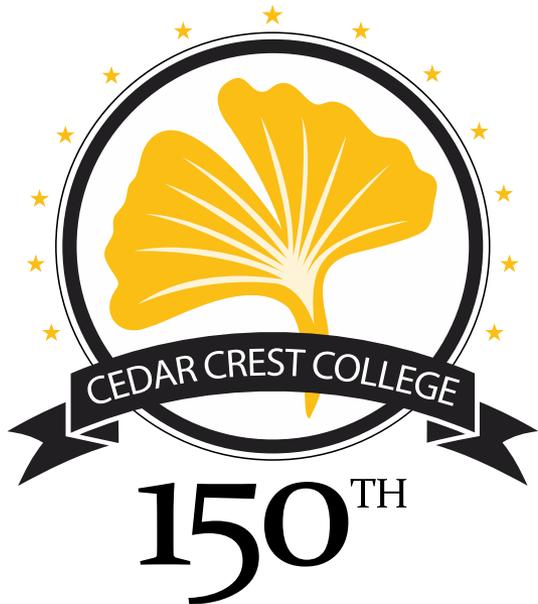


# Lactation Accommodations in the Workplace: Impact on Breastfeeding Outcomes

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# Objective

- Describe the process and implications to practice for identified research studies.

# Background

- ✧ 70% of the female workforce today is reproducing and attempting to breastfeed their infant(s) due to the vast benefits breast milk offers (Gettas & Morales, 2013).
- ✧ Per the Center for Disease Control (CDC) one third return to work within three months and two thirds within six months postpartum.
- ✧ The employed breastfeeding mothers are experiencing major barriers in the workplace with expressing/storing their milk due to lack of workplace lactation accommodations and support despite legislation in place to protect mothers from this (Manger & Phillippi, 2014).

# Background

- ✧ Workplace stigmas against breastfeeding mothers exist:
  - ✧ Extra breaks throughout the workday and longer breaks as well (Polston Mills, 2009). Despite publications proving this is not true.
- ✧ Increasing breastfeeding duration rates and breast milk intake has become a national initiative with Healthy People 2020
  - ✧ MICH Objective 22 is “Increase the proportion of employers that have worksite lactation programs” (Healthy People 2020, n.d., expression 22).

# Selection of Topic

- ✧ Presenter assessed lactating employed women do not have enough support for pumping/directly breastfeeding at work.
- ✧ Mothers are pumping to express milk in empty patient rooms, locker rooms, bathrooms, and utility rooms.
- ✧ These conditions are **UNACCEPTABLE!**
  - ✧ You would not prepare your child(ren)'s food in the bathroom, storage closet, or garage etc. of your personal residence...so why are we asking mothers who return to work to do so?

# Objectives

- ✧ Critically review the evidence on workplace lactation accommodations to evaluate the impact of these accommodations on breastfeeding outcomes including employed mothers view of lactation support and overall breastfeeding duration.
- ✧ Propose a cost effective breastfeeding initiative for employers to establish sustainable workplace accommodations for their lactating employees.

# Project Significance

- ✧ Nurses can advocate for social acceptance of breastfeeding mothers and their need to express and store breast milk in the workplace.
- ✧ Nurses can educate women on the importance of breast milk and how it decreases illnesses for both the infant and mother.
- ✧ Occupational health nurses can offer breastfeeding education and emotional support to working breastfeeding mothers.

# Project Significance

- ✧ Nurses in administrative or managerial positions can educate that breastfeeding support in the workplace has been proven to decrease absenteeism, reduce health care coverage use, and lower employee turnover (Click, 2006).
- ✧ Provision 3 of the ANA Code of Ethics calls for nurses to “promote, advocate for, and protect the rights, health, and safety of the patient” (VCUhealth.org, n.d.).
  - ✧ All of provision 3 pertains to this EBPP.

# PICO Question

✧ In employed women who are breastfeeding, what is the impact of workplace accommodations on the mothers' views of lactation support and overall breastfeeding duration?

# Criteria for Considering Studies

- ✧ Publications that examined:
  - ✧ Established workplace lactation programs.
  - ✧ Specific accommodations and their impacts on duration rates.
  - ✧ How to decrease workplace stigmas for breastfeeding mothers and increase acceptance.

# Types of Evidence & Studies

- ✧ All types of studies were included in the search criteria.
- ✧ Studies heavily sought after were systematic reviews, meta-analyses, and randomized or quasi-experimental controlled trials.
- ✧ Studies found and utilized were: descriptive, participatory action, mixed methods, cross-sectional cohort, longitudinal and a systematic review.

# Inclusion Criteria

- ✧ Publications that examined lactation accommodations or duration of breastfeeding in a formal work environment.
- ✧ Publications from within the last ten years.
- ✧ International studies included due to other countries being more advanced in this topic than the US.
- ✧ Publications needed to be research driven.

# Exclusion Criteria

- ✧ No review articles utilized.
- ✧ Publications on how to develop workplace lactation programs.
- ✧ Publications that compared non-employed women to employed women (part or full time).
- ✧ Publications that examined strictly self-employed women versus women who reported to a job site everyday.

# Search Strategies

## ✧ **CINAHL**

- ✧ Used Boolean searches.
- ✧ Limits of time (within the last 10 years) and language (English) were used.

## ✧ **Keywords**

- ✧ Breastfeeding support and employment.
  - ✧ 10 results; systematic review found and used.
- ✧ Breastfeeding and lactation services.
  - ✧ 10 results; two articles selected for use.

## ✧ **PMC-NCBI**

- ✧ Boolean search.
- ✧ Limit of publications from within the past five years.

## ✧ **Keywords**

- ✧ Breastfeeding and workplace.
  - ✧ 157 results; 1 publication selected for use.
  - ✧ Majority were review articles.

# Search Strategies

## ✧ **Google Scholar (1<sup>st</sup> access)**

- ✧ Boolean searches.
- ✧ Limits of time (within in the past 10 years) and language (English) were used.

## ✧ **Keywords**

- ✧ Lactation duration and workplace.
  - ✧ 14, 600 results-reduced to 8,064 when full text limit applied.
  - ✧ 214 publications reviewed; four selected for use.

## ✧ **Google Scholar (2<sup>nd</sup> access)**

- ✧ Boolean Search.
- ✧ Limits of time, language, and full text.

## ✧ **Keywords**

- ✧ Workplace lactation programs and duration.
  - ✧ 29 results; three selected for use.
- ✧ Breastfeeding and workplace.
  - ✧ 6,350 results; one selected for use.

# Evidence

## Quality

- Quality was determined by utilizing the Johns Hopkins' Quality Rating Scheme for Research Evidence (Poe & Costa, 2012).
- 83.3% of the evidence in my EBPP was assessed to be B: Good.
- 16.7% of the evidence for this EBPP was considered to be A: High

## Strength

- Strength of evidence was assigned per Melnyk and Fineout-Overholt's (2011) *Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions*.
- Eight publications had the overall strength of Level IV.
- Three publications had the strength of Level VI.
- One publication had the overall strength of Level I strength.

# Synthesis of Evidence

- ✧ Workplace Accommodations examined:
  - ✧ Pumping/Lactation Rooms.
  - ✧ Flexibility/Number of hours worked and break time.
  - ✧ Lactation Programs/Lactation Support Personal in Workplace.
  - ✧ Supportive Workplace Culture.

# Pumping/Lactation Rooms

- ✧ Kozhimannil, Jou, Gjerdingen, and McGovern (2016), 63.6% of the women who chose to breastfeed upon returning to work, did so for as long as they desired, when a private pumping or lactation room was provided
- ✧ The results of the survey conducted revealed that employed women, who were provided with isolated areas to express breast milk at work, increased duration of breastfeeding by 1.36 months (Kozhimannil et al., 2016).

# Pumping/Lactation Rooms

- ✧ Similar results were obtained in a cross-sectional cohort study completed by Tsai in 2013.
- ✧ Results from the Tsai's study showed that of the 693 or 98.3% of the participants had knowledge of the company's lactation rooms with 356 (49.8 %) women continuing to breastfeed for minimally one month (Tsai, 2013).
- ✧ Bai and Wunderlich (2013) state, "for breastfeeding success, the workplace needs to provide a lactation room close to lactating mothers' work space" (p. 693).

# Flexibility/Number of Hours Worked and Break Time

- ✧ A study completed by Hawkins et al., 2007 used a personal interview during the postpartum period to discuss breastfeeding practices.
- ✧ It was discovered that out of the 6,917 women who reported working full-time or part time hours, 5,777 informed the interviewer their workplace offered flexibility for breastfeeding arrangements.
- ✧ 27% of mothers were breastfeeding for at least four months, which at the time of the study was the recommended time period by WHO and Healthy People 2010

# Flexibility/Number of Hours Worked and Break Time

- ✧ Smith et al. (2013), a mixed method study, also revealed that workplace accommodations and employer arrangements are linked to breastfeeding at six months postpartum.
- ✧ The findings reported that in 56% of women, who were still breastfeeding at six months, reported that having a “say over hours worked” and being “able to take long enough, or frequent enough, lactation breaks” were still exclusively breastfeeding at six months (p.6).

# Lactation Program/Lactation Support Personal in Workplace

- ✧ Ortiz et al., (2004) examined lactating working mothers experiences with a employer- sponsored lactation program in 462 full-time employees in five major California companies.
- ✧ Duration rates of breastfeeding to the six-month postpartum period were reached by 57.8% of the women participating in the lactation program (Ortiz et al., 2004).
- ✧ Expressing breast milk in the work environment, 98% of the population who wished to do so were successful, showing that workplace support and accommodations, such as lactation programs, can aid in increasing breastfeeding duration rates and therefore aid the nation in reaching nation breastfeeding duration goals set forth by the Healthy People initiatives (Ortiz et al., 2004).

# Supportive Workplace Culture

- ✧ Feeling supported in the workplace had a positive impact on lengthening breast-feeding duration.
- ✧ A general consensus from lactating mothers was feeling supported in their workplace environment was essential to success (Smith et al., 2013; Tsai, 2013; Bai and Wunderlich, 2013; Sattari et al., 2013).
- ✧ Having a supportive workplace culture and written policy was associated with higher proportions of employees continuing to breastfeed at six months: a total of 61% for exclusive breastfeeding and 40% for any breastfeeding at all (Smith et al., 2013).

# Recommendations for Practice

✧ Create educational programs for employers and employees on:

✧ Having a private room with a door that locks, comfortable chair, and a sink to wash pump parts/hands for breastfeeding mothers (Bai & Wunderlich, 2013).

✧ A private refrigerator for mothers to store expressed breast milk in, aside from the communal break room refrigerator that all employees have access to (Bai & Wunderlich, 2013).

# Recommendations for Practice

- ✧ Provide lactation programs/lactation support personnel in the workplace to create a supportive workplace environment for employed lactating mothers to feel encouraged to continue on with their decision to breastfeed (Balkam et al., 2011; Ortiz et al., 2004; Tsai, 2013; Yimyam & Hanpa, 2014).
- ✧ Decrease the stigma that breastfeeding/pumping employees require more break time, research shows lactating women with accommodations have increased breastfeeding duration rates and collectively use about an hour of time throughout the workday which is the same amount of time a non-lactating employee receives (Bai et al., 2015; Bai & Wunderlich, 2013).

# Implications of Research

- ✓ Invest in more lactation accommodations/lactation support programs for employees.
  - ✓ Can be done without reconstruction due to the creation of lactation pods.
  - ✓ Employee health areas already exist, therefore hiring of an occupation health nurse or lactation consultant strictly for employee use to aid in support/education.
- ✓ Complete further research on mothers returning to work and how support in the formal work environment impacts breastfeeding duration rates, feelings of support and employee retention rates (Abdulwadud & Snow, 2007).

# Conclusion

- ✧ Employed breastfeeding mothers should be supported by workplace accommodations of pumping/lactation rooms, flexible work hours/break times, and lactation programs or lactation consultants.
- ✧ Women should feel emotionally supported by employers and coworkers in their decision to breastfeed.
- ✧ Nurses should educate on the importance of breastfeeding, benefits of breast milk, and advocate for these accommodations to be reality in all work environments.

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**THANK YOU FOR YOUR  
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