

MCHB/DHSPS May, 2008 Webcast

The Business Case for Breastfeeding

May 27, 2008

JOHANNIE ESCARNE: Good afternoon. I'm Johannie Escarne from HRSA's Division of Healthy Start and Perinatal Services in the Maternal and Child Health Health Bureau. On behalf of the division, I would like to welcome the presenter and the audience to this webcast titled "The Business Case for Breastfeeding".

Before I introduce our presenter today, I would like to make some technical comments. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentations. You don't need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window.

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Before we begin the presentation, I would like to welcome Isadora Hare who will introduce our presenter today. Miss Hare is the perinatal specialist in the Division of Healthy Start and Perinatal Services and a project officer for this contract. Isadora.

ISADORA HARE: Thank You. It's my pleasure to introduce our speaker for today. Cathy Carothers, Co-director of Every Mother Inc., located in Greenville, Mississippi. Every Mother Inc. is a non-profit organization providing counseling and training in lactation promotion and support for health professionals. She is an international board certified lactation consultant, is active in the international lactation consultants association, and she represents her organization on the United States breast feeding committee. Kathy has spearheaded several national breastfeeding promotion and support initiatives for government agencies such as the USDA, CDC, and HSRA / MCHB. She has provided over three hundred trainings, in most states across the country. Cathy is the primary author of the Business Case for Breastfeeding, steps for creating a breastfeeding friendly worksite. A resource kit produced recently by the health resources and services administration, Maternal and Child Health Bureau. She is also the primary trainer for MCHB's training and technical services initiative which is designed to equip users of the kit with the information they need to implement it effectively as they approach employers in

their own communities. This webcast is part of that training initiative designed to reach breastfeeding advocates all over the United States. Over to you Cathy.

CATHY CAROTHERS: Thank you so much Isadora. I'd like to join her in welcoming all of you from across the country who are participating in today's webcast. I'd like to dedicate this presentation, if you can, and this entire project, to the thousands of working mothers all across our country who manage to juggle the demands of motherhood and employment, and do so with great creativity and tenacity. If there is anything that we can do to make their lives a little bit easier, to provide the support they need to better their baby's optimal health and nutrition through breastfeeding. I think this project is certainly worth that effort. It is a wonderful honor and a privilege to be a part of this national project and I would like to thank the MCHB for their vision and foresight for dreaming big. This is a major national initiative and I'd also like to thank them for their commitment to providing the resources to make this project be so successful. I really think that we are at a tipping point, in this country currently with breastfeeding. I think someday we'll look back on this activity, this event, this initiative, and perhaps we'll realize that in some small way, this project has had a hand in contributing to the change of environment that breastfeeding mothers need.

Today's webcast, as Isadora mentioned, is just one piece of this comprehensive three year project. It includes training and technical assistance. It includes training for state breastfeeding coalitions and healthy start communities, as well as technical assistance. It is really focused on teaching people how to use the new worksite lactation resource kit, the Business Case for Breastfeeding.

So we'll begin the presentation now by taking a look at the current U.S. breastfeeding rates in the United States. According to the 2004 rates, which are based on the CDC

National Immunization Survey, we're actually very, very close to meeting those national goals. That's based on the 2004 data. The CDC has reported just recently that the 2007 survey findings of their national health and nutrition examination surveys data shows that the national breastfeeding rates have now exceeded our healthy people 2010 goals.

Which means we have exceeded our goals two years early. It's a very exciting time for us right now. I guess the only concern and challenge is that while the initiation rates are very high in this country, we still find that duration at six months, duration at twelve months, and exclusive breastfeeding rates are still below where they need to be. This is where this project is so useful, because it is going to help us to help mother to find ways to better continue breastfeeding once they return to work.

There are some important national initiatives that are in place currently to address some of these gaps. One of these initiatives was the HSS Office on Women's Health Breastfeeding Program that was implemented in conjunction with the National Ad Counsel very recently. This was a very exciting campaign. All of us were very active and involved with that program and it was very successful. I believe in heightening awareness of the importance of breastfeeding among the general public. The United States Department of Agriculture, the WIC Program, special supplemental nutrition program for women and infants and children, which by the way, serves about half of the new infants born in the country today, has also had a long running breastfeeding promotion program called Loving Support Makes Breastfeeding Work. This is a comprehensive social marketing program that has been implemented now in all fifty states. This has been another very important national initiative. The CDC has issued the CDC's Guide to Breastfeeding Interventions, which has also been a very valuable resource to programs everywhere in identifying evidence by strategies for conducting outreach and programming for new moms. They also collect breast-feeding data through the national immunization registry which has been a

wonderful move for us and they also provide grants and other special initiatives to support breastfeeding and we're all excited about all the CDC has able to do in partnering with the breastfeeding community.

I also want to mention the United States breastfeeding committee. This is a national organization of organizations. And they're dedicated to promoting, protecting and supporting breastfeeding. They've issued a strategic plan in the United States with goals directed to support working mothers so this certainly has been a valuable boost to the project. The state breastfeeding coalitions around the country have been active in working to improve support for breastfeeding mothers, particularly with working and breastfeeding. There have been statewide initiatives for working mothers and that's exciting as well. In addition to this we see there's some legislation that has been introduced at the national level by Representative Carolyn Maloney in New York to increase and enhance the support for working mothers. There's also legislation that was introduced by senator Dodd from Connecticut looking at paid maternity leave insurance options. So we have a lot of things that are happening at the national level which I think serves as a wonderful framework and a foundation that we can build on. We also see that a state by state, there are many initiatives, including some state legislation.

Many U.S. states are involved actively in supporting and encouraging breastfeeding, currently 17 U.S. states have legislation related to working and breastfeeding and more states are considering this is exploring potential of this. One of the states was Oregon which adopted legislation that actually imposes a fine for each instance of non-compliance which is one of the few states that has this kind of legislation. Mississippi has also passed legislation that deals with child care centers, encouraging them to provide lactation support and requiring them to train staff to know how to appropriately handle human milk.

We're seeing things happening at the national and state level so the time is really right for us to begin to build on those efforts that have begun with this particular initiative. This is needed because currently in the U.S., women make up a significant part of the U.S. work force, nearly half. If we can move to the next slide, we'll see around currently 60% of women are working outside of the home. Mothers are considered the fastest growing segment of the U.S. work force today. An astounding growth rate of an increase of over 80% among the last 20 years among women. 78% of women who are employed are employed full time. And this certainly poses challenges for the mothers who want to continue breastfeeding once they return to work.

If we can take a look at the next slide, we'll see that when you look at the total number of women in the work force, by women in the work force, I mean women who are actively employed or women who are actively looking for work. That's what comprises the work force. When we take a look at the slide, we see there are some disparities among population groups. One of them we see is among African American mothers with children. We see from this chart that women with children under the age of six and even under the age of three are returning to work in record numbers. And we know that African-American mothers are not only more likely to return to work when they have children but they also return to work sooner than mothers of other population groups. Hispanic mothers with children are a little less likely to be in the work force. However, these numbers are also growing so I think this is a trend that we need to continue watching and being prepared for. Now, what impact does employment have on these mothers who are going back to work? So if we can move to the next slide, we'll take a look at some of the concerns and issues that affect mothers. The research has been not exactly clear whether employment impacts initiation of breastfeeding.

Most studies show maybe it does not actually impact initiation. However, we do see reports all the time of mothers who say they're just not going to bother breastfeeding. It's not worth the bother because they're going back to work and they're not sure it's worth the effort. We see there are numerous studies that show that employment does impact a duration of breastfeeding. The challenges of combining work with breastfeeding are very real. Whenever a mother leaves her home and leaves her baby to go back to work and separated from her babies, there's always a challenge with maintaining milk production. If she's going to do that, she's going to need to have her baby with her or be able to express her milk during the workday. Job sites are not always conducive to expressing milk. They not always have a private office. Many times women are working in cubicles or schools where they have to be with their schoolchildren all the time. They might be working in construction sites or maybe they're working in a restaurant business. Maybe they're working at a busy hospital with a schedule that does not make it very easy for them to be able to leave to be able to pump milk. And then other places as well. So the challenges are continuing to maintaining lactation are very real. I don't think it's any wonder some studies show women typically wean after returning to work and one study found before the end of the first month back at work ends, most women have already weaned their infants.

So what does the breastfeeding mother need to be able to maintain lactation and to be able to continue to provide milk for her baby? Actually, they don't need all that much when it comes down to it. They really need to be supported and some very specific ways. They need a place to be able to breastfeed their baby or to express milk during the working hours. They need time. Flexible time, being able to take their regular breaks and have that flexibility to pump milk whenever they feel they need to. They need a clean and private area, they need support from their supervisors, they need support from their colleagues as well. They need education on how to successfully combine breastfeeding with

employment. This education can come during the prenatal period, can also come during the hospital and early postpartum period with lactation consultants and other health professionals. It can also occur once they return to work with ongoing access to lactation professionals as well as the other mothers who have been there who have managed to combine working and breastfeeding and made that work for them.

Now, there aren't very many companies currently that are providing this kind of support. Though a survey conducted by the society for human resource managers shows that there really are some interesting trends that are beginning. For one thing, the numbers of companies providing lactation support benefits seem to be increasing in the United States. Though the increases are primarily among large companies that employ 500 or more employees. The benefits vary from company to company. Some companies are providing a private place for mothers to breastfeed. Some companies provide flex time or other flexible break times. We're not necessarily talking about a comprehensive lactation program. Nevertheless this does show that companies are listening to the mothers and to their employees and they're concerned about this issue and they're beginning some programs that are going to provide a real opportunity for mothers to be able to continue providing the best nutrition for their babies once they go back to work.

The biggest challenge seems to be in companies with fewer employees. Those with numbers of employees less than 100. Currently only around -- less than 10% of small companies are providing lactation support benefits of any kind and medium sized companies are a little more likely. So another target group we might want to be thinking about as we think about outreaching these companies.

The business case for breastfeeding was scoped by the maternal health bureau and was to encourage them to implement a program to meet the needs of the mothers and the needs of businesses. The project is based on a business perspective. I'll be willing to guess most of you listening on this web cast today are probably very familiar with health perspectives. Most of us involved in promotion and support are very knowledgeable and aware of health issues. We understand the health issues of working mothers, we understand health perspectives on why the women need to be supported. But to improve work site lactation support among employers, we must also understand the business perspective and that's something that I think is very, very important and why this particular project was developed, to help us to better understand what the needs, the barriers of employers are and what we can do to best promote this project in a way that will be received by the business community. This project is very comprehensive and if you've not had a chance to take a look at the kit, when you get a copy of the kit, you'll be amazed. It's designed for targeted audience groups. It's targeted to employers, also to H.R., Human Resource Managers, to Wellness Coordinators, to Occupational Health Nurses, people involved in implementing a lactation program. It also targets mothers and it targets the lactation community, breastfeeding educators providing support for working mothers or looking for ways to conduct outreach with the businesses and their community. This program was based on a research and strategy panel influence. We didn't just set around the table one day and say we know what the employers need. They ought to do this and do that. We did a lot of research here. We conducted a comprehensive literature review to look at all of the studies out there. Then we convened a strategy panel where we brought together some experts from around the country to come together and meet with us to provide us with some guidance on what the materials needed to look like and the approach we needed to take in promoting this project. We also conducted interviews with a number of companies around the country that are providing lactation support to learn

from them what worked, what didn't work, what lessons can we learn from their efforts to implement a lactation support program. All that you're seeing as a result of this is based on this comprehensive research foundation.

The kit really has the ability to be used in a wide variety of ways. It's very, very flexible. You would not want to order this kit and then just mail it out to a whole bunch of people because each piece within the kit is very carefully designed for particular target audiences and to be used in particular ways. That's why we wanted to have the web cast today, to walk you through what's in the kit and how it works. Inside this box, and this box is packaged in a way that it can be put on a shelf, your bookshelf in your office and filed that way and inside the kit are five sets of file folders. Inside each file folder is a particular piece that relates to that particular topic. They're designed as file folders so you can either file these in a file cabinet drawer yourself or they can be provided to a business or you can also insert your own pieces in here. We would encourage you to provide local resources, listings of lactation consultants and coalition members and other breastfeeding educators and advocates who are available to provide technical assistance to businesses so you can use those folders to include your own pieces as well. The kit can be obtained from HRSA as an entire kit but you can also order the individual components within the kit. It may be more useful for you to actually order the individual pieces to use for particular purposes. We'll talk about each one of the pieces now. We'll let you know how they can be used.

We'll look at the first piece which is in folder number one. This piece is called the business case for breastfeeding and the target audience group is employers. This will be the decision makers, the people who need to make the decisions about whether they're going to implement lactation support programming in their company. It is a simple pamphlet, not a lot of detailed information, it's very simple and it simply provides the business case for

breastfeeding which is the justification, the reason why breastfeeding is important for that business. It has information about the bottom line benefits to supporting breastfeeding. The return on investment that a company might be able to enjoy by providing lactation support. It also gives a quick overview of what we're talking about when we mention a lactation support program. So this is that little piece. It is available individually. This is one that if you're going to be making contacts with businesses in your community, you may want to access individual copies of this rather than the entire ship for them.

The second piece is called easy steps to supporting breastfeeding employees. This is a little bit more extensive booklet. This is targeted to the people who are going to be involved in implementing a lactation support program in a company. So that could include your human resource manager, your occupational health nurses, your wellness coordinators or wellness staff or other individuals within that company who are going to actually be involved in implementing a program. This is much more comprehensive of a piece than the first booklet because this gives a business the how-to. How do you set up a program? Once they've shown interest in the program based on your first little piece, this one gives them the details of how to make that happen. It will include lactation support options. There's a lot of different options and we do encourage you to present to businesses options for lactation support rather than mandates. There's a lot of different ways that we can provide lactation support and sometimes they have to meet the business where they are in providing that kind of support. So it gives lots of options. There are implementation strategies. Who needs to be on the team, who are the stake holders in your company that need to be at the table when you plan this. How to put together the piece, how do you find a private area if there's no space in the area? What are your options for helping the mother return to work? What are your options for helping her get that flexible time that she needs? What are some options for breast pumps if a company

wants to provide that for a mother? What are your options for education and then your options for support? Mother to mother support as well as options for support from colleagues and support from business owners. So it really takes a look at the ins and outs how to set up a program. It also takes a look how you promote your program once you get it in place. How do you promote it? How do you get the information into the hands of your employees so that people will use the program? It doesn't do a whole lot of good to have a wonderful program in place if nobody knows about it. This piece is also available individually so if you're working with a business, again, you may not want to provide the entire kit. That would not be appropriate. You may want to provide copies of this particular piece to shows individuals who would be involved in setting up the program. The third piece to this kit, the third folder is a companion to easy steps. This particular piece is packaged in a pocket folder and it's called the tool kit. This provides resources that you can use to actually implement that program. This includes a C.D. rom with a number of templates as well as hard copies of a wide, wide variety of materials. It again targets your home resource managers, your occupational health nurses, your wellness staff, whoever on your team is going to be involved in implementing the program. And these pieces in this pocket folder are just amazing. There's a wealth of resources here. There are sample work site policies, assessment forms, feedback forms that could be used with employees and with supervisors to determine whether the program is working and what modifications or changes may need to be made. There are a number of promotional sums. There are newsletter, communication drop-ins that could be used in a company newsletter or the website. There's even a beautiful four color poster that can be used in the business to help promote the program. Also on the C.D. rom is a resource guide that lists a wealth of resources that that employer can turn to on the national and state level. We would encourage you to supplement this, however, with your local resources as well. Who in your community provides breast-feeding support? Who in your community can be there to

talk to new mothers or provide prenatal classes or support group meeting? Who is able to meet with hospitals if they're needing help with breastfeeding? Who in the community is providing breast pumps that are available? A wealth of resources on your local community as well. We encourage you to supplement this tool kit with your own resources. Also included on the C.D. rom is something I'm very excited about and that's called employer snap shot and these are little pieces of information of some successful lactation programs around the country. These are all based on some of the interviews we conducted during the research phase of the project. It gives a brief overview of what the project looked like, the components to that company's plan as well as any outcome data that that company might have collected as a result of their project. So that's very useful, I think, for employers to see other people who are doing similar kinds of work. The fourth piece on the fourth folder is called employees' guide to breastfeeding and working. This is a piece that's designed for the pregnant and breastfeeding mother herself. And the content on this one is a very simple little tool. It's not a detailed how to breastfeed piece. There are plenty of other pieces out there that target how to breastfeed. This is simply how do you combine breastfeeding with working. So it has some brief information about how to return to work, setting up a sample pumping schedule at work, and even how to approach your supervisor, how to talk their talk, how to understand what their concerns are. There's even a sample letter that a mother could modify and put in her own words to give to her employer if she's interested to return to work and continue to breastfeed. This piece also is available individually so you can acquire additional copies of that to use for nursing mothers. Pregnant or breastfeeding mothers. Final piece is for outreach professionals. Educators, resource providers, anyone involved or interested in conducting outreach with employers. This is called the outreach marketing guide. And like the tool kit, this also is a pocket folder and included in this pocket folder is a little booklet with information how to conduct effective outreach with businesses, how to support working mothers, what their

needs are, some strategies for providing them with support as well as giving you a little bit of an overview of what the business owner needs. What are his or her barriers? What will motivate him or her to provide support? And how to blend a message by the employer. This also includes another C.D. rom with more reproducible templates and there are materials to help you conduct outreach. This includes a power point presentation you could use if you were making a presentation to a business or to the staff in that business. You could use that presentation if you were conducting a training or a presentation to your local chamber of commerce group or another business service organization. There are templates for outreach letters to use, you can modify a letter to send to employers from, for instance, the mayor of your community or a health officer in your department of health. There's also legislative language that many of the states that had working and breastfeeding legislation have used. Just to give some examples. And there are some lesson plans that if you are interested in providing prenatal and postpartum classes for working mothers that you can use in the education efforts.

Let's move on to the next slide and just mention this project we're going to be talking about now is implementing the business case for breastfeeding in your community. This is a national training and technical assistance initiative that's funded by the maternal child health bureau and the HHS Office on Women's Health. It's a comprehensive, national training and technical assistance initiative and I think by the time we're through with this initiative, most states in the United States will have the opportunity to have had some contact with this program to be able to implement this in their community. The training workshops in this particular project for 2008, we did a training in January for 10 state breastfeeding coalitions. Each coalition sent two representatives and you see the states that are listed here. California, Indiana, Connecticut, Louisiana, Texas, Georgia, Oregon, Utah, Hawaii and Rhode Island. Each of these states are now actively involved in taking

the information they learned in this intensive two-day training program and conducting outreach with their employers in their community. They're also involved in providing training. This was a train the trainer program for them. In 2009 and 2010 there will be additional state breastfeeding coalitions who have the opportunity to be trained. So again, we hope that by the time this is finished we will have had the opportunity to touch most states with this project. We're also conducting community based training in cities around the country that have healthy start programs.

In 2008 we'll be visiting six healthy start communities and they're listed here. We'll be visiting Baltimore, Washington, D.C., Montgomery, Alabama, Dublin, Georgia, Michigan intertribal agency and Fresno, California. We're very excited about providing this intensive two-day training to these communities and in 2009 and 2010 we'll be conducting additional Healthy Start training around the country.

Let's move on now and let's take a look at just the brief hot spot of key information covered in this training program. Again, we cannot cover in a short hour long web cast everything that is covered in a two-day training but we did want to hit on just a few of the highlights that are important for you as you begin outreach with your business. One of the first things I think we need to know is that the labor market today dictates that businesses are concerned about their bottom line. When we understand their constraints and the challenges that they face, it's going to make this a little easier to better promote and advocate for a lactation support program. The reality today is that businesses are concerned about staying in business. And that priority means that any time a proposed program comes along, employers are weighing the benefits of the program against how it's going to help them meet their current priorities. And how is a lactation program going to help them meet their priority? The reality is we just can't focus on health goals. We have to

be able to show businesses how a lactation program is going to help them to meet their concerns. Their concerns today are that, you know, it's very difficult for a lot of businesses to stay in business. One study looked at this and found that half of new businesses are going to be dissolved before the end of their first year. Eight out of 10 will be dissolved within five years. This is a changing labor market today and there are a lot of constraints that business owners are facing. Tight labor market, increasing stress among employees, very diverse and unique work situations, a competitive global market and vast changes in technology that are expensive and require that that business be able to stay up on latest trends. So how is lactation support going to fit with any of that?

Let's take a look at the employer perspectives. The bottom line is, you have to make money to stay in business. Anything that helps you make money is worth exploring and the good news is that lactation programs do help a company increase profits and have a positive return on investment. So that is the primary motivator we need to keep in mind as we're talking to businesses rather than focusing on the health reasons to support breastfeeding employees, let's focus on the return of investment and how lactation support can improve a company's bottom line. Companies are concerned about retaining employees. It's hard to attract valuable employees. Once you get the employees you don't want to lose them. Lactation programs can help with this as well. Recognition is a powerful motivator for employers as well, being recognized for providing support for their employees, being known in the community as a place where it's family friendly, where people like to work is a positive draw as well. So lactation programs can fit very well with that. Knowing that strategies have already worked it's an important strategy to keep in mind. Sometimes employers are reluctant to begin a brand new program that no one has tried before. We encourage you to talk to them about other companies just like them, if you know of them in your state, that are already providing lactation support. And the

employer snap shot segment of the Tool Kit CD rom, you can use some of those examples as well if you tonight have examples in your community. And legislation is also found by employers to be a motivator in providing lactation support. In addition, already concerns and we need to be aware of their concerns so that we can address those. One of their concerns is lack of awareness. Many employers don't know their employees are breastfeeding. That may not be on their radar screen. Over 60% of companies don't think they had any breastfeeding employees and we know that's absolutely not true. It's just not something a lot of people talk about while at work and so employers are just not aware of this issue. They are probably not aware of the current breastfeeding rights in the United States. So you might want to make sure that you let the employers in your community know what the rights are in your state and particularly in your city or in your community. Sometimes employers are a little concerned about discussing intimate issues at work. This is a concern. Sometimes they believe that breastfeeding is a personal issue, that's something that belongs at home, not something we should be talking about when at work. We had need to be aware of that as we're talking to businesses. It may be appropriate, for instance, to use the work lactation more so than breastfeeding and we do encourage you not to use a lot of pictures that show a lot of exposed breasts in them because some employers are very uncomfortable with that. Again, it's about meeting them where they are and moving them along. Sometimes employers are concerned about resistance from other employees. This is a big concern. Employers are very concerned about the issue of fairness and for many employers, if they believe that in implementing a new program it's going to be received poorly by other colleagues, they may be resistant to trying that program. So giving them some language of how they can use the program to benefit their colleagues as well, how this is going to meet everyone's needs is going to be very important as you make your contacts with them.

Lack of space is another big concern. Probably, in fact, one of the number one concerns of businesses. Employers know that space equals money. And most of us are very cramped for space and trying to even find a very tiniest space can be a challenge for employers. So keep that in mind as you approach them and realize that they're going to need some options for ways to provide space out of small areas, a space with small 4x5 feet is really the smallest amount really needed. I think sometimes employers imagine that the space is going to require a gigantic office. In fact, many of our interviews, many of them stated that's what they originally thought they had to come up with a great big giant office and that's certainly not the case. Certainly employers are concerned about cost as well. What is this all going to cost me? Am I going to get a return on my this +21, @T case? There are several key strategies.

I've summarized some here. The first is approaching the right people, making that case in person, providing follow up technical assistance, using professional materials, speak the language employers understand, offering options and solutions and offer resources. Let's see if we can come up with strategies for making that work. First one is approach the right people. I think the reality is that the right person to approach is probably not always the C.E.O. or the executive director of the company. We learned in our research that most of the time it's going to be the human resource manager that's best the person to approach or maybe the wellness program staff. They're already concerned about wellness issues. The occupational health nurse is another valuable individual, particularly in large companies because his or her role is to maximize health for employees. There's a group there that already shares your goal of health. That's also a very good place to begin. Once you get in with one of these groups, they know the people if they need to suspend this to. They know how to promote this, how to present it, who it needs to be presented to and how -- what the chain of command is. So beginning by working with people who share

your goals can really help you in moving that guard. Don't forget the facilities managers. They are often involved in these issues because of the space issue and if we don't include them from the very beginning, then that can be a problem. Let's make sure we're including them from the very beginning, getting their advice. They're very creative individuals sometimes. They already know how to do a lot with a little bit of space so getting their ideas on their buy-in from the front end will help us up the chain.

You may also want to begin by contacting breastfeeding mothers or other champions within the business. These mothers already have a vested interest in wanting this program to succeed. They have needs and concerns and when they are the ones that can present this to their supervisors and other individuals within the organization, they may be able to help us move a little further ahead. Don't forget about those mothers out there in the community.

Making the case in person is the second very important strategy. We strongly encourage you not to mail out these resource kits to businesses. We learned in our research, in our interviews with employers that they made it abundantly clear that if we mail out these materials, most of the time these things are going to go in the garbage can and these are very important and beautiful kits. We hate to see them wasted that way. In addition to that concern is the concern that they be allowed to meet you face to face. I think it's a whole lot easier for than employer to be interested in lactation support when he or she meets with a human being and begins to establish that relationship with you. In addition to that, that can give you the opportunity to explore and address their barriers, to help them talk through what some of their concerns might be and to help them brainstorm strategies, some ways to begin the program. We do encourage you to make that in-person visit. The recommendations that employers made to us in our interviews was to schedule that

meeting, keep the visit short, 15 to 20 minutes maximum. Just send one or two representatives, not your entire coalition or your entire organization. Sometimes we want to get some support with us as we're going to face the employers. It's really better to keep that to a very small, manageable group. To focus our comments on the business priorities rather than health objectives and to give simple, professional materials.

One of the pieces you'll want to use in the introductory meeting is going to be your business case for breastfeeding little pamphlet. That's the one you'll want to use in the initial meeting. When you make the follow up visit with wellness people or other people that might be involved, you'll want to give them your easy steps booklet to give them some options for making that work for them. Third component is provide follow up technical assistance. And I think our tool that's going to be most helpful for us here is going to be our easy steps as well as our tool kit. We do encourage you to meet with staff involved in implementing a program and maybe offer to even help them convene a Task Force, a stake holders within a company. Offer to come speak to the group and provide some information about the business case for breastfeeding and why this is so important. You might even want to offer training for supervisors and staff. You could also offer community resources that will help them in implementing a program. Your C.D. rom will help you provide the case. Third piece is to use professional material. We heard loud and clear from employers in our interview phase that sometimes they get a lot of materials that are not so professional looking and they reminded us that they're used to seeing top notch, high quality materials every single day and the high quality materials are what helps them to decide that something is valuable and worthwhile. So we do encourage you to select materials that are going to be appropriate for each target audience group and that your own local resources be professional in appearance. We also encourage you to, as I mentioned before, avoid images of breasts that can be very frustrating or just some

businesses said I'm not ready to think of my employees as having breasts right now. I want to think of her as a valuable employee who is productive and doing her job. They also encouraged us to use language that focuses on those business priorities, to consider using the work lactation whenever possible and certainly to avoid mass mailings. So what about that language that businesses understand? We need to focus on the return on investment. Some things to mention are the ways that lactation support puts money back into human resource benefit line items. We can also talk to them about the ripple effect. Whenever you provide support for a breastfeeding mother, you're not only helping her baby to be healthy, you're helping her be healthier. She's less likely to be ill, less likely to spread illness and disease with other employees on the organization as well.

An issue we call presenteism. Sometimes employees come back to work and they should not be coming back so quickly because they're still ill. Breastfeeding can help with the ripple effect that can occur. We can also talk about how breastfeeding support will help keep employees and we're going to show slides to this. It enhances a company image. Let's take a look at a couple of companies that have done outcome data of their lactation programs. These are some figures to share with some of your employees. |

One company that we talked to has a phenomenal program. It's the Mutual of Omaha. It provides education for mothers prenatally and postpartum. They have access to lactation consultants, international board certified lactation consultants. They are available to see the mothers in the hospital and once they return to work. They provide beautiful lactation rooms for mothers to express milk and flexible scheduling so that the mothers can express their breast milk during their workday. They did data and found that newborn health care costs were three times less for mothers who were enrolled in the program. That was an annual savings for them of \$115,881. Just in health care costs. And the bottom line for

them, an annual savings per participant of \$2,146. Aetna is another company with a fabulous comprehensive work site lactation program. Very similar to the program that Mutual of Omaha provides and they found as a result of their program that they saved \$1,435 in medical claims per breastfed infant during the first year of life. Their annual savings was \$108,737 for an annual return on investment of three to one. That means every dollar they invested in the program, they have a threefold return and annual savings per participant of \$1,435. This is important data that businesses need to see. Cigna also has a comprehensive program in place and all three of these companies that I'm describing are featured on the tool kit C.D. rom so you can read more about their programs. This program resulted in a 77% reduction in lost work time due to infant illness. So we see that lactation support does help women to stay at work because their babies are much healthier. Cigna enjoyed an annual savings of \$60 just in absenteeism rates. Nationally our employee retention rate, the number of women who come back to work after maternity leave, is 59%. That means we're losing nearly 41% of mothers after they leave their job to have a baby. Companies with lactation programs, however, have higher retention rates. Mutual of Omaha found their program resulted in 83% retention rate and a nine company study conducted a couple of years ago found a 94.2% retention rate among companies that have lactation programs.

Now, we can say exactly what the dollars and cents on that is because the amount of costs involved in replacing an employee depends on many, many variables and it depends on the person's job, what kind of job that she had but we did see for a receptionist, it cost about 70% of the annual salary to replace a receptionist and costs about 200% of a manager's salary to replace that person. An average would be around 150% of the person's annual salary. There's a lot of things that go into replacement costs but that's a figure that could be useful. Lactation support is very satisfying to the

employees. It's well known in the business industry that family friendly benefits have a direct impact on employee productivity. Many companies have found that implementing strategies such flex time, telecommuting options, part-time work, job sharing helps employees remain loyal to the company and stick with the company as their long-term employer. There's a wealth of examples of this in the training curriculum that we provided around the country. One of the ones that we mentioned in there is I.B.M. which implemented a workplace flexibility option and they found just with that one benefit, without even a lactation program but just that one benefit that they found workers worked eight hours more per week and still felt they had work life balance as a result of just implementing flexibility in their hours. So we know that employers are already well aware that these kind of family friendly benefits are very useful so I think what we can do with lactation support is show them how lactation support is just another one of the many family benefits that might already be used.

One study looked at family friendly benefit programs and found that overall, they tend to lower turnover rates, they improve job satisfaction, they result in employees working later into their pregnancy and returning to work faster and working more on their own time. This study from Swartz that's listed on the slide also talked about a spillover effect. In other words, when employees receive family friendly benefits at work, that they perceive less stress when they're at home and away from the job. I think that's important for us to make a note of and to be thinking about. So our job now is going to be find options and some solutions. And I've presented these in an acronym step, as a way of helping us to keep this in mind. These are the steps to a lactation program that is comprehensive and I want to make the distinction that it is a comprehensive lactation program that produces the kind of benefit that I've just described in the previous slide. That doesn't mean that having some components are not useful and important. They are. And I think sometimes you

have to just start a business where they are with whatever is available, what they're willing to do but we need to be careful that we don't suggest to them that implementing one little tiny piece of lactation support is going to bring about that kind of return on investments. So these are the steps to that comprehensive program and again, it's all about options and it's all about solutions. Helping that employer find something that will work in the his or her particular environment and those steps are support for managers and supervisors and colleagues as well as other mothers, time, flexible time to express milk, the e is for education, prenatally and postpartum and p is for place for mothers to be able to breastfeed in privacy or express their milk during their workday.

Let's take a look at each of these four steps. The first one is support. We know that when mothers have support from their managers and support from fellow workers that they are more -- they feel better supported in the environment. Mothers also need support from other mothers. Sometimes mothers like to have lunchtime support meetings, maybe bulletin boards in lactation rooms to share pictures of babies. Some companies have electronic discussion boards on their website so mothers who are lactating can get on that shared discussion forum and share their experiences. One company had a shared journal where mothers could just simply record their thoughts and their ideas and the next mother who came along behind them would add to the ongoing discussion. I thought that was a beautiful example of how mothers can derive support from one another. We'll take a look at options for maternity leave. I think it's important as part of the support that we give mothers some options. One option that is available to her is unpaid leave through the FMLA Program. Unfortunately a lot of mothers are not eligible for the Family Medical Leave Act. She's been employed for a year, she's working the right number of hours and is willing to take that, then that's one of her options.

Temporary disability insurance program is also available in some states. Just a few. California, Hawaii, New Jersey, New York, Rhode Island and Puerto Rico. I think that's a list of the states. And that's a program that allows those mothers to be able to get some payment then. Not a full salary but some payment during that time they're on leave. Some states are also looking at paid leave programs. New Jersey and California are two states that have implemented this, doing this very successfully. We're excited about New Jersey that just got their program in place. Also sometimes companies themselves will offer paid or unpaid leave options for their mothers. Some companies offer on-site child care so maybe the mother's solution for maternity leave is to come back to work and bring her baby with her. Some mothers can bring their babies actually to work and we see this particularly among smaller companies. This seems to be maybe more accepted among some of the smaller industries and companies. But again, on-site child care or bringing their baby to work would option [INAUDIBLE] not able to take a longer maternity leave.

Let's go to the next slide. Some other options that a mother can consider is a more gradual return to work. Perhaps she could consider going to work part time for a period of time and then gradually increase her time at work. I think Aetna is a company that implemented this and saw an amazing return on investment just by implementing part-time employment as an option for those mothers. Flex time, taking off on Wednesdays, maybe working Monday and Tuesday, taking off Wednesday, being home with their baby to rebuild milk supply and then returning Thursday and Friday to work could be an option for some mothers. Perhaps some others can telecommunicate. Job sharing and if all else fails, maybe she can return to the end of the week so she has a little transition time to regroup and be with her baby before she has to be away full time. Mothers who work in fast food restaurants or other types of restaurants can sometimes work split shifts where they work during a lunch hour, busy lunch hour and maybe during a busy dinner hour and

go home during the day. Perhaps the split shift option may work. Milk expression, one thing to mention is that employers need to know that breastfeeding is a temporary need. I'm not sure they always quite realize this so point that out to them. Babies don't do this forever. Babies begin solid foods, the number of breastfeeding and milk expression sessions begins to subside a little bit and most women have completely discontinued milk expression after the baby is a year old or so. But certainly they want to be open and flexible to supporting whatever she feels is right for her and her family. Usually the lunch period or the dinner period if she's working the night shift and her routine breaks are usually adequate. And if she needs more time, she could consider extra time paid leave, she might be able to take unpaid leave, perhaps come in early or stay a little later in the day or maybe she can continue working while she's expressing milk. That's not something I would necessarily recommend, although some mothers choose to do that. We have to let the mothers make the choice. Options for education, prenatal education is very important. I think a lot of women do not realize during their pregnancy just what their options are going to be so getting them to think that through, providing on-site prenatal classes for not only the mother but for her partner or if there are male workers at an industry whose partners who are not employed there are pregnant, opening up classes to them as well. Research shows that involving the males and their partners as well can certainly help decrease absenteeism rates because mothers and fathers take off work to take care of sick children. We can consider back to work classes, consultations to help the mother tailor her plan for how these going to combine breastfeeding and working once she returns. There are options for professional support. Many companies contract with an international board certified lactation consultant or lactation expert, maybe you can provide names of experts in the community so they can make a with [INAUDIBLE] six or eight mothers can be accommodated at one time. Their electric breast pumps in the room for the mothers. Resources are available for them. A beautiful mural on the wall that was hand painted as

a donation for them by some artists in the community, then that view on the right is the single room that the Mutual of Omaha has implemented and it's beautifully decorated. I'm showing state of the art lactation rooms but just having a private space with a door that lock, a chair to sit in and a place to put the breast pump is all that's required and including an electrical outlet for the breast pump. That's all really mothers have to have but these are beautiful options. We did find in our research that many companies that began with single rooms found very quickly that mothers sometimes more than one mother needs that room at the same time and if you put several mothers in a room and create curtains or barriers to provide some privacy, that can work. What often happens is that mothers push aside those barriers and pump together and there's actually some research that tells us that levels are higher when women are pumping together and that may help them to have a better milk supply. Multi-user rooms for those mothers that are comfortable is a great option. We'll take a look at options for resources and technical assistance. Here is the location for how to obtain a copy of the HRSA Resource Kit, The Business Case for Breastfeeding. You can go to this website at www.ask.hrsa.gov. You can also telephone the office at 1-888-ask-hrsa. They're also an email if you need to find more information, you want to ask some questions before you place your order, you can email at [ask @hrsa.gov](mailto:ask@hrsa.gov). I hope that answers some questions you might have. You can order individual components to the kit or order the entire kit. You can order those in multiples of 10 at this time. If multiples are required, you would need to call the personal line and discuss what your needs are and they can work with you individually on that. We also encourage you to offer companies examples of local resources and local companies. Some other helpful resources that you can consider are the office on women's health website has a wealth of resources and booklets and materials available for new mothers. National business group on health is another very valuable resource. They provide a model, health business plan, maternity plan that includes lactation benefit. That is a wonderful resource. They're also

going to be working with MCHB in a special contract to adopt that for use with companies that serve large, large, large numbers of mothers or employees. The Centers for Disease Control and Prevention has some excellent resources on their website that deal with working and breastfeeding, a lot of model policies and such. The United States breastfeeding committee. I don't want to forget the resources that they have available as well. There are white papers or issue papers that you can download from the website that deal with the literature, the references for working and breastfeeding, model policies for child care programs and a wonderful checklist for workplace accommodations that a business could use to assess where they are in their own workplace support program. The international lactation consultant association also has a wealth of resources available there as well. One of the new services that's going to be available soon is a directory of lactation consultants around the world who are available to support a work site, who can go out and provide one-on-one assistance for work sites or who are available to work with working mothers as well. That will be rolling out in the next two months or so. Also your state breastfeeding coalition no doubt has many helpful resources. There are some valuable materials developed out there. Finally, I just want to mention the contact information for this project, for the resource kit itself is Isadora Hare. My name is listed as well as the primary author of this kit. I also wanted to mention, I would ask you all to write this information down as well and that is the information for HCD International which is a contractor for the training and technical assistance phase of this project. Dulray Sitco and her phone number. Or you can email her at dsitko @ hcdi.com. And that's all that I have for you today. Again, we're very excited that you're tuned in. We have a large audience out there participating today and we're excited about your interest in supporting working mothers and would like to do all we can to help you to accomplish your goals. Thank you so much.

>> Thank you. Let's get started with the questions. The first question has to do with schools. We have many school teachers here who would like to breastfeed but the current environment and schedule is not conducive. Do you have of any programs that have been implemented by schools that have been successful in enabling the teachers to pump or continue breastfeeding?

>> That's a very good question and it's a huge challenge. This came up in our training program with the state breastfeeding coalitions and we know that this is a big challenge. The challenges are a little different at a school than they are in other kinds of workplace environments. And at the current time, I mean, you kind of caught me off guard. I would have to go back and research to get a list of programs that are available. I know that individually, various schools around the country are doing some lactation support programs but often it requires sitting down with the principal or the superintendent of that school district, taking a look at some of those options, looking for places coming up with flexible scheduling options. Sometimes for school teachers that helps to have the mother or whoever is the caregiver of that mother's child bring the child to her during breaks and be able to breastfeed during that time. So sometimes that can work for those mothers. But we'll do a little research and perhaps put together a frequently asked questions document that we can post to provide some of these answers and get you a little more information. If those of you who are listening to this web cast are aware of schools in your community who have established programs that would be willing to share their information, we would like for you on contact us and let us know. You have our contact information on the last slide. We would like to learn more about them. We do have one school featured on the snap shots. It's a school in Texas that has a nation program and you can read about them as well. That's one good example.

>> The next question, is the kit available -- [Inaudible]

>> Currently the kit is not available in Spanish but it is going to be available in Spanish so that's something that -- son-in-law of the materials within the kit, I'm told, will be available in Spanish. The consumer materials will be available in Spanish. OK. They're not currently but they will be. We did get that request not very long ago and that's a very important and valuable request. We're happy to be able to do that.

>> The next question, how much does the kit cost?

>> There is no charge for the kit. It is a service of the maternal and child health bureau. There's no charge.

>> How do we get the C.D. roms and the kit to adapt to the basic C.D. roms -- [Inaudible]

>> We're looking into that. I don't know the answer to that question. I'm sorry but we're definitely looking into that. I understand there has been a couple of questions about that. We'll explore that and get some information to you. We'll get that on that faq we'll prepare. Thank you.

>> If I'm able to use this kit, should I partner with one of the state breastfeeding coalitions and/or a healthy start program in my area or just use the kit on my own?

>> I would definitely encourage you to partner with your healthy start community and your state breastfeeding coalition. This is all about partnership building. We can do certain things by ourselves but when we work together with all of the resources out there in the community and we're doing this in a coordinated fashion will have a bigger impact.

>> How does our coalition get into a healthy start community or be one of the sites?

>> I'm going to let Isadora answer that question if you don't mind.

>> I would be happy to. In various states where we are currently having healthy start trainings, we are encouraging them to reach out to the state breastfeeding coalitions in their states and there is also no reason why a state breastfeeding coalition could not approach healthy start communities within their own state. The focus in our training with healthy start is the community. It's healthy start communities that are being trained and the group of people who will be involved in each of those trainings is somewhat larger than the trainings that we're organizing for the state breastfeeding coalitions. We are aiming at having about 40 people in each of the healthy start trainings and that group, of course, will be made up of representatives from many organizations in the community and the coalition as well.

>> Next question, I think you've already answered this. Will everyone be mailed the packet?

>> We're not mailing the packet but you can go to the website certainly and order yourself a copy.

>> My clients work in a very small business and even for individuals in house cleaning and gardening. How can we approach these employers?

>> That's a tough one as well. I think, again, you have to go back to the business case. You have to go back to the bottom line benefit for that company and begin to look at some options that might work for that particular person. I don't know what their day-to-day routine is like but I've come to see in all of the work I've done with businesses and with mothers that there's always solutions on her, depending what her personal situation is.

>> How would the outcome of this project be measured?

>> We do have an evaluation component and we will be gradually implementing this so that we will be able to have a sense of outcomes. As far as the healthy start communities are concerned and also the state breastfeeding coalitions, our contractor has compiled fairly extensive forms of outcome data so we hope to be able to present this as we get through the three-year period which is the initial duration of our training and technical assistance initiative. The bottom line, of course, will be the number of employers who either initiate or expand or maintain in a more creative way the lactation support programs that they have.

>> Thank you. Is there funding for training?

>> At the moment as far as the state breastfeeding coalitions are concerned, we do have a very small amount of money to support the training initiatives.

>> Thank you. This is a question from Minnesota. Are there any interventions identified for women working on construction sites without a permanent workplace where she can express milk?

>> You know, I'm not aware of any particular programs. Again, any of you out there who are doing some work with any of these industries that have been described, we would love for you to share some particular programs that have been implemented. Again, I think it goes back to options, taking a look at that mother's work schedule, perhaps there are options, you know, sometimes for some mothers it may be that she's not going to breastfeed, you know, or pump her milk during the day. Maybe there's other options she needs to explore. I think we have to be able to help meet that mother where she is.

>> I would like to say something there. As you will notice from the illustrations in the resource kit, it is definitely our intention that this kit should apply to all kinds of employment settings for women and as Cathy has said here, we invite you to collaborate with us and to send us information of any innovative programs that you might come across in your local communities and your local states. But we definitely do not want the message to be oh, well, this is only going to apply to women in office settings. We want it to apply to women in all kind of different employment settings.

>> Sometimes it just boils down to communication. Communicating with that supervisor, communicateing with colleagues, communicating with that mother, looking at what her work schedule, what the employer's concern are and finding common ground. We would love to learn about some innovative programs that are all are aware of out there.

>> How do you spell --

>> Doray. Sorry about that.

>> That was important.

>> I said that with a southern accent to I can imagine it didn't come across the way it should have.

>> Thank you. Will the topic in the folders within the business case for breastfeeding be discussed in depth?

>> They will. That's the point of the two-day training, to go through this whole project in greater depth. Today was a very brief overview. This is what the curriculum looks like and it's very, very comprehensive. We take a look at each group, take a look at easy steps, how to implement that program. We go through each one of these pieces, how to conduct outreach with businesses, how to begin, how to pick up the phone the first time. We have a lot of very, very interactive activities and resources provided. We also even have a strategy plan and component where the individuals who come to the training will actually sit down and talk about where do we go from here? What are we going to do with this information? Who are we going to target in the community? We'll be there to help you think through your plans for providing outreach.

>> Are there any questions in the room before I go on? OK. One area in California is testing out ways to arrange for safe places for agriculture workers. However, these are a big challenge. I'm not sure if that -- I think that was more of a comment then.

>> That's huge.

>> The one strategy that's been shared. That's great to hear. I would be very open to any other solutions or suggestions that people have. That's wonderful.

>> I think that is the last question for right now. I'll give it another minute or so. Are there any other closing remarks that either of you want to give before we close?

>> We are hoping in a little while to disseminate some information about organizations that are bringing up to promote breastfeeding babies actually at work, settings in which women can bring their babies with them to work and breastfeed them directly while they are at work. I do know of one organization in Massachusetts. There may be others. We are just at the point of beginning to collect some information regarding this issue.

>> There are many small companies that already do this. Public health departments around the country are very open to this. We know that there are several states and public health programs with these kind of programs and policies in place so I think that's very definitely an alternative we need to be including as part of this effort. It's not just about helping women express milk but also about helping them maintain lactation. [Inaudible]

>> Contact information, 301-552-8803. That's Daray's information. Dsitko @ hcdi.com. I want to thank her. She's been a fabulous member of this team in coordinating all of the logistics for our programs and spearheading this. She's done a fabulous job and we're glad she's part of this team as well.

>> I believe that's the last question. Is there any way to have copies of the slide from this presentation? I can answer that. Copies of the slides are available on the website mch.com. If you click on the title of this event, business case for breastfeeding, there's a link to both the slides and to references that were given to us. Anything else?

>> We are excited about this and again, I want to thank Isadora and everyone else that's done a good job and I'm privileged to be a part of it.

>> On behalf of the division of healthy start and perinatal services, I would like to thank our presenters and audience for the web cast and I would also like to thank our contractor, CADE for making this technology work. Today's web cast will be archived and available in a few days on the website mchcom.com. We encourage you to let your college know about this website. Thank you and we look forward to your participation in future web casts.