

**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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