Texas DSHS Mother-Friendly Worksite Policy Initiative: Stakeholder Research Report

SUMA/Orchard Social Marketing, Inc
200 East 30th Street
Austin, Texas 78705
phone 512.371.7585
tax 512.391.0602
Acknowledgments

This report was prepared for the Texas Department of State Health Services, Division of Family and Community Health Services, with the assistance of:

Julie Stagg, MSN, RN, IBCLC, RLC
State Breastfeeding Coordinator
Women’s and Perinatal Health Nurse Consultant

This report was prepared by: SUMA/Orchard Social Marketing, Inc.

Researchers and Authors
Susan Poag, MS
Melanie Susswein, MSW
Lara O’Toole, MSSW

Research Assistant
Heather Noble
# Table of Contents

Findings from Key Stakeholders.............................................................................................................. 2  
Executive Summary............................................................................................................................... 2  
Summary of Findings............................................................................................................................ 3  
Summary of Recommendations........................................................................................................... 4  
Introduction ................................................................................................................................................ 6  
Methodology........................................................................................................................................... 6  
Findings....................................................................................................................................................... 8  
Stakeholder Background Information..................................................................................................... 8  
Initiatives.................................................................................................................................................. 10  
Engaging Businesses with Hourly Employees ....................................................................................... 13  
Reaching Populations with Disparate Breastfeeding Outcomes.............................................................. 15  
Barriers..................................................................................................................................................... 16  
Incentives ................................................................................................................................................ 17  
Lessons Learned ..................................................................................................................................... 18  
Best Practices, Innovative Tools, and Success Stories ............................................................................ 20  
The Business Case for Breastfeeding and Toolkit Elements .................................................................... 23  
Other Tools Desired.................................................................................................................................. 24  
Final Thoughts......................................................................................................................................... 25  
Recommendations...................................................................................................................................... 26  
Tools and Tactics to Motivate.................................................................................................................. 26  
Special Targets and Considerations........................................................................................................ 27  
Education and Training............................................................................................................................ 27  
Finding Allies .......................................................................................................................................... 27  
Conclusion ................................................................................................................................................ 28
Research on the Mother-Friendly Worksite Program: Findings from Key Stakeholders

Executive Summary

During December 2010, SUMA/Orchard Social Marketing, Inc. (SOSM), on behalf of the Texas Department of State Health Services (Texas DSHS) Mother Friendly Worksite Program (MFWP), conducted research with key stakeholders in the fields of breastfeeding and mother-friendly worksite promotion. This is one portion of a comprehensive research study that includes in-depth telephone interviews with key stakeholders, MFWP-participating and non-participating businesses, as well as focus groups with mothers, fathers, and employers throughout Texas. All research is grounded in an understanding of pertinent background literature. Taken together, this research will inform a statewide social marketing campaign aimed at promoting and expanding the MFWP in Texas.

SOSM researchers conducted 22 in-depth telephone interviews with a total of 27 stakeholders and made follow-up contact with several individuals. Interviewees represented states from Rhode Island to Georgia to California; nearly half are from Texas cities. Stakeholder names were provided by the Texas DSHS Office of Program Decision Support.

The telephone interviews were designed to learn about stakeholders’ professional roles and associations, to explore their past and current initiatives to create mother-friendly work environments, and to gather feedback on successful projects, campaigns, and toolkit elements. A significant portion of each interview was dedicated to discussion of how to take the Business Case for Breastfeeding (BCB) toolkit to the next level.

The following lines of inquiry were included.

- Background information on stakeholders, including the activities they undertake to create mother-friendly work environments
- Perceptions of the definition of *mother-friendly work environment* and the benefits of such environments
- Success stories and lessons learned from current initiatives and business partnerships
- Incentives and barriers for businesses to become mother-friendly
- Feedback on BCB and recommendations on essentials for a potential business toolkit
Summary of Findings

The stakeholders interviewed were experienced and passionate advocates for mother-friendly worksites and breastfeeding. Although stakeholders are doing grassroots work to influence their employers and others in their areas to be more mother-friendly, they lack the structure and resources to reach businesses systematically and with confidence. Stakeholders conveyed two key messages in interviews: that becoming mother-friendly has many concrete benefits and is easier than business leaders think it is; and that mother-friendly worksite and breastfeeding advocacy takes patience and persistence and is not possible without support. They defined a mother-friendly work environment as a holistic term that includes breastfeeding accommodations as well as considerations for maternity leave and flexible scheduling. In nearly all cases, stakeholders’ work involved but was not limited to initiatives with businesses. They are involved in a range of worksite programs, interfacing with business leaders themselves or training others to do so. While each stakeholder had at least one business-related success story, they tended to find this aspect of their work a struggle and desired better tools and support.

Interviewees had limited experience with employers of hourly or low-wage workers, but some had worked with women in these types of jobs to develop creative, individualized solutions to continue breastfeeding after returning to work. To reach other populations with disparate breastfeeding outcomes (e.g., women of color), stakeholders recommended utilizing and leveraging WIC tools and programming. Those who did not work for WIC programs felt ill-equipped to reach these populations in any systematic way. Helping employers understand the challenges faced by these populations and developing self-advocacy tools for women to use with their employers were the main suggestions.

Overall, respondents recommended approaching businesses with straightforward information on how they would benefit and see returns on their investments by becoming more mother-friendly. This type of information includes simple and affordable suggestions for making accommodations. Community advocates and workplace champions of these efforts must exercise creativity, persistence, collaboration, outreach, and education to be successful. Some businesses will continue to have space or policy limitations – or a workplace culture that does not support families or flexibility. With this in mind, stakeholders recommended prioritizing “low-hanging fruit,” or businesses and community allies that already value mothers, families, and wellness. Publicizing the success stories of existing mother-friendly businesses to serve as role models can create a snowball effect.
Stakeholders have some tools, but they desire more. They are using the BCB toolkit but find it overwhelming and not as practical as they would like. Several had adapted the toolkit’s content to suit their needs and/or supplemented it with other materials. There was a resounding call for handouts that boil the mother-friendly worksite information down to just a few pages for businesses.

There is national interest and excitement around creating mother-friendly worksites. Stakeholders were happy to offer their support to Texas DSHS efforts and see the momentum growing for breastfeeding and better support of mothers.

**Summary of Recommendations**

Stakeholders’ ideas encompassed a range of topics and innovative methods, with many points of agreement. The recommendations that came out of the research fall into four categories: tools and messages to motivate employers to become mother-friendly and support advocates in their work in the field; education and training needs; special targets and considerations for hourly employees and teachers; and allies to consider and target.

A broad array of tools and tactics is likely to spur more businesses in Texas to become mother-friendly. These should focus on the message that becoming mother-friendly can be simple and have a substantial return on investment. By providing employers with straightforward handouts on bottom-line benefits to both themselves and families, case examples of both simple and creative or exemplary accommodations, and policy and other templates, they will be well prepared for an initiative at their organizations. Updates and additions to BCB, such as making it simpler and adding brief take-away elements, can fill this need. Publicity and financial incentives are likely to further motivate businesses and make MFWP more appealing and visible.

Along with these tools, public health and breastfeeding advocates desire additional training and support on step-by-step methods for approaching businesses. While a number of these advocates have already received training on the BCB toolkit, they continue to feel unsure and overwhelmed at the prospect of influencing businesses systematically.
Hourly and low-wage employees as well as teachers face substantial barriers when trying to breastfeed while working. A targeted effort to support these populations and educate their employers would be extremely valuable. As stakeholders reported, successfully accommodating these workers takes creativity and additional advocacy; employers must become aware of the barriers and see examples of simple and creative solutions. WIC tools and curricula can support the employees directly.

Finally, numerous stakeholders emphasized the need to find allies in mother-friendly worksite initiatives. This could involve seeking out “low-hanging fruit” and building from those successes. It could also involve identifying projects and work at the state and local levels that tie into breastfeeding goals and mothers’ rights efforts (e.g., obesity prevention initiatives).

Stakeholders offered rich perspectives into what it takes to create more mother-friendly worksites in Texas. Recommendations drawn from this research provide the groundwork for additional research endeavors and offer concrete steps that Texas DSHS can take to improve and expand MFWP.
Introduction

The combination of the increasing number of women in the workforce, a push for work-life balance, and momentum around the issue of breastfeeding creates an opportunity to address and improve mother-friendly support in the workplace.\(^1\) SOSM researchers conducted in-depth telephone interviews with key stakeholders across the country who are working to create and promote mother-friendly work environments. Potential social marketing strategies are grounded in the experience and expertise of these individuals, as well as in existing research literature from the United States and abroad.

Methodology

SOSM researchers conducted 22 telephone interviews with a total of 27 key stakeholders in the fields of breastfeeding and mother-friendly worksite promotion (See Appendix A for interview guide and Appendix B for a list of organizations represented by interviewees). Prior to the interviews, researchers reviewed relevant research literature, laws, and policies provided by the Texas DSHS Office of Program Decision Support (see select citations throughout this report and a complete list of background literature in Appendix C). Stakeholders were identified by Texas DSHS, and participation in interviews was optional. To protect the confidentiality of the respondents, their names are not provided in this report. Lines of inquiry included the respondents’ definitions of mother-friendly work environment; details of their mother-friendly worksite initiatives; perceptions on incentives and barriers for businesses in this area; feedback on the Business Case for Breastfeeding (BCB) toolkit; lessons learned; and success stories.

Researchers made follow-up contact with several stakeholders, who provided additional information, contacts, and examples of best practices. At the suggestion of a stakeholder, one interview took the form of a conference call (organized by the stakeholder) with 5 individuals representing different aspects of the work and prevalent issues in their regions. In two other cases, researchers conducted partial telephone interviews with additional contacts in order to round out information on a particular initiative or innovation.

The sample is not large enough to be considered statistically valid. Rather, these qualitative findings provide rich insights into questions of what, why and how. Findings should be considered strictly directional, not statistically definitive.
Findings

Stakeholder Background Information

Interviewed stakeholders represent a range of organizations and roles, all connected to public health in some capacity. Their job titles include state or county breastfeeding coordinators, a WIC program director, the president of a local breastfeeding coalition, and grant/project coordinators. A few hold positions in associations or projects with a national reach. Two stakeholders are leaders in a coalition in their county that draws members from businesses and the health care sector. Whereas some stakeholders are considered informal community or workplace experts on breastfeeding, others play more formal roles and/or hold professional designations in the field. Some stakeholders have been working on breastfeeding and/or mother-friendly worksite issues for over 20 years, while others are much newer to these fields (e.g., 3 months on the job). Nearly all consider themselves outspoken champions of breastfeeding and mother-friendly worksite advocacy, and many have personal experience with returning to work after childbirth and attempting to continue breastfeeding. They represent states from Rhode Island to Georgia to California (see the map below); nearly half were from cities throughout Texas.
Stakeholders were asked to define the term *mother-friendly work environment*. Overwhelmingly, they gave definitions that included, but were not limited to, breastfeeding support in the workplace. Many defined mother-friendly work environments holistically, referring to the needs of fathers and whole families and to the important role of a supportive workplace culture that would allow a woman to express breast milk or leave for a school play, for example, without incurring tension from colleagues or supervisors. While many stakeholders focused in on specific benefits, accommodations, and related policies, a few mentioned that communication from employers on these accommodations is just as important. The following verbatim quotes (and others throughout the report) illustrate these findings and enhance their credibility.

This is a very all-encompassing term that addresses many things: breastfeeding, day care, flexible work hours, maternity leave, flexible return to work. [It is] much broader than the breastfeeding agenda.

I think “mother-friendly” indicates policies and practices that would make the life of a working mother easier [and] help her achieve a work–life balance.

Business is sensitive to their needs… so she can still be a mom and a good employee and not have to choose.

An employer who is flexible and communicative rather than reactive to the needs of employees… marketing of mother-friendly policies proudly.

The definitions provided are consistent with practices in place internationally: most other industrialized countries (and several non-industrialized ones) have at least a 3-month parental leave standard, with some far exceeding that time frame. Additionally, length of maternity leave (especially paid maternity leave) is known to be positively associated with mothers’ mental health, duration of breastfeeding, and infant health.

---

Initiatives

Stakeholders have participated and are currently participating in many types of mother-friendly workplace initiatives, which are often just one of many responsibilities. Several have written policies to support lactating mothers in their organizations, have been instrumental in creating and promoting lactation rooms, and have successfully applied for the Texas DSHS Mother-Friendly Worksite designation. These individuals have provided technical support or advice to help other workplaces in their areas achieve the designation as well. In one large, multi-site organization, a stakeholder and her colleagues successfully petitioned the agency director to expand the baby-to-work policy from 3 to 6 months.

My [hospital] department helps oversee the lactation rooms. I’m involved in helping to write policies for supporting breastfeeding. We have a loose policy in place, and we are trying to refine it. …We are trying to get [some of this] housed in HR so that women learn about it when they apply for maternity leave.

I’m working on a large grant with the [county] Department of Public Health on obesity and tobacco prevention funded through the CDC. I work to identify the largest employers in [this county] and evaluate program and policy needs that support breastfeeding.

I don’t do this formally as my job, but I am the chair for our local [breastfeeding] coalition nutrition committee, and through that I am working with one of the local hospitals in being certified as a mother-friendly worksite.

One stakeholder does dedicate the majority of her time to influencing businesses to be more mother friendly, and she offered valuable suggestions.

I like to show them the study by Melissa Bartick5 in the Journal of Pediatrics that tells them how much money they are going to save. Then I talk to them about family friendly and the stats on retention and return to work. Then I share easy, practical things they can do. I don’t like to make it really complicated – just three or four things that they should consider. They may not be able to do all four, but they could do some.

---

5 Available at: http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-1616v1AND summarized in the following article: http://www.nydailynews.com/lifestyle/2010/04/05/2010-04-05_breastfeeding_could_save_many_babys_lives_billions_of_dollars_pediatrics_journal.html
Some stakeholders are targeting specific types of organizations, such as school districts, hospitals, child care centers, physicians’ offices, or the largest employers in their states (from factories to technology companies). Creating mother-friendly schools and factories has proven especially challenging. Certain stakeholders oversee WIC clinics, so they are promoting mother-friendly policies and practices in these clinics as well as in the organizations that host the clinics (e.g., departments of health). WIC clinic directors also are often instrumental in community advocacy and education. For example, two different WIC clinics broke the task of mother-friendly worksite advocacy and outreach down into manageable steps: during World Breastfeeding Month, each Peer Counselor approached at least one local business and asked them to become breastfeeding-friendly. Beyond that, the WIC clinics are teaching their clients self-advocacy in the workplace because top-down approaches have not always been successful. This training is often offered one-on-one during case management sessions. However, the directors and staff of several WIC clinics in one region are creating a workshop focused entirely on return-to-work issues.

I am the manager for a two-year stimulus-funded grant. …One of the three main interventions is working with all school districts [in the state] for lactation support policies for employees. …We have had some issues with school superintendents that cannot take teachers out of the classroom [for lactation] because of tight schedules. I’m still working on solutions to that! No creative solutions on this yet. …And this does not cover teen moms.

At my level [as the state breastfeeding coordinator], unless a business contacts me, we don’t contact them. We do things backwards here because we don’t approach individual businesses as a sales call [to be mother-friendly].

Other stakeholders are involved in creating mother-friendly work environments at a more systemic level. For example, a number of stakeholders had received training in the BCB toolkit and, in turn, have trained – or are planning to train – other professionals and community members to approach businesses. In a few instances, stakeholders have introduced a mother-friendly worksite focus into the strategic planning of their coalitions or projects. As one example, a statewide breastfeeding coalition offers businesses mini-grants of $1000 to $2000 to create lactation rooms.
When asked about the catalysts for these initiatives, stakeholders overwhelmingly answered, “Me!” or referred to another champion of the cause in their organization or region. Others mentioned that WIC’s historical support of mothers and current support of breastfeeding influenced their work. If they work for a WIC clinic themselves, they saw mother-friendly worksite advocacy as a natural fit. Beyond that, several stakeholders mentioned federal or state law. Other catalysts were the release of the BCB materials, general discussion of the issue in the field of breastfeeding, and community research that indicated a need for attention on this issue.

To date, few stakeholders have done any evaluation of their mother-friendly worksite initiatives, citing lack of time, staff, and funding; several plan to do an evaluation in the future.

<table>
<thead>
<tr>
<th>Nursing Mothers’ Rights in the Workplace and Federal Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>o The Federal Health Care Reform Bill, signed on March 23, 2010, amends the Fair Labor Standards Act to require employers to give mothers reasonable lactation breaks during work hours. These breaks do not have to be paid.</td>
</tr>
<tr>
<td>o A nursing mother has the right to a private, non-bathroom location for milk expression.</td>
</tr>
<tr>
<td>o The Affordable Care Act of 2010 extends these protections to hourly employees.</td>
</tr>
<tr>
<td>o Organizations with fewer than 50 employees may claim exemption if they can prove that providing accommodations would cause undue hardship.</td>
</tr>
</tbody>
</table>

*Note: Many states have additional laws and provisions. Current information on breastfeeding laws can be found at: [http://www.ncsl.org/default.aspx?tabid=14389](http://www.ncsl.org/default.aspx?tabid=14389).*
Engaging Businesses with Hourly Employees

Accommodating breastfeeding is harder in some fields and jobs than in others. Seventy-seven percent of mothers in retail or service jobs wean their babies before 6 months.\(^6\) It is more difficult – but quite possible – for businesses with hourly employees to become mother-friendly and support lactation. There are clear barriers that are evidenced by both the background literature\(^7\) and the stakeholders’ anecdotes. For one, hourly employees\(^8\) tend to be required at their posts for their entire shift. Lack of private space and refrigeration for expressed milk is a real issue as well. Low-income hourly employees in particular may not be able to afford unpaid breaks or breast pumping equipment. The literature and a few stakeholders mentioned that these employees may have anxiety about asking for accommodations at work because they fear losing their jobs or believe their employers will not be supportive.

I really don’t [have ideas]. We talked to a couple of restaurants and mostly were just turned down and told to go to their corporate offices. A couple of banks, I’ve written letters for their employees. Not a very receptive crowd. I think probably helping my mothers adapt to that and do reverse cycle feeding, because there was no room for manipulation of the schedule and there is no space. The only alternative is to go into the bathroom, and they don’t have cars.

Here, we have a call center for people scheduling appointments. [Employees] have a scheduled break time. It gets very complicated; if you change one person’s schedule you have to change everyone’s – not easy.

While few stakeholders had clear-cut solutions for overcoming these barriers, they made an overwhelming call for creativity, determination, and employer education so that the issue will be prioritized and many more employees reached with mother-friendly accommodations. A few had worked with employers to find solutions to reported problems; hospitals in particular were most receptive.

---


\(^7\) Ibid.

\(^8\) It is notable that certain professionals, such as teachers, face some of the same barriers.
Following are some examples of solutions found for hourly employees.

- Pumping in a makeshift space (e.g., behind a screen, in a car, in a janitor’s closet)
- Partnering with nearby mother-friendly businesses with available space (e.g., an office across the street from the fast food restaurant)
- Arriving 15 minutes early and leaving 15 minutes late for each shift to accommodate lactation breaks
- Creative scheduling: splitting shifts; extending shifts to have more days off; taking advantage of overnight shift options to be home with the baby during the daytime
- Rotating employee roles as part of the regular course of business so that no employee is locked into a position and all are cross-trained (e.g., as the receptionist)
- Temporary shift in work duties (e.g., stocking shelves indoors instead of working at an outdoor post)

Background literature also recommends solutions such as having a floater employee on hand to cover for employees while they take breaks; providing educational resources to mothers; and providing low-income staff with assistance in obtaining breast pumps to reduce their barriers to breastfeeding. Stakeholders offered some examples of ways to help women get pumps or educational materials, primarily by making use of WIC resources.

*I heard about a fast food employee who did not have electricity at home, so she made arrangements to pump at work in her manager’s office. She stored the milk at work and then brought it home with ice packs. At a convenience store, a woman wore a baggy sweater and had her pump attached under it. No one even noticed!*

Many respondents mentioned the central role of WIC in reaching hourly and low-income employees. WIC programs can and do teach their clients self-advocacy, lend out breast pumps, and take a stand in their communities to promote mothers’ rights. One stakeholder is in the process of creating several tools: a self-advocacy tool for WIC clients (see Appendix D), a simplified handout for employers on the legal requirements and bottom-line benefits of being mother-friendly, and research into disability models of workplace accommodations. It is notable that the discussions about hourly employees focused mainly on breastfeeding accommodations at work; benefits such as flexible scheduling, maternity leave, and child care rarely came up in the interviews.

*These are hard-fought clients. When you work at the lowest level, a lot of things are wrong, like no vacation time for pregnancy complications, etcetera. These are not the kind of employees who*

---

have two-week vacations and maternity leave. It’s really hard to advocate in those situations, and those are where the most skilled practitioners need to be. …You really have to be inventive!

Reaching Populations with Disparate Breastfeeding Outcomes

Stakeholders had even fewer ideas to share about reaching other disparate populations (e.g., women of color, families living in poverty) and seemed to be grappling for solutions themselves. They recommended using WIC resources, promoting self-advocacy, and recognizing the challenges faced by these populations. One stakeholder met with doctors who believed that immigrant women were more likely to defer to them as authority figures and not ask questions. Another had discussed with WIC clients the pressure to bottle feed that they face from family members who help with child care who find bottle feeding easier. Other recommendations included seeking out partnerships with faith-based organizations and ethnically oriented associations; promoting listings of mother-friendly businesses at job search centers (e.g., the Texas Workforce Commission); and teaching women to advocate for themselves.

It’s important that a mother know what she wants and how to ask for it. There have been situations where a woman wanted to breastfeed, but was given formula at the hospital and ended up using formula instead.

This is very difficult. …Maybe the message [to these populations] should be to breastfeed for one month, and then women may continue because they’ve gotten over the hump. That makes it less daunting than [be expected to do it for] six months.

Our minority populations are very scared to ask for [accommodations], so you’ve got to let them know that they have civil rights protections. If [the business] were to be complained about, then you have a civil rights case… and they are in trouble.
Barriers

Interviewees encountered numerous barriers (listed below) in their work to create more mother-friendly worksites. These obstacles were reported by business representatives, colleagues, and clients and are supported by the background literature. They indicate a need for employer support and education.

- Perception that it would require a big investment of money and time
- Perceived lack of physical space and lack of knowledge as to how much space is needed
- Perceived or actual lack of a current need (e.g., no known pregnant or nursing women; top administration believes they have addressed any existing needs because they have not heard complaints; belief that breastfeeding and bottle feeding are equal)
- Bureaucracy in policy/program approval process and uncertainty on how to write a policy
- Policies have been created, but are not implemented or communicated effectively
- Perception that accommodations will be disruptive to productivity or unfair to coworkers
- Competing employee wellness and business priorities
- Not the cultural norm
- No one to champion the issue and employees who fear to speak up
- Key decision makers have had negative personal experiences with breastfeeding, are not educated on the topic, or are uncomfortable with it
- Accommodations are made, but there is no desire to formalize them through policy
- Lack of resources (e.g., no position or funding dedicated to this issue)

I don’t really feel terribly successful [with businesses]. …Of the [public health] folks who have received training, we’re not terribly aggressive people, so are shy about reaching out to businesses.

[Staff] are going to say, “I’m glad that my job is still here.” They are not going to make waves. With the economy right now, they are thinking, “There are sixteen people who want my job.”

---


11 B. F. Dunn et al. (2004) Surveyed 157 businesses and found that, of the 71% interviewees who said they would support breastfeeding and mother-friendly accommodations, only 28% actually do have policies or programs in place. This indicates and opportunity and a need for employer support in policy/program implementation.
Incentives

Stakeholders had many suggestions, based on their experiences in their communities, for motivating businesses to become more mother-friendly or participate in a program such as MFWP. Some of these ideas entail concrete incentives, while others identify practices or tools that seem to motivate businesses to implement policies or programs. Specific ideas for tools that can support businesses are discussed in greater depth later in this report, but stakeholders emphasized making the process as easy as possible so that it does not appear daunting.

First and foremost, stakeholders and current evidence-based tools (such as The Business Case for Breastfeeding12) recommend showing businesses how being mother-friendly would positively impact their bottom line. Many stakeholders recommended putting this information into business terminology, which emphasizes dollars saved; returns on investment; statistics on retention, absenteeism, and recruitment; and wellness and satisfaction data from both male and female employees.

According to stakeholders’ experiences, targeted qualitative information complements the numerical and statistical data. Seeing case examples from a variety of other businesses can make becoming mother-friendly seem less daunting. Some stakeholders found that business people especially want to see examples of businesses that have created lactation policies and rooms cheaply and easily, and they value allies and experts in their communities. Stakeholders have seen that when the issue hits home for employers, they are even more motivated to act; this often occurs when they have already invested training, time, and money into an employee who now has breastfeeding and family needs.

---

Ideas for incentives included the following:

- Distinctions and honors (e.g., ceremonies, decals, certificates, awards)
- External publicity and local media attention (e.g., tie-into existing lists of best places to work)
- Promotion on a dynamic website
- Money, in the form of mini-grants or tax breaks.

Stakeholders had mixed opinions on certain incentives, and they have encountered some businesses that want to become mother-friendly for altruistic reasons alone. Thus, no single approach is best for all businesses. Some stakeholders believe that laws can motivate businesses to act, while others see a legal approach as adversarial. Some had worked with businesses that did not want any special credit for becoming mother-friendly, but saw it as “the right thing to do.” This was especially true for female-dominated industries such as health care.

**Lessons Learned**

Stakeholders gave their broadly shared insights developed in the course of their work to create more mother-friendly businesses; however their experiences did not allow them to offer many specific examples. Many recommended approaching businesses that already have an interest in women and families or employee wellness. Also, certain stakeholders emphasized that mother-friendly worksite advocates are more successful when they know the lay of the land in their region – the politics, workplace culture at major employers, community allies, and projects that tie into this work (e.g., obesity prevention). Some stakeholders adamantly stated that a policy, not just a program, is necessary to protect mother-friendly accommodations over the long term. Others further suggested putting structures in place to facilitate policy implementation (e.g., a written agreement of ground rules for a baby-at-work policy; a schedule for the lactation room).

*I would prefer a written policy versus dealing with each situation one-on-one. We have a form that we must fill out using the six-month infant-at-work policy that includes the date of infant’s birth, backup care providers in the office… it provides a framework and ground rules in writing and is very helpful to have.*
Several interviewees pointed out that businesses want to see examples of what other businesses are doing, especially businesses of similar size and scope. This gives the sense that becoming mother-friendly is cutting-edge. Interestingly, according to one of the background articles, the diffusion-of-innovation theory asserts the concept of a mother-friendly worksite snowball effect, whereby organization leaders are influenced by the actions of their peers and aim to maintain their competitive edge.

*If we can get big businesses on board first, then promote their names, it gives the sense of everyone’s doing it.*

The majority of stakeholders recommended collaborations. For example, some referred to the many allies in the community who work in various industries and sectors (e.g., obesity prevention efforts) and approach the issue from various angles. Pregnant or breastfeeding mothers themselves can be wonderful champions once they feel empowered; stakeholders have seen them spread the word among friends and discuss their needs with their employers. Additionally, a mother’s advocacy is more powerful if she can join together with a diverse mix of employees (e.g., men, older individuals, younger women) when approaching a supervisor or human resources manager. Two stakeholders pointed out that breastfeeding advocates have to compete with formula companies and their advertising efforts.

*Most moms receive free formula – formula companies get moms early, so we need to counteract that and get them early too!*  

Once mother-friendly policies or accommodations are in place, some stakeholders see a need to market them within the organization and maintain the lactation rooms. Research on best practices goes further, asserting that organizations must evaluate their mother-friendly policies and programs to see the benefits and maintain momentum. Above all, stakeholders made it clear that becoming mother-friendly is easier than many employers believe it to be, and that it has significant benefits to the business.

Best Practices, Innovative Tools, and Success Stories

Stakeholders described various best practices and innovative tools they’ve encountered in their work. They drew most of these from their own success stories. For example, one stakeholder’s coalition has sponsored 30- to 60-minute “lunch and learns” for the business community, reaching human resources managers who represented 6,200 employees. One childcare center offers free lunch to moms who come in to breastfeed on their lunch breaks; another center offers tuition discounts to breastfeeding mothers. One stakeholder reported success in networking with chambers of commerce to gain access to certain businesses and sectors. Another designed and successfully used a “Dear Supervisor” letter that women can use to initiate a discussion with employers.

[A university] won our Gold Breastfeeding Friendly Workplace Award. They implemented policies on four campuses. They have an office that promotes women in science and an ADVANCE grant for universities. They’re collaborating with [our coalition] to take our adapted Business Case [for Breastfeeding] toolkit to all ten other universities in the state.

Just getting human resources staff from these large organizations to come to the table took several months and has been a great victory.

We did a lot of writing and approached business magazines to publish our articles. We’ve networked with a lot of other states and sold ourselves as consultants to them.

We have a good reputation. [An obesity prevention coalition] comes to us when they have extra money, and we go to them with project ideas. Finding that ongoing [financial] support … the fact that organizations are seeking us out to become more mother-friendly instead of us going to them, that’s really great.

Other stakeholders described strategic partnerships with organizations with female- and family-centered or worksite wellness missions. For example, one organization supporting female physicians in work-life balance issues approached a coalition for technical support and formed an ongoing collaboration. Another stakeholder was targeting a large organization that employs 38,000 people in her county and provides health insurance and Medicaid coverage to millions more.
Some referred to specific materials or organizations, including the following:

- The National Business Group on Health toolkit, Investing in Workplace Breastfeeding Policies and Programs\(^\text{15}\)
- Videos produced by the Colorado Breastfeeding Coalition\(^\text{16}\)
- A brochure created by the Rhode Island Department of Health\(^\text{17}\)
- The WIC “Every Ounce Counts” campaign materials\(^\text{18}\)
- The Business Case for Breastfeeding materials, especially the small brochures and PowerPoint presentation\(^\text{19}\)
- The model lactation policy and program of The University of Southern California\(^\text{20}\)
- The Centers for Disease Control and Prevention public health information (various).

A background article mentioned an additional tool – the Employer Support for Breastfeeding Questionnaire\(^\text{21}\) – and determined that it is a valid and reliable tool for assessing an employer’s values and plans to actively support mothers in the workplace. This tool could be helpful for mother-friendly worksite advocates or for large businesses that want to assess their needs and plans.

15 Available at http://www.businessgrouphealth.org/healthtopics/breastfeeding/docs/ BF_entire_toolkit_FINAL.pdf.
16 Available at http://www.youtube.com/user/cobf videos#g/c/9E1B804486E43D69.
17 Available at http://www.health.ri.gov/publications/brochures/ BreastfeedingAndGoingBackToWorkOrSchool.pdf.
19 Available at http://www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding/.
Stakeholders had various other ideas for recommendations. These included ensuring community buy-in; partnering with local and national breastfeeding coalitions; seeking out grants specific to this type of work; paying attention to the political and cultural climate of a region; avoiding images of breasts and babies in favor of professional images; and looking for opportunities to collaborate with human resources associations and departments of labor. Multiple stakeholders believed that mass media communication, targeted advertising, and social networking – perhaps tied in with World Breastfeeding Month or National Healthcare Reform news – would be beneficial in raising awareness.

Stakeholders conveyed two key messages. One was that becoming mother-friendly is easier than business leaders think and has many concrete benefits. The other was that mother-friendly worksite and breastfeeding advocacy takes patience and persistence and is not possible without support.

**Spotlight on Innovation: A Clinic in a Mall**

A hospital in upstate New York is bringing breastfeeding support to women where they work and shop. Through a partnership with a local shopping mall, they have created a health care and health education hub. This includes a room where mall employees (many of them hourly workers) and shoppers can breastfeed their babies, as well as free support from nurses trained as lactation counselors. Nurses also contact all mothers who have given birth in the hospital to check in, answer follow-up questions, and inform them of class offerings. This clinic is a known learning center in the community and has steady traffic. It also offers chronic disease screenings and education, and a mall-walking program with 2,000-2,500 active participants.
The Business Case for Breastfeeding and Toolkit Elements

The majority of stakeholders mentioned, and were familiar with, BCB before being asked about it. Several had attended trainings on the toolkit and others had reviewed it on their own. Stakeholders have used the materials, especially the small brochures (e.g., “For Business Managers”), when approaching businesses and conducting trainings. Numerous interviewees have taken research statistics, sample policies, letter templates, and other contents from the toolkit to create shorter handouts and presentations.

We are providing free training [on BCB] to anyone who is interested… then we ask each person who enrolls in the training to approach one business each with the information and also to provide information to moms to advocate to business.

Having watching three hundred participants get trained on the Business Case for Breastfeeding, you see light bulbs go off. [They see how] it makes sense to talk in a different language than public health lingo.

Positives
Stakeholders cited many positive aspects of BCB, such as its professional, attractive look and the wealth of information and solid research contained in the kit. Its availability online is another positive. Stakeholders who had been trained in using BCB appreciated that training and knew what elements to pull from the toolkit for different situations. Interviewees liked the fact that BCB is concrete, to the point, and includes breakaway elements that can stand alone or be adapted. Stakeholders said that the toolkit raised awareness and effectively made the point that businesses need to hear numbers and information in their own lingo.

I remember thinking, you have it all right here; this is everything you would ever need.

It is truly a toolkit and beautiful looking. There are many break-off pieces… and people can adapt it to their needs. It’s good that it’s public domain.
Challenges and Suggested Updates
Stakeholders pointed out just as many – if not more – challenging aspects of the toolkit as positive elements. Primarily, they found its sheer volume challenging or even unmanageable. Many requested that the information be condensed into one or a few pages. They did not think it was organized in an intuitive way, and they felt it lacked information or a script for an actual business encounter. Numerous stakeholders were frustrated by the fact that the toolkit has been out of stock online; printed copies would be more useful to them than the online copies. Respondents saw BCB as aimed at white-collar employers and not at low-literacy audiences. It seems to lack case examples of small businesses and businesses with hourly employees. Furthermore, the research in the toolkit is outdated.

*It’s way too much!*

I think if we took the information and put it in a ten-page, magazine-style pamphlet that had benefit and sample policies clearly, like other materials that [Texas] DSHS currently offers, it would be more cost-effective and easier for employers to read. These are wonderful formats and doctors request these pamphlets constantly.

When asked how they would update BCB, interviewees asked for current statistics and guidance on how to find local and industry-specific data, and suggested that the materials be streamlined and include shortcuts. Stakeholders also called for tie-ins to obesity prevention, health care reform, and relevant legislation at the state and national levels. One stakeholder, the author of BCB, mentioned that she is creating supplementary toolkit elements that target hourly employees and sees a need to also target teachers and nurses. With key changes, BCB would likely be better utilized and less intimidating.

Other Tools Desired
In addition to BCB updates, stakeholders offered feedback on other tools they could use in their work to create more mother-friendly worksites. These included an evidence-based presentation template, a one-sheet handout, resources on relevant laws and labor department contacts, and a parting gift for employers. Others requested attractive materials that they and/or employers

---

22 As models, this stakeholder referred specifically to the Texas DSHS pamphlets “Breastfeeding and Returning to Work” and “Instructional Guide for Giving Your Baby the Best.”
can post at mother-friendly accommodations, testimonials from mothers who benefitted from accommodations, and current information on what other businesses are doing.

What’s currently in the [BCB] toolkit is great, but let’s make it more accessible.

I would like an iPod application that you could enter the number of employees and it will tell you in one page what [breastfeeding accommodations] will mean to that business. For example, five women calling out less per month. …Facts right away.

Materials and tools are great, but it’s more about creating excitement and making [being mother-friendly] the norm and having people know this is important.

A template policy of the benefits of breastfeeding and a one-page sheet on what mom needs. Making it sound simple, do-able, and easy. Plus, sample self-advocacy pieces for different types of jobs, like police, student, cashier; and real life stories.

Final Thoughts

Some stakeholders articulated a few final thoughts, but most simply expressed support and were excited by the work Texas DSHS is doing to improve worksite conditions for mothers and families. Some emphasized the need for many voices to be heard in this work, including those of primary care providers. Others asserted that to give this work the attention it deserves, dedicated funding and staff positions need to be available. A few hoped for a large-scale media campaign – or at least ongoing communication – around mother-friendly and breastfeeding issues to raise awareness, build momentum for a cultural shift, and celebrate success stories.

Keep on trucking! Get the message out there!

I’m excited about the prospect and expect big things!

Don’t give up! You’re a big state like us!
Recommendations

Ideas presented by stakeholders touched upon a range of topics and innovative methods, with many points of agreement. The following recommendations are drawn from the stakeholder qualitative research and are grouped by common themes.

Tools and Tactics to Motivate

1) Focus on the message that becoming a mother-friendly worksite can be simple, does not have to be expensive, and has financial and other concrete benefits. Provide employers with examples and straightforward tools that guide them through the process (e.g., policy templates, publicity posters). Offer examples and tools that go beyond breastfeeding and lactation rooms to include flexible scheduling and other family-friendly considerations.

2) Update BCB by creating brief handouts and pamphlets on it that a busy business leader can quickly digest. These would include financial and statistical data on returns on investment, the business value of supporting mothers, and the public health value of supporting healthy babies and families, as well as directions to case examples and resources.

3) Offer interested businesses publicity and other incentives, such as tax breaks, awards, or grant opportunities, to motivate them to participate in mother-friendly initiatives.

4) Support progress at multiple levels: bottom-up self-advocacy by mothers and fathers (e.g., through WIC classes and with tools or handouts on parental rights); top-down employer policy and program changes (through MFWP expansions as detailed throughout this report); and community awareness efforts to create widespread dialogue and awareness.
Special Targets and Considerations

5) Hourly employees: Let businesses know that there are simple and creative solutions to seemingly large barriers to supporting mothers who are hourly employees or populations with disparate breastfeeding outcomes. Educate employers on the fact that these employees may not ask for accommodations, but they do need them and would benefit from a supportive culture in the workplace. Provide success story examples. Draw from WIC program tools and curricula.

6) Teachers face barriers similar to those encountered by hourly employees. Coordinate outreach to school districts that includes some of the same educational strategies and creative thinking.

Education and Training

7) Use handouts and other tools to educate employers on the importance of breastfeeding and being mother- and family-friendly. Emphasize the bottom-line benefits for businesses.

8) Train public health advocates in step-by-step methods for approaching businesses, providing them with structure and support to increase their comfort level. This may include scripts, handouts, and a state-level commitment to do the legwork of reaching out to human resource professionals and other key decision makers.

Finding Allies

9) Start with “low-hanging fruit” by approaching organizations that already have a vested interest in mother-friendly and wellness issues. Leverage those contacts first, for a snowball effect.
10) Identify and nurture partnerships with unexpected allies in the state and in local communities that are doing work that ties into breastfeeding and mother-friendly workplace initiatives (e.g., obesity prevention projects).

Conclusion

For breastfeeding advocates across the country, creating mother-friendly workplaces has been a struggle. Clearly, some strides have been made and successes racked up, often as the result of one individual’s persistence in finding allies and funding for her work. Stakeholders were able to create change in their own organizations and, in some cases, to draw from that momentum to influence similar organizations in their area. They have had the greatest impact with “low-hanging fruit.” Many of these experienced and passionate professionals reported that they feel ill-equipped to reach businesses systematically and are eager for guidance and tools. This research offers a forum for information and idea-sharing to move this work forward.
Appendix
Appendix A:
Stakeholder Interview Guide

ONE-ON-ONE INTERVIEW GUIDE WITH STAKEHOLDERS
MFWP

Interviewee:
Contact Information:
Date:
Interviewer:

INTRODUCTION TO INTERVIEWS: SOSM has been contracted by the Texas Department of State Health Services to research information on mother friendly work policies and programs. Our research will be used to help inform a social marketing campaign around mother friendly worksites. The goal of this interview is to get your opinion and thoughts on how to achieve this and to learn from you about your experiences and best practices.

A LITTLE BIT ABOUT US: We are a social marketing company based in Austin, Texas and we have extensive research experience on subjects such as this. This interview will take 30 to 40 minutes and is completely confidential.

A BIT ABOUT THE INTERVIEW. I’m going to begin by asking you some background questions and then move to more detail about some of the initiatives you may be working on. Then we’ll talk about the Business Case for Breastfeeding and a Toolkit. The final phase is a quick wrap up to ensure that we haven’t missed anything.

Before we begin do you have any questions or concerns? If not … commence.

1. Background

   1. I’d like to begin by getting a bit of background information. Please tell me your job title, your responsibilities, and how long you have worked in this position?

   2. What does the term mother friendly work environment mean to you?

      Probe: What does it include: maternity leave? Flexible return to work?, etc.

   3. What role do you and your organization currently play in creating breastfeeding friendly work environments?
4. How long has your organization been working on this issue?

   **Probe:** What was the catalyst?

II. Initiatives

5. What kinds of mother friendly workplace initiatives are you working on currently or have you worked on in the past?

6. How did these initiatives and programs came about? For example, what was the process, how long it took, and who were the key players to successful implementation?

   **Probe:** Nuts and Bolts

7. Which businesses are you currently working with?

   **Probe:** What size businesses?

8. When you were creating these initiatives where did you go or to whom did you contact to learn about the possibilities of what could be done to create more mother friendly workplaces?

9. Who are the big employers in your area that we should be aware of as we attempt to engage organizations to become more mother friendly in the workplace?

   **Probe:** If they have mentioned specific businesses ask: Do you have contacts for these businesses and have you attempted to reach out to them in the past?

10. What kinds of experience have you had working with businesses that have a high percentage of hourly employees?

   **Probe:** Are there specific challenges or lessons learned you can share about these types of organizations?

11. What incentives do businesses respond to and what do you think motivates them to participate in a mother friendly initiative?

12. What challenges have you heard from businesses that either choose not to participate or who had to be convinced to participate? Are there challenges to specific industries in your region?

13. What are the lessons you have learned that we should be aware of as we work to create more mother friendly workplace in Texas?
14. What are the most successful strategies you have used to engage businesses?

**Probe:** Any measurable outcomes? Anecdotal evidence?

15. What has been your greatest success story?

16. What do you consider the best practices that we in Texas should be looking to as we create a campaign to increase mother friendly work environments?

17. What is the most innovative or memorable tool or practice that you have seen or heard about in educating people in the workforce about becoming more breastfeeding friendly?

18. What insights do you have about reaching disparate populations through the initiatives you’ve worked on?

### III. Business Case for Breastfeeding and Toolkit

19. How do you use the Business Case for Breastfeeding?

20. What are the most positive aspects of the Business Case for Breastfeeding?

21. What are the challenges associated with using the Business Case for Breastfeeding?

22. If you could update the Business Case for Breastfeeding, how would you update it?

23. What kind of tools would you like to have in your hands to educate businesses to become more breastfeeding friendly?

24. If you were creating a toolkit for businesses what would be in it and how would it be used?

### IV. Conclusion

25. Who else do you think we should speak with in order to learn the barriers, challenges and innovative methods in which to create a more mother friendly environment in workplaces across Texas?

26. Is there anything that I have not asked you that you feel is important to share with DSHS as they work to help businesses create more mother friendly work places across Texas?
Appendix B:
Organizations Represented by Interviewees

Austin/Travis County WIC Program – Breastfeeding Coordination
Brazoria County WIC
Breastfeeding Task Force of Greater Los Angeles – Project RENEW
Dallas Parkland Hospital – Women and Education
Every Mother, Inc.
Florida Department of Health – Communities Putting Prevention to Work
Harris County Breastfeeding Coalition
Healthy Tarrant County Collaboration
Hidalgo County Breastfeeding Coalition
Hidalgo County WIC Office
Indiana Breastfeeding Alliance, Indiana Perinatal Network
Kansas Department of Health and Environment
Mom’s Place – Driscoll Children’s Hospital (Corpus Christi)
Mom’s Place – WIC Breastfeeding Clinic (Austin)
New York Department of Public Health – Breastfeeding Coordination; Child Nutrition Program
New York State WIC Program
New York State, Child and Adult Care Food Program – Breastfeeding Friendly Child Care
North Georgia Health District – WIC Breastfeeding Coordination
Northeast Texas Public Health District – WIC Program
Oregon Public Health Division - Office of Family Health
Rhode Island Breastfeeding Coalition
Rhode Island Department of Health – Breastfeeding Coordination
South West Area Breastfeeding Advocates
State of Kansas – WIC Nutrition and Breastfeeding Coordination
Tarrant County - Breastfeeding Coordination
Texas Breastfeeding Coalition
Texas Department of State Health Services – Tyler WIC Program
Texas Tech University Health Sciences Center at El Paso

1 Please note that organizations listed describe the affiliations depicted by stakeholders as best as possible.


Texas Department of State Health Services. (2010, November 2). Mother-Friendly Worksite policy initiative: Call 1, getting started [Presentation].

Texas Department of State Health Services. (n.d.). Texas Mother-Friendly Worksite training and technical assistance [Presentation].


Appendix D:
Sample Self-Advocacy Tools
A Day in the Life of a Working & Pumping Mom

- Before you go to bed:
  - Wash the pump parts and bottles - let them air-dry.
  - Prepare snacks and lunch for the next day.

- In the morning:
  - BREASTFEED before getting ready for work.
  - Pack the pump parts, bottles and ice for your cooler.
  - BREASTFEED at child care and leave your breastmilk labeled with your baby's name.

- At work:
  - Most moms find they maintain their milk supply if they pump or breastfeed every 2-3 hours for at least 10-15 minutes.
  - Wash your hands before and after pumping.
  - Most moms find that they make more milk if they relax, take deep breaths, massage their breasts, and/or look at their baby's picture before pumping.
  - Rinse your pump well and assemble it again for the next pumping.

- When you get to child care:
  - BREASTFEED before going home with your baby.

- When you get home:
  - Label your milk with the date and your baby’s name.
  - Refrigerate your milk for the next day or freeze it if you will not use in 24 hours.
  - BREASTFEED whenever your baby wants to.

If you don’t have enough milk, have your child care worker FIRST give YOUR milk. It should not be mixed with formula. If your baby still needs more milk, give formula afterwards. If your baby is over 6 months old, solids work well, too. Every drop of your milk is like GOLD, make sure your baby gets it first!

---

Sample Work-day Schedule of Breastfeeding and Pumping

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 AM</td>
<td>Breastfeed</td>
<td>Home</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>Breastfeed</td>
<td>Child care</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>Pump – break time</td>
<td>Work</td>
</tr>
<tr>
<td>12:30 PM</td>
<td>Pump (or breastfeed?)</td>
<td>Work or child care*</td>
</tr>
<tr>
<td>3:00 PM</td>
<td>Pump – break time</td>
<td>Work</td>
</tr>
<tr>
<td>5:30 PM</td>
<td>Breastfeed</td>
<td>Child Care or home</td>
</tr>
<tr>
<td>Other times</td>
<td>Breastfeed, Breastfeed</td>
<td>ANYWHERE!</td>
</tr>
</tbody>
</table>

* Some mothers choose a child care near their work so they can visit their baby and breastfeed at lunchtime. They find this works best for them – even though it means they may work a little later in the evenings.

---

YOUR Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Un Día en la Vida de una Mamá que Trabaja y se Extrae la Leche

• Antes de irse a dormir:
  ▪ Lave las partes de la bomba y botellas- deje secar al aire.
  ▪ Prepare bocadillos y almuerzo para el siguiente día.

• En la mañana:
  ▪ DE PECHO antes de prepararse para el trabajo.
  ▪ Prepare las partes de la bomba, botellas y hielo para su hielera.
  ▪ DE PECHO en la guardería y deje su leche anotada con el nombre de su bebé.

• En el trabajo:
  ▪ Muchas mamas mantienen su producción de leche si se extraen o dan pecho cada 2 a 3 horas por 10 - 15 minutos.
  ▪ Lave sus manos antes y después de extraerse la leche.
  ▪ Muchas mamas sienten que producen más leche, si estan relajadas, respiran profundo, masagean sus pechos o miran una foto de su bebé antes de extraerse la leche.
  ▪ Lave bien las partes de la bomba y conectelas otra vez para la siguiente vez.

• Cuando llega la guardería:
  ▪ DE PECHO antes regresar a su casa con su bebé.

• Cuando llegue a su casa:
  ▪ Anote su leche con la fecha y el nombre de su bebé.
  ▪ Refrigere su leche para el siguiente día o congelela si no la va a usar dentro de las 24 horas.
  ▪ DE PECHO cuando el bebé quiera.

Si no tiene suficiente leche, deje que la niñera ofresca SU leche PRIMERO. No debera ser mezclada con formula. Si su bebé necesita más leche, después ofrezca la fórmula. Si su bebé tiene más de seis meses, las comidas solidas ayudan también. **Cada gota de su leche es como ORO, Asegúrese de que su bebé la reciba primero!**

---

**Ejemplo de un día de Trabajo y Extrayendose la Leche**

<table>
<thead>
<tr>
<th>Hora</th>
<th>Actividad</th>
<th>Locación</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 AM</td>
<td>De Pecho</td>
<td>Casa</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>De Pecho</td>
<td>Guardería</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>bombearse – tiempo de descanso</td>
<td>Trabajo</td>
</tr>
<tr>
<td>12:30 PM</td>
<td>Bombearse (o dar pecho?)</td>
<td>Trabajo o en el Guardería*</td>
</tr>
<tr>
<td>3:00 PM</td>
<td>Bombearse – tiempo de descanso</td>
<td>Trabajo</td>
</tr>
<tr>
<td>5:30 PM</td>
<td>De Pecho</td>
<td>Guardería o casa</td>
</tr>
</tbody>
</table>

**SU DIARIO**

<table>
<thead>
<tr>
<th>Hora</th>
<th>Actividad</th>
<th>Lugar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Algunas mamas escogen una guardería cerca de su trabajo, para poder visitarlo a la hora de almuerzo y dar pecho. Encuentran que esto funciona mejor para ellas aunque necesitaran trabajar más tarde.
Working and Breastfeeding: It Can Work

Breastfeeding is Important!

- Your milk is a precious gift.
- Breastfeeding is the best way to get back in touch with your baby.

Your Milk Never Loses Its Power

- As children get older, they touch more people and things that carry germs. Your milk helps your child stay healthy.
- The American Academy of Pediatrics recommends breastfeeding for at least one year.

Educating your co-workers:

- Share this pamphlet with your coworkers
- Share the information about why breast milk is important for a baby.
  - How they benefit because you will be at work instead of home with a sick baby.
- Find other mothers who have pumped.
  - Ask for their help in timing breaks, and finding a place to pump.

What to do if your employer does not meet the requirements of California’s Lactation Accommodation Law?

- Meet with your employer, share this pamphlet, and ask them to help you.
- If you are not accommodated:
  You can fill out a claim with the Division of Labor Standard’s Enforcement.
- Fill out the BOFE claim form
  - http://www.dir.ca.gov/dlse/HowToFileBOFECalease.htm
- Fill it out and EITHER send it OR hand deliver it to the office nearest your workplace.
  - http://www.dir.ca.gov/dlse/Cal-CitiesA.asp

WIC will help you with Breastfeeding information and support:

- Breastfeeding While Working and Going to School
- Pumping and Storing
- Childcare Worker Handout
- Sample Pumping Schedule

California WIC Program, California Department of Public Health
This institution is an equal opportunity provider.
You have the LAW on your side!

LABOR CODE §1030-1033:

Every employer… shall provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee’s infant child.

- Your employer must allow you to use your break time to pump.
- If pumping takes longer than the normal break time, your employer does not need to pay you for the extra time.

The employer shall make reasonable efforts to provide the employee with the use of a room or other location, other than a toilet stall, in close proximity to the employee’s work area, for the employee to express milk in private.

- Employers must try to find a clean, private space for you to pump.
- Your employer does not have to furnish you with a breast pump, a sink to wash your pump parts, or a refrigerator to store your milk.

An employer is not required to provide break time under this chapter if to do so would seriously disrupt the operations of the employer.

- Your employer can say that giving you time to pump would make it difficult for their business.
- See the next page for ideas of what to say to your employer and/or supervisor.

An employer who violates any provision of this chapter shall be subject to a civil penalty in the amount of one hundred dollars ($100) for each violation.

- You can report your employer for not giving you time and place to pump, and there are fines if found guilty.
- See the last page of this handout for steps you can take.

Let your employer know:

What is in it for them?

Employees who are supported to pump:

- Have fewer sick days
- Are more productive and loyal
- Have lower health care costs for mom and baby
- Are happier with their employers and less likely to leave

How can this work in YOUR workplace?

Talk to your employer:

When:

- Before you have your baby
- Before you return to work

What to talk about:

- This pamphlet.
- Where can you pump – that is NOT a toilet stall?
  - Unused office or cubicle
  - Storage room
  - Screened or divided area
- When will you pump?
  - During your break times and lunch
- What if pumping takes more than your break time?
  - Come in early or leave late

http://www.dir.ca.gov/dlse/RestAndMealPeriods.pdf
Trabajando y Dando Pecho: Si Es Posible

¡El Dar Pecho es Importante!

- Su leche es un regalo precioso.
- Dar pecho es la mejor forma de mantenerse en contacto con su bebé.

¿Qué hacer si su empleador no cumple con los requisitos de la Ley de California de Acomodar la Lactancia?

- Reúñase con su empleador, comparta este folleto y pídale que le ayuden.
- Si no le ayudan:
  Puede llenar una queja con la Division of Labor Standard’s Enforcement.

- Complete la forma de queja BOFE
  - http://www.dir.ca.gov/dlse/HowToFileBOFEClaim.htm
- Complétela, envíela O llévela personalmente a la oficina más cercana a usted.
  - http://www.dir.ca.gov/dlse/Cal-CitiesA.asp

WIC le apoyará y le ayudará con la información sobre Dar Pecho con los siguientes folletos:

- Dando Pecho Mientras Trabaja y va a la Escuela
- Extrayéndose y guardando su leche
- Folleto para el que cuida a su bebé
- Ejemplo de Horario para extraerse su leche

Su Leche Nunca Pierde Su Poder:

- A medida que los niños crecen, ellos tocan más personas y cosas que contienen germenes. Su leche ayuda a que su niño se mantenga saludable.
- La Academia Americana de Pediatría recomienda el dar pecho por lo menos un año.
¡Usted tiene la LEY de su lado!

CA CODIGO LABORAL §1030-1033:

Todo empleador… debe proveer un tiempo razonable de descanso para acomodar a la empleada que decide extraerse la leche materna para su infante.

- Su empleador deberá dejarla que use su tiempo de descanso para bombarse.
- Si el bombarse le lleva más tiempo que el de su descanso, su empleador no necesitará pagarle el tiempo extra.

El empleador deberá hacer esfuerzos razonables para proveer al empleado el uso de un cuarto u otro lugar, con excepción del baño, lo más cerca del lugar de trabajo del empleado, para que el empleado pueda bombarse en privado.

- El empleador deberá TRATAR de encontrar un lugar limpio y privado para que usted se bombee.
- Su empleador no tiene que proveerle un sacaleche, un lava manos para lavar las partes del sacaleche o refrigerador para guardar la leche.

No se le requiere a el empleador proveer tiempo extra de descanso bajo este capítulo si esto interrumpe seriamente las operaciones del empleador.

- El empleador puede decir que dar tiempo extra para bombarse no es beneficioso para su negocio.
- Vea la siguiente página para ideas de lo que le puede decir a su empleador o supervisor.

Un empleador que viole cualquier parte de este capítulo podría estar sujeto a una penalidad civil por la cantidad de cien dolares ($100) por cada violación.

- Usted puede reportar a su empleador por no darle tiempo y lugar para bombarse, habrán penalidades si se le encuentra culpable.
- Vea la última página de este folleto por los pasos que usted puede tomar.

Deje saber a su empleador:

¿Qué beneficios hay para ellos?

Empleadas que reciben ayuda para que se bombeen:
- Faltan menos a trabajar por días de enfermedad
- Son más productivas y leales
- La mamá y el bebé tienen menos gastos por el cuidado de la salud
- Están más contentas con su empleador y no piensan en irse

¿Cómo funcionaría esto en SU lugar de trabajo?

Hable con su empleador:

Cuando:

- Antes de tener a su bebé
- Antes de que regrese a trabajar

Acerca de que hablar:

- Comparta la información en este folleto
- ¿En donde puede bombarse – que no sea el baño?
  - Una oficina que no se usa o cubículo
  - Cuarto para guardar cosas
  - Area dividida y privada
- ¿Cuando se va a bombar?
  - Durante su tiempo de descanso y en tiempo de almuerzo
- ¿Qué pasa si el bombarse le toma más de su tiempo de descanso?
  - Llegue más temprano o vayase más tarde

Vea la siguiente página para ideas de lo que le puede decir a su empleador o supervisor.

http://www.dir.ca.gov/dlse/RestAndMealPeriods.pdf