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## MYTHS ABOUT WORKSITE LACTATION

### 1. Myth: Breastfeeding is not that big a deal—just use formula instead.

**Response:** Breastfeeding is a community health imperative. The U.S. Surgeon General recognizes support of breastfeeding as a priority and has initiated a call to action for the nation, including employers. Babies who are not breastfed are more likely to develop common childhood illnesses like diarrhea and ear infections as well as chronic conditions like type 2 diabetes, asthma, and childhood obesity. They are also at greater risk for rare but serious conditions such as severe lower respiratory infections, leukemia, necrotizing enterocolitis, and sudden infant death syndrome (SIDS). Breastfeeding is also good for women, lowering their risk for breast cancer, ovarian cancer, type 2 diabetes, and cardiovascular disease, and speeding their recovery from childbirth. The American Academy of Pediatrics and all major health organizations recommend that infants, with rare exception, should receive nothing but breastmilk for the first six months of life with continued breastfeeding through the first year of life and beyond.

### 2. Myth: Women who want to breastfeed should do so before and after work, not during the workday.

**Response:** A breastfeeding woman needs to express breastmilk every two to three hours. If she doesn't, she can face discomfort as well as serious health issues, such as infection, which may cause her to miss work. Additionally, if a woman does not pump regularly during the day, she will stop producing a sufficient quantity of milk to nourish her child.

### 3. Myth: Employees will abuse the policy and take too many extra or long breaks.

**Response:** Worksite lactation programs actually increase employee productivity, loyalty, and morale. While there is always the possibility that an employee will abuse a policy, women using the policy to express breastmilk for their children are not more likely to abuse breaks than any other employee in a different situation. Studies show that employees who are supported in meeting their physical needs for lactation breaks and in balancing their commitment to both their work and their families are more focused in their work and dedicated to their employers than they would otherwise be.

### 4. Myth: Our company just doesn't have the budget to implement this policy.

**Response:** Comprehensive lactation support policies are worth the investment. The fastest growing segment of women in the workforce is women with children under 3 years of age. If you alienate this group, you can significantly deplete the pool from which you draw your workforce. Costs are minimal. Little is required to establish a supportive policy, environment, and program. Lactation support programs have a proven return on investment. For every \$1 invested, there

is a return of up to \$3. The more comprehensive the program, the greater the return on investment. Any immediate costs incurred can be offset in the longer term with improved retention rates, lower absenteeism costs, increased loyalty, employee productivity, and positive public relations. Investments made now have not only an immediate return, but result in a healthier, more productive future workforce from the next generation of workers.

#### 5. Myth: Even if we had the money, we don't have the space for the program.

**Response:** The program space requirements are written to be adaptable to most work environments. A lactation space may be as small as 5 ft. by 7 ft. However, the space cannot be a bathroom. While a dedicated lactation room may be desirable in many settings, it is not required. Some allowable options include:

- Employee's own office.
- Use of an existing meeting room, unused office, relaxation room, or other multi-use room. A lockable door and sign-up sheet will allow for privacy and operations planning.
- A quiet, curtained or otherwise screened/sectioned-off area of the workplace.
- A space created by another organization that will allow your employees' use.
- A previous annex of a bathroom that has been permanently modified as a separate space.
- Many other options exist for nearly any work setting.

#### 6. Myth: Some employees will be upset about other employees getting more break time, which is unfair.

**Response:** Senior management's support of breastfeeding will greatly assist acceptance within the rest of the workforce, though there may still be a vocal minority that is upset. Worksite lactation support and increased breastfeeding result in lower turnover, reduced absenteeism for care of sick children by both male and female employees, earlier return to work and higher retention of employees after childbirth, fewer childhood illnesses, and fewer germs in the workplace. These benefits translate to a more productive workforce and a more evenly distributed workload for each individual employee. Also, breastfeeding accommodations are only temporary, and any coworker would be entitled to the same benefit if she were in similar need of worksite lactation support accommodation.

#### 7. Myth: It is impossible to accommodate so many breaks for an employee in one day.

**Response:** Breastfeeding employees' needs are relatively simple, and evidence supports that their need for flexible scheduling is cost effective. The need for flexible scheduling is temporary and will reduce as the child grows older. Frequency of milk expression breaks tends to lessen as infants grow and solid foods are introduced. Typical break needs are 20 to 30 minutes every two to three hours. Many women can meet their needs by flexibly combining existing break time (such as combining two 15-minute paid rest breaks and splitting a one-hour unpaid



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meal break into two 30-minute breaks). The employer and employee can explore her personal work schedule to help devise appropriate break times, making efforts to match an employee's physical need for lactation breaks to workflow demands. Any extra time required outside of regular breaks can be added to the employee's regular work hours, if needed.

**8. Myth: It is a biohazard for an employee to store her milk in the refrigerator that other employees use to store food.**

**Response:** Breastmilk is not a biohazard. It is considered by the Centers for Disease Control and Prevention (<http://www.cdc.gov/breastfeeding/faq/index.htm>) and by the Occupational Safety and Health Administration (<http://1.usa.gov/JslLUc>) to be a food and not a bodily fluid. As such, it may be stored as other foods are with no special handling required. It should be properly labeled and stored in a closed container. Placing the sealed containers in a separate bag or lunch box will prevent external contaminants in the storage area from coming into contact with the milk storage containers.