



College and University Lactation Programs

Some Additional Considerations

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THE
UNIVERSITY
OF RHODE ISLAND

Barbara Silver
University of Rhode Island
Work-Life Committee, 2010





The nautilus was chosen as the symbol of the efforts of the URI Work-Life Committee to promote professional growth while maintaining equilibrium, harmony and balance in the lives of members of the URI community. The chambered nautilus grows outward from its center in perfect mathematical proportions. We see this spiral form throughout the natural world, expressing balance, regeneration, growth, and evolution. The key to this pattern lies in the relationship of the parts (the individual chambers) to their center, the still point at the very core of the spiral. This core sustains and renews us, enabling us to maintain our equilibrium and balance amidst all of life's challenges. (adopted from Annie Harrison Designs: <http://www.sacredwatersculpture.com/index.html>)

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Lactation Programs for Colleges & Universities: Some Additional Considerations

CONTENTS

I.	FLEXIBILITY AND WORK-LIFE BALANCE – A 21 st CENTURY WORKPLACE PRIORITY	1
II.	WHAT DO COLLEGES AND UNIVERSITIES NEED TO DO?	2
III.	LACTATION PROGRAMS – AN IMPORTANT WORK-LIFE SUPPORT FOR NEW MOTHERS	3
IV.	THE ECONOMICS OF IT ALL - IT'S NOT JUST “THE RIGHT THING TO DO”	4
V.	POLICY CREATION	5
VI.	URI EMPLOYEE LACTATION POLICY INPUT	7
VII.	FACILITIES	10
VIII.	LACTATION BREAKS	11
IX.	EDUCATION AND AWARENESS – A KEY COMPONENT	12
X.	RESOURCES	13
XI.	APPENDICES	
	A. Sample Letter to Administration	14
	B. Proposal for a URI Lactation Center	15
	C. URI Breastfeeding & Lactation Support Program	20



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I. FLEXIBILITY AND WORK-LIFE BALANCE - A 21st CENTURY WORKPLACE PRIORITY



Today, the intersection of work, family, and life responsibilities provides challenges for many workers. Personal and family responsibilities, including children and aging parents, are impacting the work lives of an increasingly diverse workforce. Research shows that workplaces thrive and remain competitive when they respect and are responsive to the complex life and family needs of their workers.

Both in the business world and in higher education, employers are recognizing the importance of providing work-life supports and workplace flexibility to their employees. Initiatives such as paid parental leave, child and elder care assistance, telecommuting, job sharing, part-time options, compressed work weeks, and many other options are increasingly being offered. Organizations such as the [Families and Work Institute](#) and the [Boston College Center for Work and Family](#) are national leaders in the burgeoning work-life movement. Work-life offices, centers, and specialists are being put in place in workplaces, including academic institutions, across the country. [The College and University Work and Family Association](#) is specifically focused on work-life in the academy, has been active for over two decades, and has resources for institutions of higher education. This issue is also a federal priority. The [White House Administration's Council on Women and Girls](#) sponsored a Workplace Flexibility Forum in 2010, and is sponsoring National Dialogues on Workplace Flexibility across the country. Telecommuting policies are being required for several federal offices. The University of Rhode Island's [Work-Life Resources website](#) offers links to many other

Over the past decade, academic institutions have increasingly begun to focus attention on the importance of work/family issues for students, faculty, and staff, generating rapid growth in the number and variety of campus programs designed to address work/family needs.

College and University
Work/Family Association



work-life organizations and initiatives. A sampling of other university work-life websites can be found at the end of this publication.

II. WHAT DO COLLEGES AND UNIVERSITIES NEED TO DO?

Institutions of higher education should be at the forefront of progressive initiatives to promote more effective workplaces. However, in promoting workplace flexibility for their employees, they often lag behind corporate and private employment sectors. A collaborative project by WorldatWork & Alliance for Work-Life Progress in 2007 found that higher education institutions are still moving toward formalization of policies

The good news is that implementing workplace flexibility has *few direct costs*. It is the one work-life initiative that doesn't require a specific investment in dollars, yet its achievement may require an organization to completely *reinvent its culture*. It is a remarkably inexpensive power tool for creating higher levels of *attraction, retention, engagement, productivity*. . . and even *wellness*.

- WorldatWork & Alliance for Work-Life Progress (2008): *Workplace Flexibility*:

and practices, while the corporate sector is more likely to have gone beyond that and is using flexibility as a strategic workplace tool for building organizational success ([Workplace Flexibility: Innovation in Action: http://www.worldatwork.org/waw/adimLink?id=26715](http://www.worldatwork.org/waw/adimLink?id=26715)). In higher education, flexible practices are often only found in pockets, and vary depending on employee category. Staff, especially, can have much less leeway in when and how they work. Faculty, on the other hand, have greater flexibility on a daily basis, but do not necessarily have flexibility in how their careers are organized over the long-term. This can have negative impacts on the careers of primary caregivers, most of whom are still women.

However, significant changes are occurring in our colleges and universities, and work-life initiatives, specialists, offices, and centers are increasing greatly in number across the nation's campuses. Institutional momentum is often generated through the Human Resources division or sometimes the Provost's Office. However, where institutional support is not as forthcoming or financial resources are limited, grass roots volunteer efforts can spur change. At the University of Rhode Island, an active Work-Life Committee, composed of volunteer faculty, staff, and students, has been the driver since 2004. Formed due to the joint efforts of an NSF ADVANCE Institutional Transformation Award and the President's Commission on the Status of Women, the committee's mission is to educate the URI community, review and revise work-family policies, and conduct work-life research.

Some recommendations for promoting a work-life agenda, including workplace flexibility options, in institutions of higher education include:

- **Education and Training.** Management must be educated about the strategic value in promoting a workplace flexibility agenda. This includes not only mid-level supervisors and upper administration, but Human Resources personnel, as well. Research shows that a work environment that supports or undermines the work-life needs of its employees is primarily determined at the supervisory level.
- **Formalization and Normalization.** Policies and initiatives must be formalized, normalized, and advertised widely and regularly, including during the recruitment process. Formal responsibility

for promoting work-life initiatives as a institutional priority, including workplace flexibility options, should be given to a work-life professional, committee, or office. Their responsibilities should include data collection to support the business case for supporting a work-life agenda.

- **Promote Collaborations.** Institutions are at varying stages of readiness to embrace a work-life agenda. Find individual champions, allies, and committees with synergistic agendas, and foster relationships between them to build momentum.

III. LACTATION PROGRAMS – AN IMPORTANT WORK-LIFE SUPPORT FOR NEW MOTHERS



There are nearly as many women in the workplace as men today. In two-parent families, over 72% have both adults working outside the home (www.payequity.org). And fully 76% of single mothers are working. Increasingly, women are returning to work soon after childbirth or adoption, for economic and/or professional reasons. In 2009, half of all mothers with children under 12 months of age were employed, and more than 2/3 of those employed worked full-time (Surgeon's General's Report, www.surgeongeneral.gov). Approximately 70% of mothers return to work full time prior to their child's third birthday and one-third of mothers return to work within 3 months of giving birth (CDC Guide to Breastfeeding Intervention:

www.cdc.gov/breastfeeding/pdf/breastfeeding_intervention.pdf).

Because of the growing incidence of women in the workforce and of new mothers returning to work, issues surrounding breastfeeding and work are important to address.

Breastfeeding has become preferred as the optimal form of infant nutrition, and virtually all major health-related organizations recommend breastfeeding for at least the first 6

months of a child's life. While in 2003 26% of mothers

employed full-time were breastfeeding when their infant was 6 months old, employed women have

been less likely to breastfeed and they tend to breastfeed for shorter length of time. Given the pressure

to breastfeed and to return to work soon after the arrival of a child, it is essential that workplaces

respond to this reality by providing lactation facilities and time to pump breast milk at work for new mothers.

Establishing a lactation program should not be viewed as a benefit or a perk for employees. It is an **effective workplace strategy**.

There are many online resources on breastfeeding and developing lactation programs. The U.S. Department of Health and Human Services [Office on Women's Health](http://www.womenshealth.gov/breastfeeding/index.cfm) (www.womenshealth.gov/breastfeeding/index.cfm) has developed an extensive set of guides and toolkits for employers and employees which can be downloaded or ordered at no cost. The National Business Group on Health, part of the Center for Prevention and Health Services, has published an excellent guide for developing a lactation program, called [Investing in Workplace Breastfeeding Programs and Policies](http://www.businessgrouphealth.org/benefitsttopics/breastfeeding.cfm) (<http://www.businessgrouphealth.org/benefitsttopics/breastfeeding.cfm>). We recommend following their general guidelines.

THIS PUBLICATION. This publication is not meant to provide a thorough overview of how to develop a lactation program, but rather to offer some additional considerations relevant for college/university settings. Complex institutions, colleges and universities typically have a wide variety of employee categories, some of whom, such as faculty, have more flexibility to breastfeed in the workplace than others. Developing a formal program, including an institutional policy, goes a long way to ensuring that everyone on campus has equitable access to lactation resources when needed.

IV. THE ECONOMICS OF IT ALL - IT'S NOT JUST "THE RIGHT THING TO DO"

The online organization [Work and Pump](http://www.workandpump.com/boss.htm) (<http://www.workandpump.com/boss.htm>) has summarized some important economic data on breastfeeding support:

- Companies that have adopted breastfeeding support programs have noted cost savings of \$3 per \$1 invested in breastfeeding support (1).
- Parental absenteeism is three times higher for formula-fed infants as compared to breastfed babies (3,4)
- Excess use of health care services attributable to formula feeding costs an HMO between \$331 and \$475 per never-breastfed infant (2)
- Insurers pay at least \$3.6 billion each year to treat diseases and conditions preventable by breastfeeding (2).
- Companies with an employee lactation support program experience less turnover and lower losses of skilled workers after childbirth. Additionally, these companies are rewarded with higher employee satisfaction, loyalty, and morale (1)
- The American Academy of Pediatrics recommends that mothers breastfeed exclusively for the first six months, and continue breastfeeding with the addition of complementary foods until the baby is at least one year old (5). In 2010, it was estimated that

"I think this is a great policy. It surely will help breastfeeding mother on campus. This policy will encourage breastfeeding. **A mother does not need to make a choice between giving up breastfeeding and giving up full time status.** Thank you!"

~~ URI employee

if 90% of American families breastfed exclusively for the first 6 months, the U.S. would save \$13 billion per year and prevent over 911 deaths. (6)

- The Department of Health and Human Services stresses the importance of facilitating the continuation of breastfeeding after mothers return to their jobs (7,8)

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Originally compiled by the Wisconsin State Breastfeeding Coalition

V. POLICY CREATION

Why?

- **Visible Institutional Support.** We know that many women stop breastfeeding early to avoid the challenges of returning to work and trying to express milk away from home. The myriad positive impacts of continuing to breastfeed both mother, infant, and society are well documented. Establishing a formal policy is a strong institutional statement of support.
- **Correcting a Cultural Contradiction.** There is a cultural contradiction surrounding breastfeeding in the workplace. That is, while new mothers experience strong societal encouragement for breastfeeding, and are increasingly returning to work for economic and professional reasons, they are often faced with a lack of formal support for breastfeeding in the workplace.

"This breastfeeding policy is terrific. Having been a breastfeeding mom 20 years ago and having been confronted in public about breastfeeding by an official, I'm delighted to not only see URI's policy, but also have the incorporated state laws. Thanks for sending this out to all. This is very important."

~~ URI employee

- **Encourage Fairness and Transparency.** Formal policy creation is important to insure fair and consistent application of practices across supervisors/chairs and categories of employees. Ad hoc or case-by-case management of lactation requests will be inconsistent and non-transparent, be wasteful of time and energy, and will invite inequities and employee resentment.
- **Inclusivity across Job Categories.** Many categories of staff employees may not have the level of flexibility that faculty often enjoy. And even faculty (and students) may not feel they have the time or appropriate space to express milk. Establishing a policy is an equity issue.
- **Encourage Consistent Supervisory Support.** Supervisors/chairs will vary in their level of understanding and support for women who need time to express breast milk. Without a formal, visible policy in place, many employees may not know to ask for time to express milk, or will worry about negative job repercussions if they do ask. While a policy alone may not be enough to encourage use, it is an important first step. Just because there may not have been many requests for lactation resources doesn't mean they haven't been needed – employees may be just “making do” on their own or stop breastfeeding altogether.
- **Normalize the Topic.** Lactation support can be a sensitive subject for some, and it is important that the topic be broached openly and regularly to normalize it, rather than to marginalize it as a “woman’s issue” and shrouded in secrecy and even embarrassment. Some women and some supervisors, particularly male supervisors, may be uncomfortable discussing this topic, and making it a normal, expected issue to review prior to or when a new mother returns to work is important.

How?

- **Understand the formal procedural steps** your institution uses to establish policy. Introduce the idea to the appropriate people, such as found in *Appendix A*.
- **Identify influential individuals** and/or groups on campus who are supportive of this initiative to co-author or otherwise support the policy request.
- **Carefully select the author** of the request, especially if resistance is expected. Human Resources may or may not be the most effective source, depending on the institution. Women’s commissions, equity councils, diversity officers, etc., may be more successful. A work-life director or office is obviously another source.

“ I think that this and the parental leave policy that went into effect a few years ago are exactly what this community needs to get us heading into the right direction. The right direction being our development into a family-friendly community, one which is aware of and supports the challenges we all face outside the workplace.”

~~ URI employee

- **Develop a rationale**, or case statement, such as found in *Appendix B*, referring to state law, the business case for breastfeeding, examples of peer institutions' programs, and the projected need at your institution.
- **Utilize the larger agenda of work-life balance**, workplace flexibility, equity, and diversity, to frame your request. The rationale for promoting workplace flexibility is readily available from many sources. The URI Work-Life website has language about the current work-life movement, as well as links to other websites and resources:
<http://www.uri.edu/worklife/homepages/TellMeMoreOverview.html>
- **Rather than a women's issue**, frame lactation support as a workplace and workforce issue. Today, there are as many women in the workforce as men, and dual earner households are the norm. Supporting breastfeeding is supporting the next generation of workers; it is *not* simply an accommodation for women.
- **Develop a policy statement** and set of guidelines, such as the one found in *Appendix C*.
- If the policy approval process includes a **public comment period**, take advantage of this by encouraging your networks to respond. Comments will likely be overwhelmingly positive. Track comments and use them to advantage.
- **Have a management plan**, including a timeline and person responsible for promoting the program, collecting data, and overseeing facilities.
- **Have a marketing plan**, including literature, websites, brown bag lunches, announcements, visits to department meetings, etc. Consider making it part of a work-life website (see www.uri.edu/worklife, as an example).

VI. URI EMPLOYEE LACTATION POLICY INPUT

It is important to realize that the need for lactation resources may not be openly evident. Many Human Resource departments do not attend to this topic because they do not see the need. Do not assume, just because there have been few requests for lactation time, or you are not aware of many women who would benefit, that the need is not there. As well, providing a lactation program has a highly positive symbolic value and speaks loudly about an employer's desire to support the work-life needs of its employees. Comments about the new lactation policy from URI employees, most of whom would likely never even need to use lactation resources, attest to this. It is a low-cost, high-return initiative employers can offer.

“Years ago, when I was nursing my baby, having recently returned to work following my maternity leave, I spent an hour a day pumping milk inside my partitioned work cubicle, with a wall map hung over the opening, and a male colleague right on the other side of the very low partition. Everyone in the office knew what I was doing and when, because when the map went up, they would soon hear a constant, rhythmic buzzing sound coming from within.

I simply refused to sit in a public bathroom for 20 minutes at a time to pump milk for my baby, and so I opted to have no privacy. (To me, this was the best of two evils.)

So, now URI women no longer have to choose between privacy and comfort -- they can have both. They will have better options. I can't tell you how happy it makes me to know that URI women will no longer be subject to the appalling and humiliating conditions that permeated my own lactation experience while an employee on this campus. I am thrilled that women at URI will be able to breastfeed or pump in comfort and peace.

Thank you so much for making this possible. Your efforts are greatly appreciated!!”

~~ URI employee

“I would like to comment on the policy by first saying that I am a mother of three children - all breast fed. In my own experience the facilities and support available to breastfeeding mothers do have an outcome on length of breastfeeding and job satisfaction. I can speak from experience that having to express breast milk in a dirty bathroom in a rush is not what new mothers want for their children or from their employer. URI must support this initiative to support working mothers and their families.”

~~ URI employee

“A lactation policy and availability of hygienic facilities will be a great benefit to recruiting and retaining female junior faculty, students and staff of child bearing age. Junior faculty often work long, irregular hours on their research and teaching obligations. Staff often have fixed schedules with little flexibility and large communal offices with no privacy. Commuter students have little private space on campus other than bathroom stalls.

Thank you for creating this policy and advocating for suitable lactation space!”

~~ URI employee

“The Lactation Policy represents a big advance for the University in recruitment and retention of female faculty and staff. This is not something a potential employee is likely to ask about prior to accepting position, but is upfront evidence that the University considers the well-being of its faculty & staff as part of the University's contribution to an effective workplace atmosphere. As a personal note, lactation (pumping) during working hours after returning to work was my most difficult obstacle after birth of my son in 2003. With the increasingly strong evidence of mother's milk to the health of the child, it is important to provide a work environment that encourages mothers to nurse as long as possible. As to work-life issues in general, it is especially important to continue strong support of these initiatives. Work-life solutions are generally low cost solutions to what can be major barriers to individual and collective productivity and retention of faculty and staff.”

~~ URI employee



“I am in full support of the policy to provide unpaid break time and clean, secure facilities for lactating mothers. Creating a working environment that supports families and the needs of working mothers that is flexible is vital for the retention of valued employees.”

~~ URI employee

“As a mother of a two-year-old I can say that thanks to URI I am happily balancing family and work (as much as that is possible!) I have been very fortunate to be able to utilize vacation days so that I can spend a great deal of time with my son while still being productive at work. I can't stress enough that without the support of my supervisor and the ability I've had to take time off for maternity leave, to go to my son's daycare to breastfeed at lunchtime for two months when I came back to work, and to take sick time during his first year with numerous ear infections I would not have been able to continue working productively. When I speak with my peers who are often stressed about leaving sick children with caretakers, feeling that they no longer like their jobs, and who feel no balance in their lives I appreciate the opportunities I have even more. However, these policies and possibilities need to be available to everyone and need to be understood and appreciated by the campus community as a whole. **A university, perhaps more than other work sites, should see the necessity in creating a healthy and happy home life as well as satisfied parents for our next generation.**”

~~ URI employee

VII. FACILITIES

- Unlike many businesses, campuses are often large and spread out. Identifying several locations that do not require long walks for women who have limited break time or time between classes is important.
- Consider starting small, with a pilot space, and expanding as other spaces are identified.
- Facilities can be very simple, if resources or management personnel are limited, and can include only a small, clean, private space with a chair, small table, a lockable door, and an electrical outlet for a breast pump. Access to nearby running water is also important. When resources and oversight permits, spaces can include a hospital-grade breast pump, a sink. Some facilities offer a refrigerator for milk storage, although there are risks involved in leaving milk in a public refrigerator.
- Space is often at a premium at a university, and negotiating lactation space can be challenging. Securing space may require finding an advocate in each building who has some influence over its use. Do not settle for space in a restroom. Campaign to have all new construction or renovation projects include a small lactation space.
- The space can be identified as a Mother's Room or Lactation Room, and a lactation logo can also identify its purpose. If called a Privacy Room, it could be conceived as being available to any employee or student who needs private time for medical or health reasons, which might promote more general "buy-in."
- Consider locations that are open long hours, such as a student union building, or a library, for those remaining late on campus.
- Consider offering a small "new parent" resource library in a location that has oversight.
- Consider data collection to provide support for expanding facilities in the future. Short surveys and sign-in sheets can provide some indication of usage, though this is difficult to track in unmonitored spaces.
- Where pumps are provided, spaces must be managed, cleaned, and secured. How and whether to schedule room usage is also a consideration, depending on level of use. Think long-term about how responsible oversight will occur.



VIII. LACTATION BREAKS

- Supervisors and employees should work together to arrange mutually-agreeable break times, typically 2-3 times a day. While this may be unnecessary for faculty, consider adopting a request form for staff employees to complete.
- Time can be paid or unpaid. It is advised that flexible scheduling be considered where possible to make up time, rather than penalizing nursing mothers by withholding pay. A description of flexible work options can be found at the URI Work/Life website: <http://www.uri.edu/worklife/flex/index.shtml>.
- It should not usually be necessary to provide break times for students. While tight schedules may provide an issue that can be negotiated on an individual basis, in general professors should not be required to excuse absences or tardiness due to student lactation needs.
- While supervisors/chairs are expected to respond positively and supportively to an employee's request, and no negative job repercussions should result, it is also assumed that no serious disruption of the institution's operations will occur.
- Provide an avenue for employees to get more information, or to voice concerns, especially if they are not getting supervisory support for their request. An advocate, a mentor, perhaps someone in Human Resources or a work-life specialist, should be available. This issue is too easily avoided by women who encounter resistance. This may be particularly true in male-dominated domains, such as in the sciences and engineering.



"I fully support the new Lactation policy that URI ADVANCE has developed. As a breastfeeding mother, I need to pump milk twice a day for my baby. Although I am lucky and have flexible hours and a private office in which to pump, many others at URI may not have the same available to them. Thus, it's crucial that URI maintains its current lactation rooms, and creates new ones across the Kingston campus to facilitate pumping by breastfeeding faculty, staff, and students. I have had to pump occasionally in bathroom stalls when I am off campus, and know firsthand how undesirable pumping milk in those locations can be.

Also, one of the things that initially drew me to URI was its focus on work-life balance and work-life issues, primarily due to the ADVANCE program. By remaining flexible and creative when it comes to work-life issues (parental leave, etc), URI improves employee morale and likely increases retention."

~~ URI employee

IX. EDUCATION AND AWARENESS – A KEY COMPONENT

- The most challenging aspect of starting a lactation program may be enlisting the broad support of supervisors, chairs, and administrators. It is unwise to assume that all supervisors understand, support, or are comfortable addressing this particular issue, or work-life balance issues in general. Likewise, women are often reluctant to come forward with a request for lactation time for a variety of reasons, including lack of understanding about their rights, embarrassment, or fear of negative job repercussions.
- The issue should be framed within the larger context of work-life balance, workplace flexibility, workplace equity and the changing nature of our workforce. A lactation program is not an accommodation for women; it is a contemporary workforce issue and a community health issue. Read more about work-life movement at the URI Work-Life Website: <http://www.uri.edu/worklife/homepages/TellMeMoreOverview.html>.
- Normalizing the conversation by making it a frequently addressed issue will help. Brown bag lunches, literature dissemination, website links, talks, press releases, work-life workshops, new parent support groups, etc., are all methods for educating the community, and should appear regularly.
- Identifying a liaison or spokesperson in each college/unit/division is a good means to broaden support, information dissemination, and general awareness.
- For faculty, providing lactation support is a promotion and tenure equity issue, because woman's prime childbearing years typically overlap with the tenure track years. The challenges of juggling the demands of a new baby, continuing to breastfeed while returning to work, and remaining competitive on the tenure track disadvantage women over men. Chairs and supervisors need to understand the subtle barriers to advancement that exist for working mothers in highly competitive academic environments.
- For many staff workers, providing lactation support is an equity issue, and a socioeconomic issue, as hourly workers typically have greater constraints on their time. They should not be denied the same opportunities to advance their careers and their own and their family's health that other employees may have.
- We are seeing increasing student diversity, including older students returning to college or graduate school. Providing facilities for new student mothers is important.



- Promote a “culture of coverage” in departments and units. Supervisors/chairs should encourage co-worker support and coverage when needed, not just for lactation breaks, but for any time a co-worker needs to be away from work for family, personal, or health reasons. Emphasize that we all will have personal or caretaking needs at some point in time, whether for children or aging parents; what goes around, comes around.

X. RESOURCES

SAMPLE UNIVERSITY LACTATION PROGRAMS

University of Rhode Island: <http://www.uri.edu/worklife/family/family%20pages/lactation.html>

University of Vermont: <http://www.uvm.edu/hrs/?Page=healthy/nursingmothers.html>

Purdue University : <http://www.purdue.edu/hr/Childcare/medCoverage/lactationSupport.html>

St. Louis University: <http://www.slu.edu/x47910.xml>

New York University: <http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/nursing-mothers-in-the-workplace-act.html>

Texas Tech University: <http://www.depts.ttu.edu/opmanual/OP70.46.pdf>

Virginia Tech: <http://www.hokiewellness.hr.vt.edu/Occupational/LactationSupport.aspx>

University of Northern Iowa: http://www.vpaf.uni.edu/hrs/benefits/all/nursing_mothers.shtml

Emory University: <http://policies.emory.edu/4.91>

University of California, Riverside:
http://humanresources.ucr.edu/docs/work_life/lactation_program_guidelines.pdf

Boise State University: <http://hrs.boisestate.edu/pdfs/NursingMothersAmendmentSummary.pdf>

BREASTFEEDING RESOURCES

US Department of Health and Human Services, Health Resources and Services Administration’s Maternal and Child Health Bureau: “The Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Workplace.” 2008, <http://www.womenshealth.gov/breastfeeding/programs/business-case>

US Department of Health and Human Services. “The Surgeon General’s Call to Action to Support Breastfeeding.” Washington, DC: US Department of Health and Human Services, Office of the Surgeon General, 2011: <http://www.surgeongeneral.gov>.

Appendix A

August 14, 2008

Dear Bob;

As you know, ADVANCE and the URI Work Life Committee is working on establishing a lactation program at the University. This includes providing adequate spaces on campus for breastfeeding or pumping milk, community education and support services for new mothers returning to work. We have 2 spaces online and ready to be advertised this fall. There are other sites under consideration at this time.

However, a parallel effort to ensure that a worker can actually use these facilities without negative consequences must occur. Administrative support in the form of a policy statement protecting women's right to request reasonable unpaid time for these activities is necessary. Formal policy along with increased community awareness and acceptance will be especially beneficial to certain groups of workers who have no private office space, or who are reluctant, embarrassed, or fearful about making such a request to their supervisor.

New working mothers are faced with the cultural contradiction of being strongly encouraged to breastfeed (the health and economic benefits to families, institutions, and the state are very significant), while not being provided the time or resources for doing so at work. This is a low-cost, high-return effort for URI toward becoming a family-friendly employer-of-choice in Rhode Island, and an effort that will likely be recognized by the Rhode Island Dept. of Health Breastfeeding Coalition, who annually acknowledges RI workplaces with "Breastfeeding Friendly Workplace Awards."

Could you please review and let me know the next steps appropriate for this request? As the policy is in compliance with state law, I am not sure Faculty Senate approval is required.

Many thanks for your help, Bob.

Sincerely,

Barb Silver, PhD

ADVANCE Program Director



Appendix B

Proposal for a URI Lactation Center

Presented to the URI Space Commission and approved April 2006.

Rationale

Incidence

Mothers of infants and toddlers are presently the fastest-growing segment of the U.S. labor force. Approximately 70% of mothers return to work full time prior to their child's third birthday and one-third of mothers return to work within 3 months of giving birth (The CDC Guide to Breastfeeding Intervention).

Because of the growing incidence of women in the workforce and of new mothers returning to work, issues surrounding breastfeeding and work are important to address. Breastfeeding has become preferred as the optimal form of infant nutrition; in 2005, approximately 73% of mothers nationwide breastfed their infants (Center for Disease Control, 2005), with 39% still breastfeeding at 6 months. Even more significant, these percentages are positively correlated with education, with fully 84.5% of college-educated mothers choosing to breastfeed, and 52.5% still breastfeeding at 6 months, and 26.6% still breastfeeding at 12 months.

While it is impossible to know the numbers of women faculty, staff, and students who might be breastfeeding at any one time at URI, a rough extrapolation from national data suggests that in any given year, 48+ URI women graduate students, faculty, and staff are breastfeeding mothers who have no place to pump breastmilk.

Benefits

The American Academy of Family Physicians deems breastfeeding as the physiological norm for both mothers and their infants and further recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first 6 months of life. (American Academy of Family Physicians, Policy Statement) Furthermore, increasing the proportion of mothers who breastfeed their children is among the objectives of the national health promotion and disease prevention initiative "Healthy People 2010", released by the Department of Health and Human Services in January 2000. The nursing objective described in this report is "to strive for a 75% participation rate of nursing mothers in the early postpartum period, a 50% participation rate of nursing mothers in the period after the infant reaches 6 months of age, and a 25% participation rate of nursing mothers at the age of one year"

(Summary of State Breastfeeding Laws and Related Issues, Congressional Research Service, January 2005).

The benefits of breastfeeding are multifold and encompass benefits to both mother and child, as well as larger scale benefits such as societal and environmental benefits. Children who are breast-fed reap both preventive as well as developmental benefits. Multiple studies suggest the ample benefits of breastfeeding an infant, including a decreased susceptibility to acute infectious diseases, such as respiratory and gastrointestinal infections as well as higher I.Q. scores. (Breast-Feed or Else, The New York Times, June, 2006) According to Dr. Gartner, chairman of the American Academy of Pediatrics' breast-feeding section, breast-fed infants develop on average 50-95% fewer infections than babies who weren't breast-fed. In addition, the American Academy of Pediatrics claims a lower risk of developing chronic diseases such as asthma, diabetes, leukemia and some forms of lymphoma for breastfed babies later in life (Breast-Feed or Else, The New York Times, June, 2006)

Mothers also tend to benefit from breastfeeding their infant children. Research indicates that extended breastfeeding decreases the risks of developing breast cancer for both mothers and daughters (Breast-Feed or Else, The New York Times, June, 2006) as well as ovarian cancer. Additional maternal health benefits include decreased postpartum bleeding, more rapid uterine involution, earlier return to pre-pregnancy weight, and potentially a decreased risk of hip fractures and osteoporosis in the postmenopausal period (Breastfeeding and the Use of Human Milk, American Academy of Pediatrics, February 2005)

In addition to infant and maternal benefits, societal and environmental benefits have been attributed to breastfeeding infants. Health care would be reduced as a result of the benefits associated with breastfeeding for both mother and infant (Breast-feeding: Impact on Health, Employment and Society, Congressional Research Service, July 2003). Additional considerations include decreased costs for public health programs, parental employee absenteeism and associated loss of income, decreased environmental burden for disposal of formula cans and bottles, and decreased energy demands for the production and transportation of artificial feeding products (Breastfeeding and the Use of Human Milk, American Academy of Pediatrics, February 2005).

Legislation

As a result of national concern and the recommendations of organizations such as the World Health Organization, American Academy of Pediatrics, Work & Family Institute, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, National Association of Pediatric Nurse Practitioners, Association of Women's Health, and others, many states have enacted legislation addressing breastfeeding in the workplace and exempting nursing mothers from laws relating to indecent exposure and/or criminal behavior. As of 2005, 38 states and Puerto Rico have enacted some form of legislation related to breastfeeding (Congressional Research Service, 2005). Furthermore, Congresswoman Carolyn Maloney reintroduced "The Breastfeeding

Promotion Act of 2005” which is aimed both at promoting the health and wellbeing of infants whose mothers return to the workplace following childbirth, and at educating the public that breastfeeding and the expulsion of milk in the workplace are protected under the Pregnancy Discrimination Act of 1978 (The Breastfeeding Promotion Act).

Rhode Island legislation protects a woman’s choice to breastfeed by requiring an employer to make “a reasonable effort to provide a private, secure, and sanitary room or other location in close proximity to the work area, other than a toilet stall, where an employee can express her milk or breastfeed her child” (R.I. Gen. Laws § 23-13.2-1). The Rhode Island Department of Health asserts that “Rhode Island is committed to promoting breastfeeding, protecting a woman’s right to breastfeed her child, and ensuring the availability of quality health care services for breastfeeding mothers. The Department of Health collaborates with and supports health care professionals and community groups working to increase breastfeeding rates in Rhode Island” (www.health.ri.us/family/breastfeeding/index.php). The Physicians' Committee for Breastfeeding in Rhode Island, the Worksite Wellness Council of Rhode Island, and the Rhode Island Department of Health strongly support breastfeeding and recognizes breastfeeding-friendly workplaces with an annual award to those workplaces that implement effective components and strategies to enable a woman to breastfeed while at work.

Lactation Support Facilities at URI

Components of an effective program of support for breastfeeding mothers in the workplace include providing fair access to adequate facilities, a clear policy that supports and normalizes breastfeeding, and workplace education about breastfeeding (United States Breastfeeding Committee, 2002).

Adequate facilities include a site, or sites depending on the size of the organization, that has, at the very least:

- a clean, private, comfortable space that is not a bathroom
- an electrical outlet in order to pump milk
- table and comfortable chair(s)
- a sink, soap, water, and paper towels
- a small refrigerator

URI does not currently have a policy or provide lactation facilities. This is an equity issue for staff and students, who are not as likely as faculty to have access to a private space. Stories such as this from a former URI graduate student are commonplace:

“Breastfeeding certainly wasn’t anything I could talk about. When I returned to graduate school within days of giving birth to my daughter, I would stealthily walk to my car, leave the campus, drive down a back road with my Playmate cooler and breast pump, find a quiet stopping place, pump in my car, all the time nervously scanning the road for passersby, return to campus, try to find another

parking place, and go back to work, feeling somehow embarrassed and like I'd just committed some kind of misdemeanor."

Although faculty are more likely to have private space, this is also an equity issue for them. Because the childbearing years overlap with the tenure-track years, this is a pressing dilemma for women who are pursuing faculty careers, and can put them at a significant disadvantage. It is contradictory to be supportive of a family-friendly, flexible workplace, and pursuing a more diverse faculty base by hiring more women, if this very basic and easily met need goes unaddressed.

The ADVANCE program and the President's Commission on the Status of Women are developing a proposal for the identification of several lactation sites on campus, depending on the identified need. We propose that the first site be a small room in the ADVANCE Center (see Figure 2). This room is ideal for several reasons:

1. it is very small, limiting its use otherwise
2. it has glazed windows that are not transparent, and is in a secure, supportive, and private suite of offices
3. it is in a familiar and central location on campus
4. there will be people there to provide orientation, scheduling, monitoring, and clean-up for users
5. its use will be closely monitored to calculate usage, effectiveness, desirability, etc., for future planning
6. approved work-life research opportunities exist through usage data, interviews of mothers, etc.

The following provides some preliminary plans for its use. The room will be equipped with a sink cabinet, a small refrigerator, 2-3 comfortable chairs, and parenting resources, including a small lending library for new parents. It will be simply but attractively decorated and provide a comfortable, quiet place for a mother to pump milk. Provision of a breast pump is a possibility. Use will be on a first-come, first-served basis, unless scheduling becomes necessary. ADVANCE has a seating area for waiting mothers. When someone is waiting, use will be limited to 20 minutes.

We would like to emphasize that providing lactation sites is not a "woman's issue;" it is a workplace issue, a health issue, and a parenting issue. We do not see the location of this prototype site in the ADVANCE Center as the answer to the problem, but an excellent first step. For example, evening hours are difficult at this site. We are most eager to provide this service to our URI women, but ADVANCE and the PCOSW hopes that, once we understand the scope of need, the University will assume the responsibility of providing this important service in other, more general locations on campus.

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APPENDIX C

UNIVERSITY OF RHODE ISLAND BREASTFEEDING AND LACTATION SUPPORT PROGRAM

Originators: ADVANCE Office & URI Work-Life Committee

Date: November 20, 2008

Policy #08-1

Purpose:

The University of Rhode Island recognizes the importance and benefits of breastfeeding for both mothers and their infants, and in promoting a family-friendly work and study environment. Rhode Island Law provides for the needs of mothers who are nursing and their infants, as outlined in the End Note of this policy, and URI intends to fully comply with these provisions of state law by implementing a breastfeeding and lactation policy for students, faculty, and staff.

By implementing a breastfeeding and lactation policy, the University strives to create an exceptional environment conducive to working and learning and attuned to both professional and personal needs, such as the needs of a mother who is nursing to feed and/or to express milk for her baby while she is at work or school.

Applicable To:

All female University faculty, staff, and students.

Responsibility:

All University supervisors are responsible for being aware of the policy and working with female employees to arrange mutually convenient lactation break times. The Office of Student Affairs will be responsible for making this policy known to female students.

Policy:

The University of Rhode Island recognizes the importance and benefits of breastfeeding for both mothers and their infants, and in promoting a family-friendly work and study environment. Therefore, in accordance with Rhode Island state law, the University of Rhode Island acknowledges that a woman may breastfeed her child in any place open to the public on campus, and shall provide sanitary and private space, other than a toilet stall, in close proximity to the work or study area for employees or students who are nursing to be used as a lactation room. Supervisors/chairs will work with employees who are nursing to schedule reasonable and flexible break times each day for this activity.

1. Lactation Breaks

- a) Whenever possible, the University shall provide flexibility for staff and faculty mothers who give their Department Chair or Supervisor adequate notice identifying a need for lactation support and facilities.
- b) Mothers are responsible for requesting lactation support prior to or during maternity leave, preferably no later than two weeks before returning to work.
- c) The unpaid time (such as a lunch period), generally not to exceed one hour, ideally should run concurrently with an employee's paid break time (if applicable), but the University shall make separate time available, if this is not reasonable. Supervisors and employees shall work together to establish mutually convenient times.
- d) Alternatively, personal leave, vacation time, or flexible scheduling may be used for this accommodation.
- e) It is assumed that no serious disruption of University operations will result from providing lactation time.
- f) Consistent with URI's efforts to recognize the importance of supporting the needs of working caregivers, supervisors will respond seriously, positively, and will ensure that there are no negative consequences to mothers who are nursing when lactation break times are needed.
- g) Students and instructors planning to use lactation facilities must do so around their scheduled class times. Although any necessary student accommodations should be negotiated with individual professors, professors are not required to excuse tardiness or absences due to lactation needs.

2. Lactation Facilities

- a) The University of Rhode Island shall provide sanitary and private facilities in close proximity to the work area across campus for mothers to breastfeed or to express breast milk.
- b) The location may be the place an employee normally works if there is adequate privacy, cleanliness, and is comfortable for the employee.
- c) Areas such as restrooms are not considered appropriate spaces for lactation purposes, unless the restroom is equipped with a separate, designated room for lactation purposes.

Procedure:

1. Supervisors who receive a lactation accommodation request should review available space in their department/unit and be prepared to provide appropriate nearby space and break time.
2. If the employee or student wishes to use designated lactation rooms, they are listed at http://www.uri.edu/advance/work_life_support/lactation_facilities.html. Included are

descriptions of each lactation room, what, if any, pumping equipment is available, and whether provisions for the appropriate storage of breast milk are provided.

3. Mothers who are breastfeeding or expressing milk shall be responsible for keeping the facilities clean, and, where pumps are available, for cleaning and sanitizing the breast pumps after each use.
4. If an employee has comments, concerns, or questions regarding the URI Breastfeeding and Lactation Support Program Policy or other work-life balance personnel policies, she or he should contact the Office of Human Resources at (401)874-2416. Those who believe they have been denied appropriate accommodation or need assistance on how to make or respond to a request for accommodation should contact the Office of Human Resources at (401)874-2416. Students and others who have questions regarding access and use of the lactation facilities or would like general information about breastfeeding in the workplace and other work-life balance topics may contact the ADVANCE Office at (401) 874-9422.

End Note. Rhode Island State Laws supporting breastfeeding are as follows:

§ 08-223 (amended 2008, Chapter 23-13.5-1). Breastfeeding in public places.

A woman may breastfeed or bottle feed her child in any place open to the public.

§ 23-13.2-1 Workplace policies protecting a woman's choice to breastfeed. –

(a) An employer may provide reasonable unpaid break time each day to an employee who needs to breastfeed or express breast milk for her infant child to maintain milk supply and comfort. The break time must, if possible, run concurrently with any break time already provided to the employee. An employer is not required to provide break time under this section if to do so would create an undue hardship on the operations of the employer.

(b) An employer shall make a reasonable effort to provide a private, secure and sanitary room or other location in close proximity to the work area, other than a toilet stall, where an employee can express her milk or breastfeed her child.

(c) The department of health shall issue periodic reports on breastfeeding rates, complaints received and benefits reported by both working breastfeeding mothers and employers.

(d) As used in this section: "employer" means a person engaged in business who has one or more employees, including the state and any political subdivision of the state; "employee" means any person engaged in service to an employer in the business of the employer; "reasonable efforts" means any effort that would not impose an undue hardship on the operation of the employer's business; and "undue hardship" means any action that requires significant difficulty or expense when considered in relation to factors such as the size of the business, its financial resources and the nature and structure of its operation.

§ 11-45-1 Disorderly conduct. – Protects mothers breastfeeding in public from disorderly conduct laws.



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