and ink grappling with the issue of whether women workers are equal to men in that they can carry out the same responsibilities and tasks and therefore should be treated equally, or whether because it is they who bear, nourish and nurture children, they are special and should receive special consideration in the workplace.[7,8]

A recent study examined workplace lactation policies and programs in two companies (both hospitals). Two workplace philosophies emerged which reflect this seeming dichotomy of views[1] and the philosophies lead to the development of different strategies for combining breastfeeding and working.

The philosophy at Cedar Hill Hospital reflects the "women are equal" approach. There, it is understood that all workers, whether or not they have children, have lives outside of work and that it is ethical and beneficial for the employer to help workers balance their responsibilities inside and outside of work. The balance between work and life is a human issue, not a women's issue. As a result of this philosophy, Cedar Hill Hospital has on-site day care and a fitness center, vacation camp for school-age children of employees on school vacation weeks, and earned time. (As workers' vacation, sick and personal leave days are accrued, they are all put in one "account" and workers can withdraw time from that account at any time for any reason.) The lactation program is very well developed and includes two breast pump sites and lactation consultant services which begin before or during maternity leave and continue through the return-to-work adjustment period. Day care center workers also telephone mothers when their babies need to nurse.

The philosophy that motivates the policies at Watson Medical Center reflects the "women are special" approach. Here the work/family policies, including the lactation policy, is based primarily on the fact that most of their hospital staff are women. The health care industry has always had many women in professional positions, such as nursing, physical, occupational, respiratory, and other therapies. In order to maintain this largely female

professional workforce, hospitals have a long tradition of offering benefits which take into account women's family responsibilities. Here, work and life balance is seen as a women's issue. Watson Medical Center offers generous earned-time benefits, allowing women to take extended maternity leave and/or to return to their full work loads slowly without losing pay and benefits. The lactation program includes breast pumps shared with postpartum patients in the postpartum unit. Lactation consulting is available informally upon return to work.

While each of these workplace philosophies and the policies was designed to increase the workers' flexibility and autonomy, policies in the two hospitals affected autonomy in very different ways. At Cedar Hill Hospital, most of the women in this study took 3 months of maternity leave; when they returned to work, over half of them returned full-time. Most of them took advantage of the on-site day care and the lactation program. Because work and life balance is seen as an important issue for all workers, these programs offered a great deal of autonomy *within* the workplace environment. At Watson Medical Center, however, work and life balance is seen as a women's issue. There is no on-site day care and fewer women take advantage of the lactation program, which is not as extensive and is more difficult to use. However, women's return to work in this study was spread out from 1 month to 7 months, and almost all of the new mothers return to work part-time. At Watson Medical Center, women have a great deal of autonomy *outside* the workplace, that is, they can stay home longer with pay and benefits and ease their transition back into the workplace at a slower pace than their peers at Cedar Hill Hospital. Thus, because many mothers return to the workplace later and part-time, there is not as much need for an extensive lactation program at Watson Medical Center. However, the women who do return early and/or full-time have more difficulty combining nursing and working.

While both of the worksites in this study were hospitals, the two philosophies and their manifestations in work/family and lactation policies are present in many types of workplaces.[9]

Recommendations

Changing work/family attitudes and policies have created unique opportunities for lactation consultants to influence lactation support policy in the workplace. She can support individual clients who return to work and/or work directly with the workplace to establish lactation support programs that suit the needs and constraints of each company. Below are several recommendations for lactation consultants to work with companies:

1. In a previous article we addressed ways for lactation consultants to help new mothers plan their return to work to include breastfeeding or pumping.[6] Sometimes it is valuable for the lactation consultant to have direct contact with the workplace on behalf of the new mother. This can include letters or phone calls of support from the lactation consultant or other health professional to the supervisor and/or human resource manager, emphasizing the importance of breastfeeding for mother and baby and the minimal disruption in schedule that it will cause (Pamela Morrison, personal communication, 1998).

2. It is very valuable to identify those in the company who are likely to be most supportive. For example, executives or managers whose babies were breastfed or health professionals in the occupational health department can be invaluable gatekeepers and guides through the political and bureaucratic maze of company policies and initiatives.

3. Contact with individual clients and company supporters can lead to direct contact with the human resource or work and life professionals to discuss establishing lactation programs for all employees. Programs must be tailored to the needs and budgets of each company and include several elements: (a) The purchase of one or more large hospital-grade breast pumps. Personal supplies are given or sold to the breastfeeding mothers. (b) Identification and design of appropriate space for NMRs. (c) Ongoing lactation consultant services for new mothers before, during and after their return to work. Some companies also offer this service to their male employees and their spouses who work elsewhere (Rona Cohen, personal communication, 1997).

4. It is important to work with the human resources or work and life professional to document the costs and benefits of the program. This includes set-up (NMR, pump purchase, etc.) and ongoing (lactation consultant services for new mothers, continuing education for supervisors and administrators, pump parts if they are given to new mothers, etc.) costs as well as how many and how long women use the NMR, the lactation consultant services, pumps, and so on. Documenting the benefits of a lactation support program can include a survey of new mothers who have used the program and their supervisors to measure their satisfaction and perceived benefits. If possible, one could also track sick days and health insurance claims for nursing and nonnursing moth-

ers for several months to measure fiscal benefits of the program.

5. In large companies, supervisors often meet with one another and with human resource, benefits and employee relations managers on a regular basis to learn of new benefits programs and to share common concerns and successes. The lactation consultant should attend this meeting periodically to present the lactation program and to address ongoing questions and concerns of supervisors and human resource managers.

6. A recent study indicates that employers are more likely to support breastfeeding in the workplace if they know employees who have successfully combined breastfeeding and work and if they know other companies where such policies have been successfully implemented.[10] Thus, support is important on the corporate level as well as the individual level. As lactation consultants have more companies as clients, they will be able to "introduce" companies to one another in much the same way they now put individual working mothers in touch with one another for practical and emotional support.

7. Legislation currently being considered in the U.S. House of Representatives (H.R. 3531, The New Mothers' Breastfeeding Protection and Promotion Act) will mandate that all those eligible for Family Medical and Leave Act benefits also be given up to 1 hour per 8-hour work day (unpaid) to breastfeed or express breast milk for 1 year. The bill also offers tax incentives for companies to establish NMRs and lactation consultant services.[11] Several state legislatures have passed or are considering similar legislation.[12]

Summary

As more companies, large and small, recognize the benefits of supporting their workers' personal and family lives and responsibilities, corporate lactation programs will become more popular. Companies will need the services of lactation consultants to help them establish and maintain such programs. Working with companies will become part of lactation consultants' practices.

This article has presented a three-part framework: a continuum of types of lactation support, three key players in the workplace, and two workplace philosophies to help lactation consultants frame their thinking about and approaches to companies. We have also offered several specific strategies to help lactation consultants know how to work with companies as clients in providing breastfeeding support to working nursing mothers.

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Apoyo a la lactancia en el lugar del trabajo, parte II: trabajajando con el lugar del trabajo (Workplace Lactation Support, Part II: Working With the Workplace)

Resumen

Multiples factores, inclusive las nuevas recomendaciones en lactancia de la Academia Americana de Pediatría, aumento en el número de mujeres con niños en la fuerza laboral, mayor número de mujeres inician la lactancia y una economía fuerte combinada hace que el momento sea el ideal para la promoción de la lactancia en el lugar del trabajo. En un artículo previo, presentamos el instrumento de evaluación de la lactancia al regreso al trabajo. Este artículo tiene un enfoque en el lugar de trabajo, donde se presentan los tipos de apoyo a la lactancia en el lugar del trabajo; las personas claves, madres nuevas, supervisores y personal administrativo de recursos humanos, quienes juegan un papel importante en el apoyo a la lactancia en el lugar de trabajo; normas del lugar de trabajo y su impacto en el apoyo a la lactancia y estratégias para ayudar a las consultoras de lactancia trabajar con compañias como clientes para el establecimiento de programas de apoyo a la lactancia.

Breastfeeding Task Force of Greater LA

Media, Community, Health Care, Government.

Happy New Year!

Announcements
Mission & Goals
Key Members
Membership Application
Breastfeeding Resources Directory
Breastfeeding Fact Sheets
Breastfeeding Resource Links
Recommended Books
Upcoming Seminars
Upcoming Meetings
Archived meetings & seminars
Decal/Poster
Feedback & Email Update

Cost Effectiveness of Breastfeeding in the United States

If full breastfeeding was practiced for the first 12 weeks of an infant's life:

- $2.16 billion annually would be saved because of less illness and disease country wide;
- $3.02 billion annually would be saved from household expenses because of the reduced costs of formula purchasing, family planning benefits and decreased health care expenditures country wide.

If an infant is breastfed for at least 6 months:

- $898 would be saved per infant by the HMO, representing a 40% reduction in health care cost in the first year of life (for the first year of life each breastfed infant cost HMO $1,347 vs. non breastfeeding infants cost $2,245).
- $491,000 would be saved annually in health care costs by the HMO is 46% vs. the current 26% of infants breastfed for the first six months of life.

If all of the women who participate in the Women, Infant, and Children Supplemental Feeding Program breastfed for one month:

- $30 million would be saved in formula costs by the US Government.

If a woman breastfeeds for the first year of the infant's life:

- $683 in the first year of life per infant would be saved from the family's budget because of not needing to purchase breastmilk substitutes.

If working mothers breastmilk feed their infants for 100 work days:

- 27.3% less absenteeism would take place from work.
- 35.7% less health care claims would be filed.

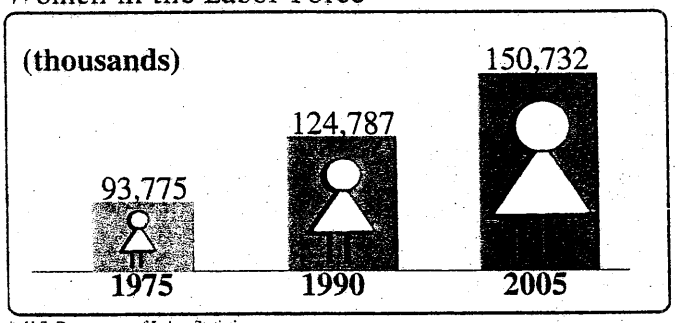
[Advantages of Breastfeeding] [Risks of Infant Formula Feeding]
[Cost Effectiveness of Breastfeeding in the United States]
[Worksite Breastfeeding Connection] [The WHO Code]

Why should employers be concerned about breastfeeding working mothers?

Breastfeeding support at the workplace can positively impact the bottom line by lowering healthcare costs, enhancing productivity, improving employee satisfaction, increasing retention and improving corporate image.

The workforce is changing dramatically. Growth will be slow over the next decade, but two-thirds of new workers will be women starting or returning to work.

Women in the Labor Force*



* U.S. Department of Labor Statistics

Although 55% of working mothers try breastfeeding, only 24% of part-time and 12.5% of full-time working mothers actually continue breastfeeding for five to six months. Women in professional positions are more likely to breastfeed, but a supportive work environment can have a positive influence on any breastfeeding mother as she decides if and when to return to work.

Employers benefit from supporting breastfeeding women.

In a recently completed two-year study, 93% of formula-fed infants fell ill versus only 59% of breastfed infants during the study period. The resulting lower absence rates among breastfeeding mothers translated into significant savings for the company. *

An absence of just one day costs the Los Angeles Department of Water and Power an average $360 (for a $15-per-hour employee). And it takes one and one-half days to have someone else do that employee's work.

Some women resign if they are unable to continue breastfeeding. When that happens, the costs are even greater. For a non-management employee, the national average for recruitment and training is $2,250. For a management professional, the cost is at least $25,000.

*Cohen, R., Mrtek,R. "Benefits of Corporate Lactation Program". Unpublished manuscript in review.

Breastfeeding: The Bottom-Line Benefits

- **Reduced staff turnover and loss of skilled workers after the birth of a child**
- **Reduced sick time/personal leave for breastfeeding women because their infants are more resistant to illness**
- **Lower healthcare costs associated with healthier, breastfed infants**
- **Higher job productivity, employee satisfaction and morale**
- **Added recruitment incentive for women**
- **Enhanced reputation as a company concerned for the welfare of its employees and their families**
- **A healthier workforce for the future**

Healthy mothers, healthy babies

Evidence is increasing as to the benefits of breastfeeding for both mother and baby. In fact, national health goals for the year 2000 call for 75% of newborns to be breastfed, with 50% of babies continuing breastfeeding until 6 months of age.

Breastfeeding . . .

- **Facilitates the mother's postpartum recovery**
- **Reduces the incidence and severity of allergies and of ear and respiratory infections in infants**
- **Provides the most complete, easily digested, convenient and economical source of nourishment for infants**
- **Creates a special closeness between mother and infant**
- **Enhances the mother's self-esteem and confidence**
- **May lessen the risk of breast cancer**