

Workplace Lactation Programs in Small WIC Service Sites: A Potential Model

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ABSTRACT

The *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) has an opportunity to protect, promote, and support breastfeeding by implementing and modeling workplace lactation programs in small WIC agencies that may have barriers regarding the lack of both human and financial resources. The goal of this article was to describe effective strategies for agency administrators in small WIC service sites so that they can reduce barriers, successfully implement workplace lactation policies and programs, and model successful strategies for other small employers.

Key Words: workplace lactation program, breastfeeding, lactation, employee support, WIC (*J Nutr Educ Behav.* 2017;■■:■■–■■.)

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INTRODUCTION

Breast milk is species-specific, superior nourishment for infant feeding, and the benefits of breastfeeding (BF) to both the mother and child have been well documented. Because of the demonstrated health benefits, the American Academy of Pediatrics and the Academy of Breastfeeding Medicine recommended that infants be breastfed exclusively for approximately 6 months.^{1,2} During that time, no other food or liquids, including artificial infant formula, should be given unless it is deemed medically necessary. When the infant is developmentally ready (usually sometime between 5 and 6 months), supplemental foods should be introduced while BF continues for a minimum of 1 year, and as long as is mutually desired by both mother and child.

Because staffing and training owing to turnover can generate high costs for organizations, it is advantageous for employers to support BF employees.³

Workplace lactation support programs yield numerous benefits to employers, including a favorable outlook for the organization, less absenteeism, greater productivity, and decreased expenditures that would have resulted from having to train new hires.³ When employees recognize that management is supportive of flexible breaks, they miss less work and are more productive.⁴

There is also federal regulation to support and protect BF mothers' rights in the workplace. The Affordable Care Act amended Section 7 of the Fair Labor Standards Act to include the Break Time for Nursing Mothers provision, which is enforced by the Department of Labor's Wage and Hour Division (WHD).⁵ The law provides coverage for BF mothers to take unpaid break time to express milk as often as necessary up to 1 year after birth. This includes the time it takes to walk to and from the lactation space, retrieve and set up the pump and accessories, express milk, wash hands and supplies, and adequately store the milk

in a refrigerator or cooler. The law states that the space cannot be a bathroom and must be a private area that is free from intrusion. Although there is a clause in the WHD that exempts small organizations with <50 employees from having to accommodate BF employees with a private area and break time owing to potential hardship, it needs to be proven with financial or operational impacts.⁵ If the hardship cannot be proven, the organization must comply with the law.

In addition to the WHD, state-level laws provide protections for BF mothers. For example, 8 states currently have laws that prohibit employers from discriminating against BF employees. In addition, 47 states have laws that permit BF in any public or private setting in which the mother and child are otherwise authorized to be, and 29 states have public indecency laws that protect women from being prosecuted for public BF. A final law that was enacted in 12 states offers exemption to BF mothers summoned for jury service.⁶

The objective of this perspective was to provide suggestions to facilitate BF in small business settings, and for small WIC service sites to model successful strategies for other small employers.

DISCUSSION

Workplace BF Support

Historically, small organizations have failed to provide employees with lactation support programs. In 2008, the

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Society of Human Resource Management discovered that whereas 35% of large organizations had lactation programs, this figure dropped to about 13% among employers with ≤99 employees. In addition, about 2% of small organizations offered other BF support services, such as resources and access to specialized support.⁴

Some barriers to establishing lactation services that were often described by small organizations included the lack of space, funding, specialized knowledge, worker coverage, and less perceived need for a program with a small employee pool.⁷ In addition, research revealed varying degrees of knowledge regarding the benefits of BF for employers that could affect the willingness of small-scale employers to implement workplace lactation programs.⁸

Since its inception in the mid-1970s, the *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) has actively participated in the promotion of BF.⁹ In more recent years, WIC evolved to implement BF support in local communities through peer counselor programs.¹⁰ Many agencies were able to achieve these successes through special BF funds that allowed them to hire BF peer counselors and lactation consultants to deliver BF education and services.⁹ In addition, grants allowed for the purchase of BF aids and accessories to support BF mothers' efforts to establish BF when they experienced challenges.

About 80% of WIC agency personnel are made up of predominantly young women who work in front-line paraprofessional positions such as interview clerks, health support technicians, and nutrition assistants.¹¹ Employees of WIC who have special skill sets are greatly valuable to the agencies. Yet even with the clear benefits, both BF mothers and their managers struggle to balance the needs of the employee and organization. Although large WIC agencies implemented robust worksite lactation programs, smaller agencies had limitations and experienced challenges that mirrored barriers found in other small companies.¹¹ Breastfeeding employees often have time constraints, lack of BF support by managers and coworkers, and a lack of clean and

comfortable areas to express their milk during the workday.^{12,13} Furthermore, managers need to balance the needs of the BF employee with issues such as understaffing, maintaining adequate job satisfaction among employees, financial concerns with completing major projects in the facility, and having enough skilled personnel capable of providing quality services at peak times. Yet, even with these challenges, through creativity, innovation, and flexibility, these smaller WIC agencies successfully developed lactation support programs and modeled this success to other small agencies.

IMPLICATIONS FOR RESEARCH AND PRACTICE

Small-Agency BF Model Strategies

Small WIC employers can create a BF supportive culture by outlining and defining guidelines for workplace lactation programs that offer employees provisions to continue to BF when they return to work.¹⁴ When creating such a program, it needs to be constructed to define the employer's responsibilities adequately regarding space and time to express, as well as the employees' responsibilities to the employer.¹³ Programs are important because they establish a positive BF-friendly culture in the workplace. After establishing the workplace BF program, the administration should ensure that information about the program is disseminated to all current employees and included in future orientations for new workers.¹⁵

Space to Express Milk

An important aspect of a lactation support program is providing a private area for employees to express milk (Table 1). Breastfeeding mothers only need a small, clean space, preferably with an electrical outlet, but it should be private and free from intruders.³ This space can be an extra room or office. If extra office space is limited, an office storage room with an outlet could be modified into a lactation space by adding a comfortable chair and a desk or small table.³ A sink

with running water for cleaning supplies and a small refrigerator are beneficial but not essential, because the mother can store her supplies in a plastic bag between use and store the milk in a small cooler with ice packs until she returns home and refrigerates the milk.

If several employees are using the lactation area, a small partition can be put up as a privacy screen so that multiple users can express milk simultaneously.⁴ However, if the room is small, a schedule can be implemented. This system can be as simple as providing a printed sign-in log or whiteboard with a daily or weekly schedule. This system will be able to keep users organized and help them align preferred time slots.

Space can also be conserved by designating a centrally located lactation room that is shared by several departments within an agency.⁴ Some organizations could collaborate with other nearby businesses. For example, a WIC agency located in a mall could share a lactation space with several other organizations. In addition, organizations within a community could collaborate so that traveling employees could stop and use another agency's lactation room. This concept would work well with WIC clinics that collaborate with a county health department composed of several small health programs.^{4,7}

Break Time

A good lactation program guarantees that the BF employee has flexible break time to express milk.¹² At the least, the break time should include 15 minutes in the morning and afternoon, with flexible break time during the lunch hour. Generally, the BF employee needs to express milk about every 3 hours throughout the course of the workday.¹⁶⁻¹⁸ Research indicates that most employees do not need >1 hour in the workday to express milk.¹⁹ Because an employee's breaks need to take place at the same time as her child's feeding schedule, breaks may need to be more frequent when the infant is very young, and they may decrease in frequency and duration as the child ages.^{12,19} For example, if the mother continues to breastfeed her child into toddlerhood, she may find

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