

Exploration of breastfeeding barriers associated with returning to work among women enrolled in the NH Special Supplemental Nutrition Program for Women, Infants and Children

October 2017



Introduction

In New Hampshire 8 out of every 10 mothers initiates breastfeeding after birth, however only 3 mothers continue breastfeeding the full 12 months as suggested by the American Academy of Pediatrics.¹ According to NH's 2011 Pediatric Nutrition Surveillance System (PedNSS), a collection of health and breastfeeding data for women participating in the federally funded Special Supplemental Nutrition Program for Women, Infants and Children (WIC), 71.7 percent of women reported they "ever breastfed" compared with national estimates of 63.2 percent (prior year's data).² While NH appears to have a higher prevalence for this indicator, the same report reveals that only 11.2 percent of women reported they breastfed at least 12 months, compared with a national prevalence of 16.9 percent (prior year's data).

While the number of WIC mothers nationally who initiate and continue breastfeeding for the first year is high compared with the non-WIC population across the board, disparities in breastfeeding have persisted by race/ethnicity, socioeconomic characteristics, and geography.³ Studies have found higher income to be positively associated with breastfeeding. In addition,

women with less than a high school education are far less likely to breastfeed than women who have earned a college degree.⁴ Women with a lower income and less education face additional barriers, such as lack of familial support and workplace accommodations that lead them to stop breastfeeding or early weaning. According to the Childbirth Connection's *Listening to MothersSM III* surveys (conducted by Harris Interactive and funded by the W.K. Kellogg Foundation), in 2012, 13% of survey respondents reported "I did not plan to breastfeed much anyway, as I planned to go back to my paying job soon."⁵

Background

Breastfeeding prevalence among low-income women, specifically women enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), continues to be below national targets established in Healthy People 2020.⁶ Many women enrolled in WIC programs are working, either full time or part time. The type of job a WIC eligible woman has is likely to be a low-income job in childcare, home

healthcare, or in one of the service industries. The lack of workplace lactation policies and accommodations in these industries may influence a woman's choice to continue breastfeeding once she has returned to work.

In 2011, the US Surgeon General put out a *Call to Action to Support Breastfeeding*, listing two action steps that employers can take to support breastfeeding: 1) Ensure employers establish and maintain comprehensive, high quality lactation support programs for their employees, and 2) expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.⁷ Healthy People 2020 Objectives also call for an increase in the proportion of employers that have worksite lactation support programs.⁸

The *Break Time for Nursing Mothers Law*, within the federal Affordable Care Act states that employers shall provide breastfeeding employees with "reasonable" break time and a private, non-bathroom place to express breast milk during the workday, up until the child's first birthday.⁹

According to the National Conference of State Legislatures, forty-nine states, including NH, have laws that specifically allow women to breastfeed in any public location. However, only twenty-seven states have laws related to breastfeeding in the workplace (New Hampshire is omitted since there is only a law, SB488, which establishes the NH Lactation Advisory Council to study the issue).¹⁰ Comprehensive lactation support programs in the workplace are a valuable tool in supporting working mothers. Despite the fact that lactation support programs increase breastfeeding duration, only 25% of all employers in the United States offer lactation support programs, thus leaving working mothers with difficult decisions to make.¹¹

Methods

The objective of this study was to better understand the barriers to women breastfeeding after childbirth, particularly focused on workplace accommodation policies and support practices that encourage or discourage breastfeeding after returning to work.

In partnership with the NH Department of Health and Human Service, Division of Public Health Services WIC Nutrition Program, a paper survey was developed for distribution to the four NH WIC local agencies. Surveys were randomly distributed by agency staff to women participating in the NH WIC program from each of the four agencies (n = 682) for 3 months (during the summer and fall of 2016). To be eligible for the

study, women had to be the birth mother of their child and enrolled in the WIC Program or their child had to be enrolled in the WIC Program.

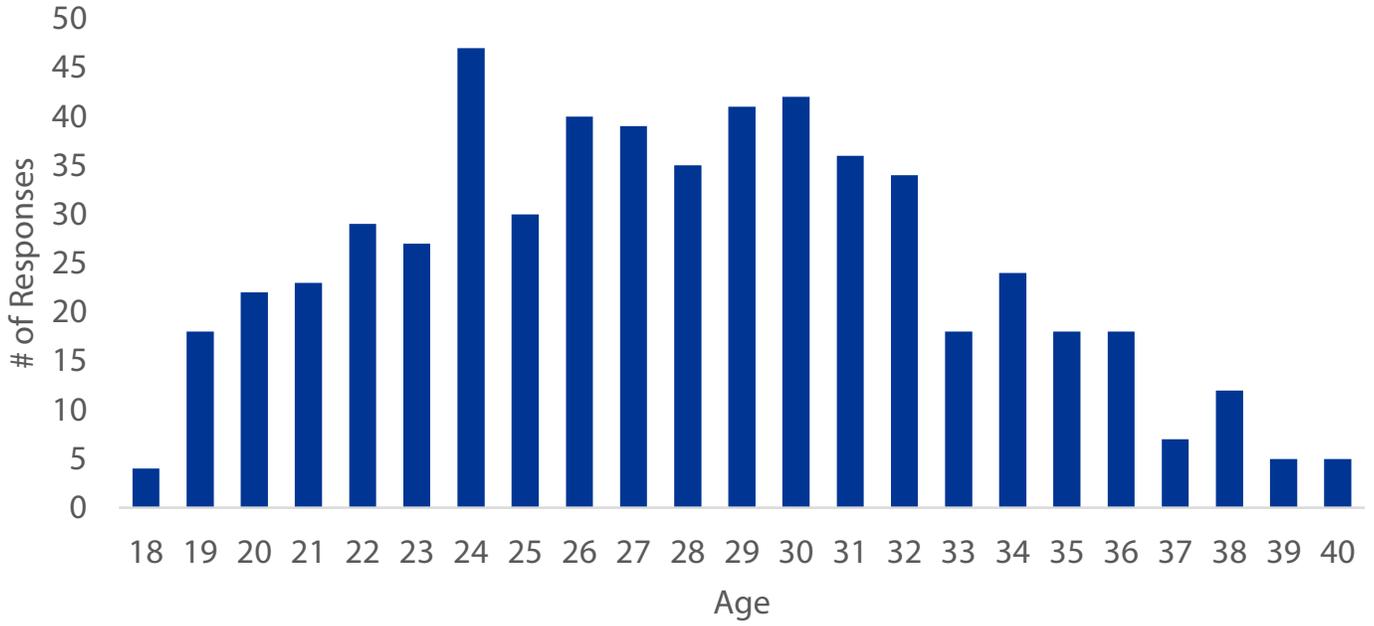
Some survey questions were adapted from The Monadnock Region's Community Coalition for the Promotion of Breastfeeding survey implemented in the Keene and Manchester WIC Programs that focused on "*Understanding Barriers and Positive Contributors to Breastfeeding among New Hampshire WIC Mothers*."³ Additional questions were developed on workplace policies and support practices that encourage or discourage breastfeeding after returning to work. Some questions offered multiple choice responses where the respondent could check more than one response. Surveys were collected and transferred into Qualtrics for analysis. Industry (job type) responses were coded according to 2012 Census Industry Classification Codes. Some industry responses were combined into broader categories in order to increase the number of responses in those categories for analysis purposes. Additional data analysis on industry was performed in Excel. Associations between employment status, workplace policies on breastfeeding, options for maternity leave, co-worker support, work environment accommodations, and other variables were examined.

Results

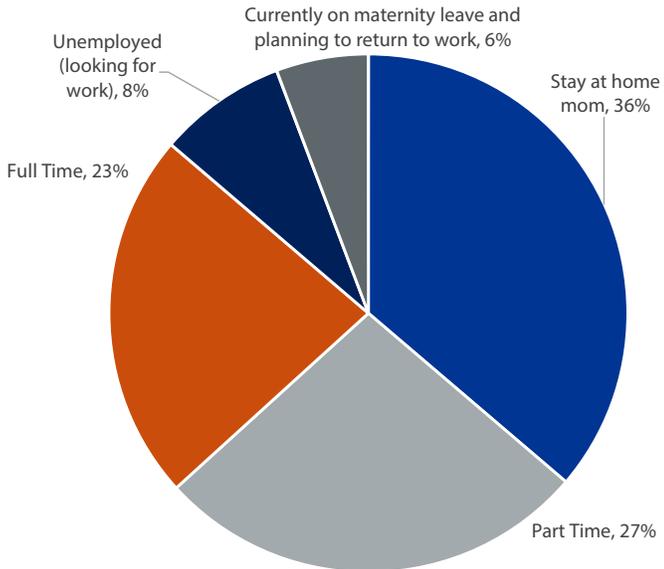
Demographic Characteristics

Of the respondents who completed the survey and filled in their age, the average age was 25 years (range, 18-40 years). The majority of respondents reported that they were stay at home moms (38%), with the second most reported as full time employment status (27%). The majority of respondents had a high school diploma (61%). Ten percent reported having a Bachelor's Degree.

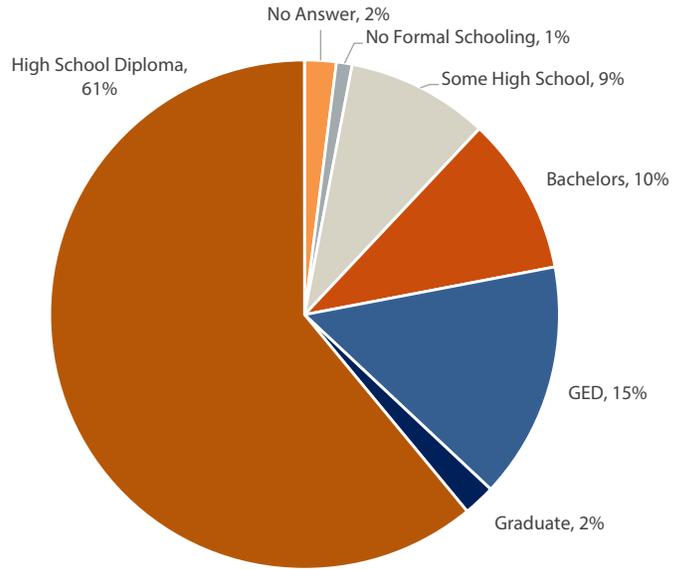
Age of Respondents



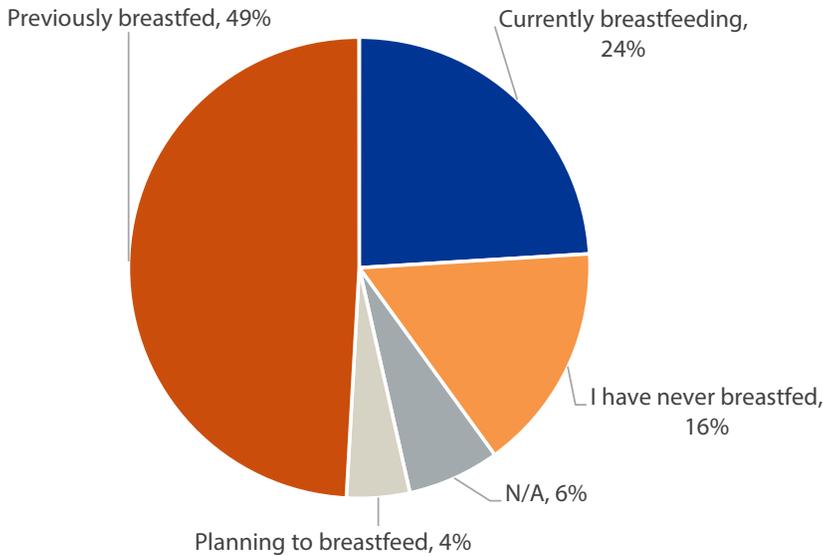
Employment Status



Education Status



Breastfeeding Status



Most of the survey respondents have previously breastfed (49%), or are currently breastfeeding (24%).

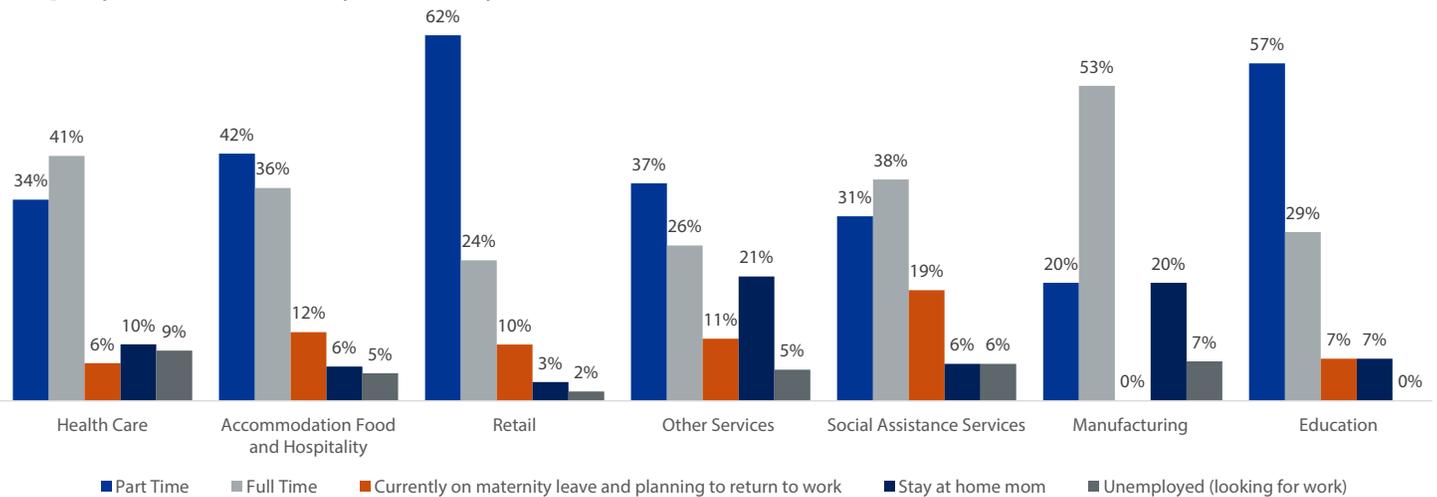
Analyses by Industry Group

Industry responses were grouped and combined into broad Census categories. *Accommodation Food and Hospitality* included responses from women working in restaurant, travel and hotel jobs. *Education* included women predominantly working in elementary and secondary schools. Women working in healthcare or in a hospital setting were grouped into *Health Care*. This includes women working in home health care, as a Licensed Nursing Assistant, or in an assisted living or nursing home environment. Most of the women working in the *Retail* industry had jobs in grocery and clothing stores, with some working in convenience

and department stores. *Social Assistance Services* included women working predominantly in child care. Women who reported they worked in a factory or in manufacturing made up the *Manufacturing* industry. Women working in housekeeping, cleaning, and beauty salons were represented in *Other Services*.

Part time employment status represented the majority of women working in the *Accommodation Food and Hospitality*, *Retail*, *Other Services*, and *Education* industries. Full time employment status was most represented in *Health Care*, *Social Assistance Services* and *Manufacturing* industries.

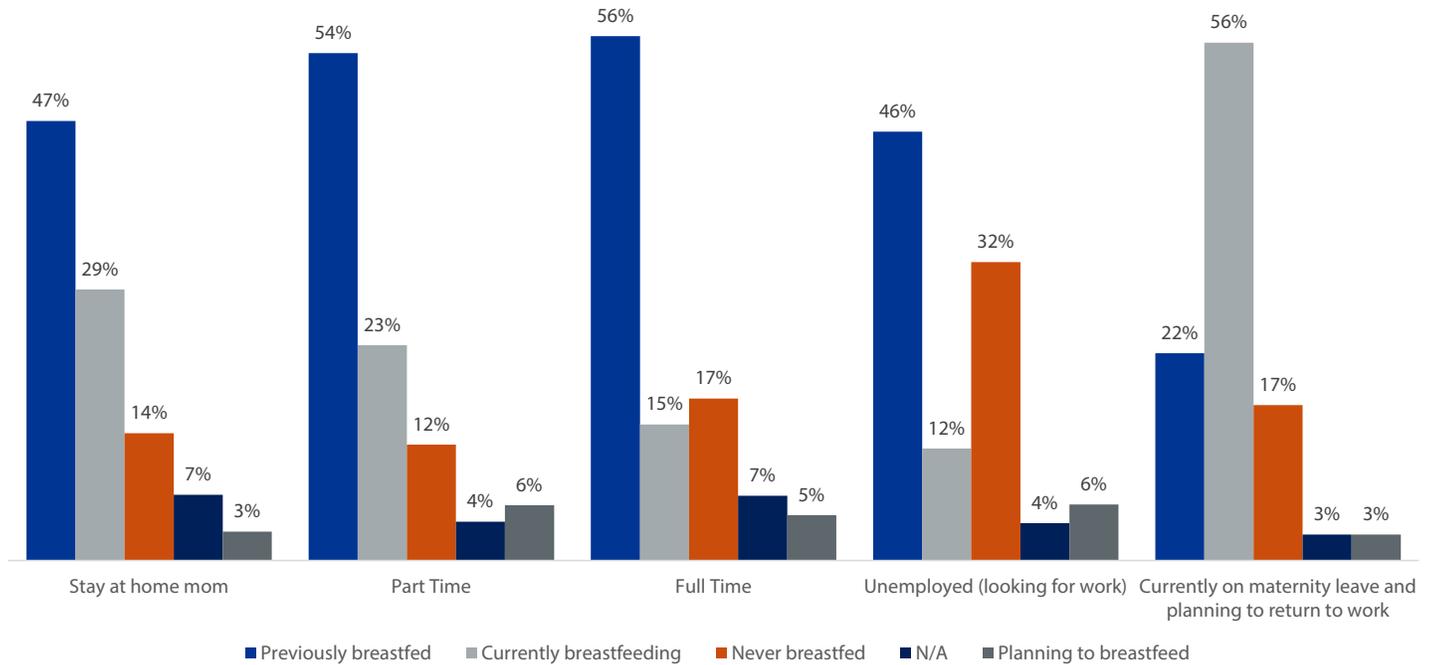
Employment Status by Industry



Women who are currently on maternity leave were more likely to report that they were currently breastfeeding (56%). Women who are working full time (15%), and

women who are unemployed but looking for work (12%) were least likely to be currently breastfeeding.

Breastfeeding Status by Employment Status

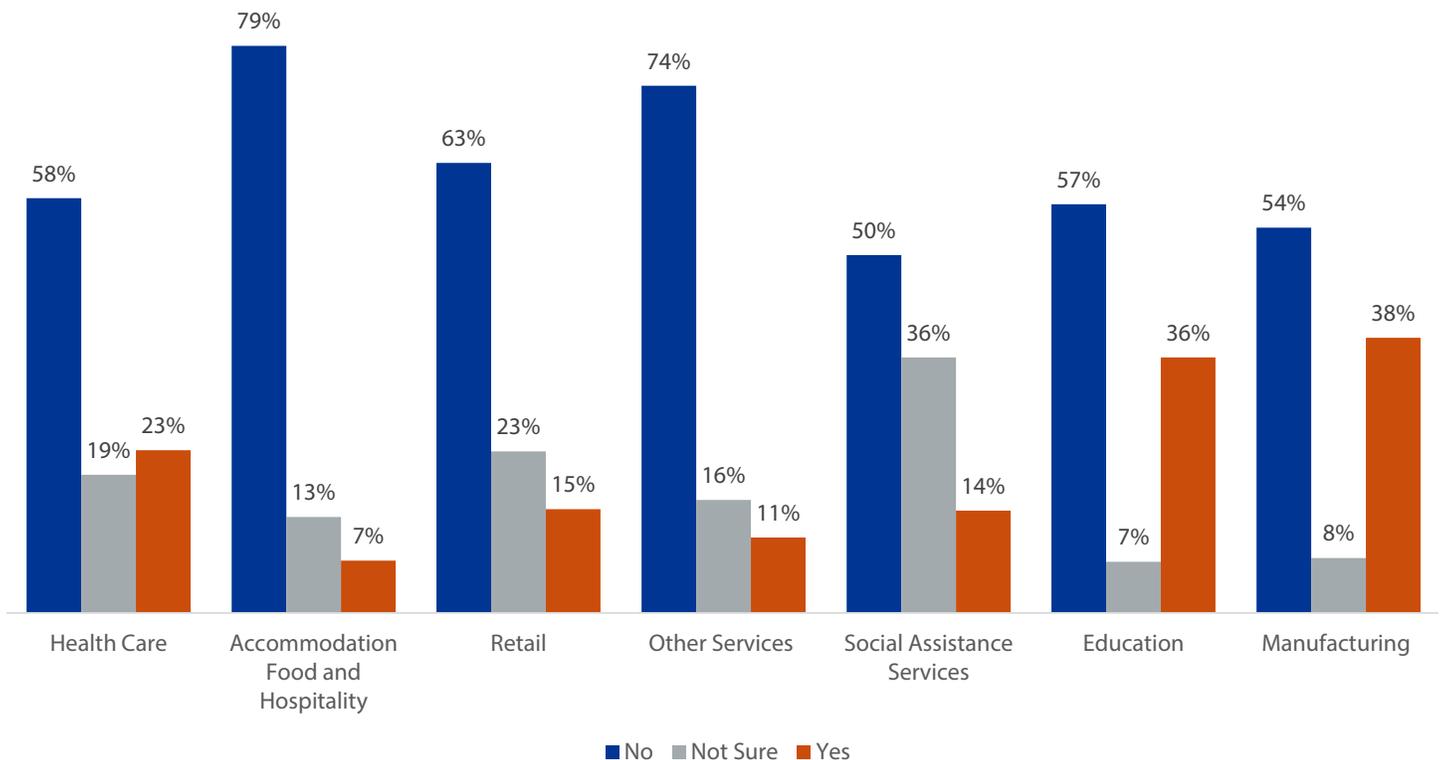


Maternity Leave Policies by Industry Group

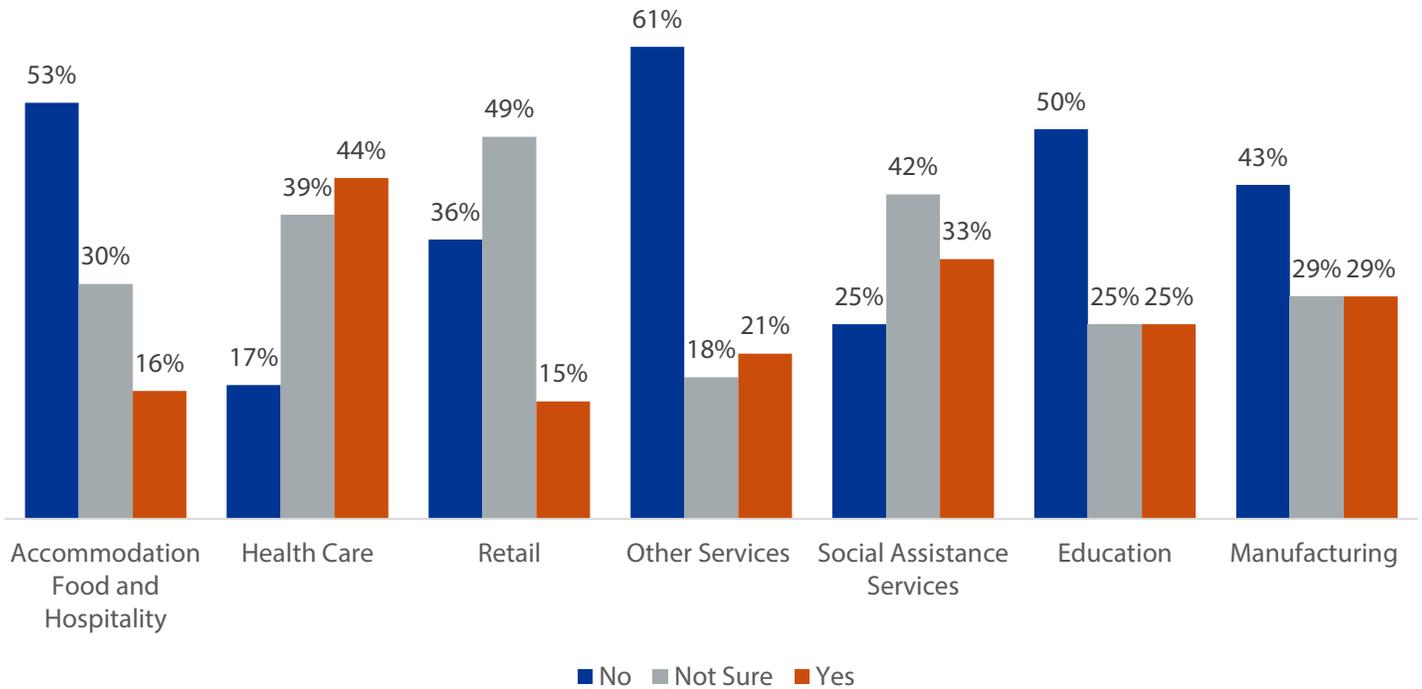
The majority of women working in every industry group reported their workplace did not offer paid maternity leave, separate from any other leave.

The majority of women reporting there was no other paid leave available worked in *Other Services* (61%). Women working in *Health Care* were more likely to report that they did have other paid leave available to them (44%).

Does your workplace offer paid maternity leave, separate from any other leave?

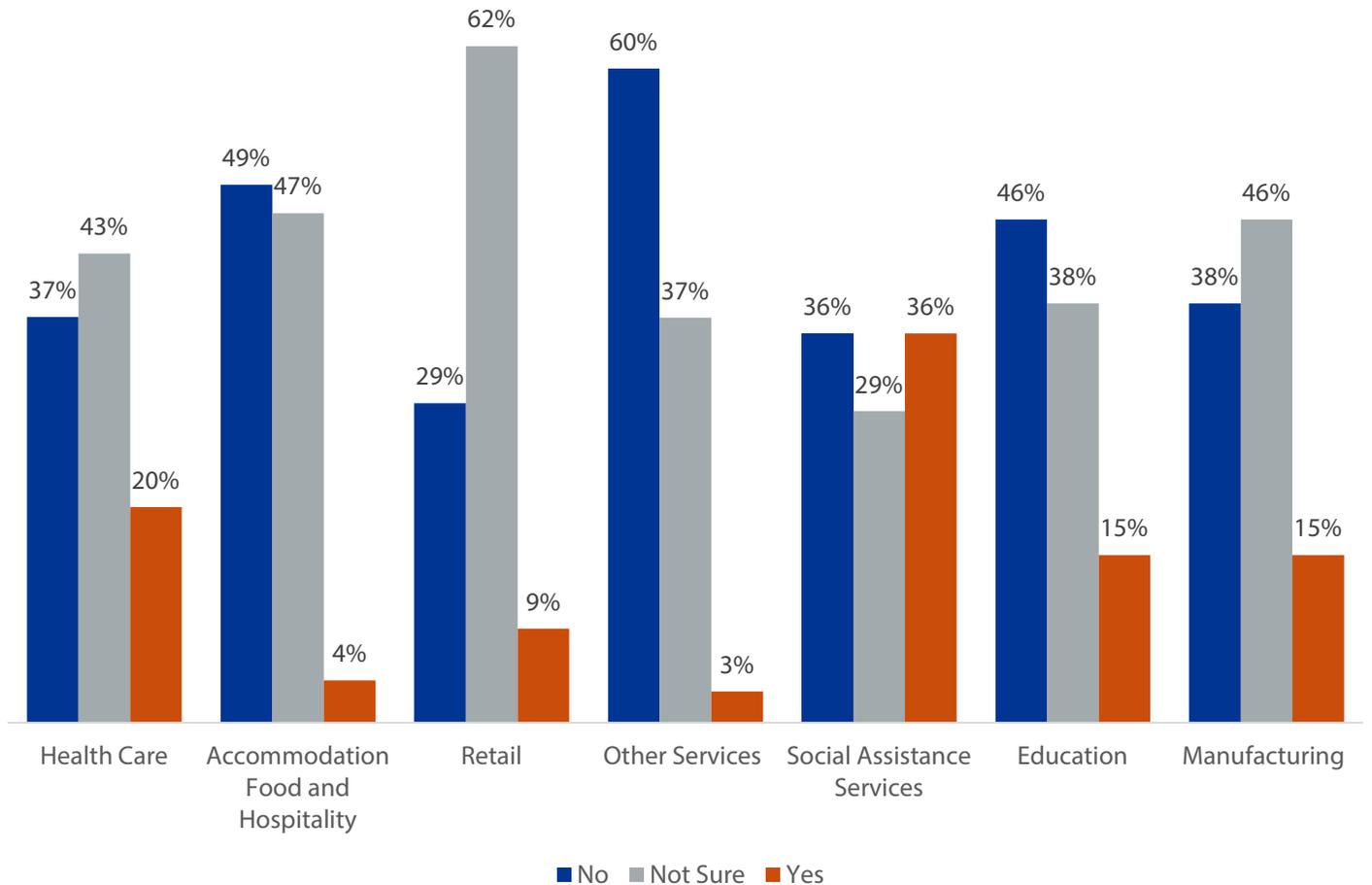


Is there other paid leave available?



Women working in *Other Services* were least likely to report having a written breastfeeding policy in their workplace (60%).

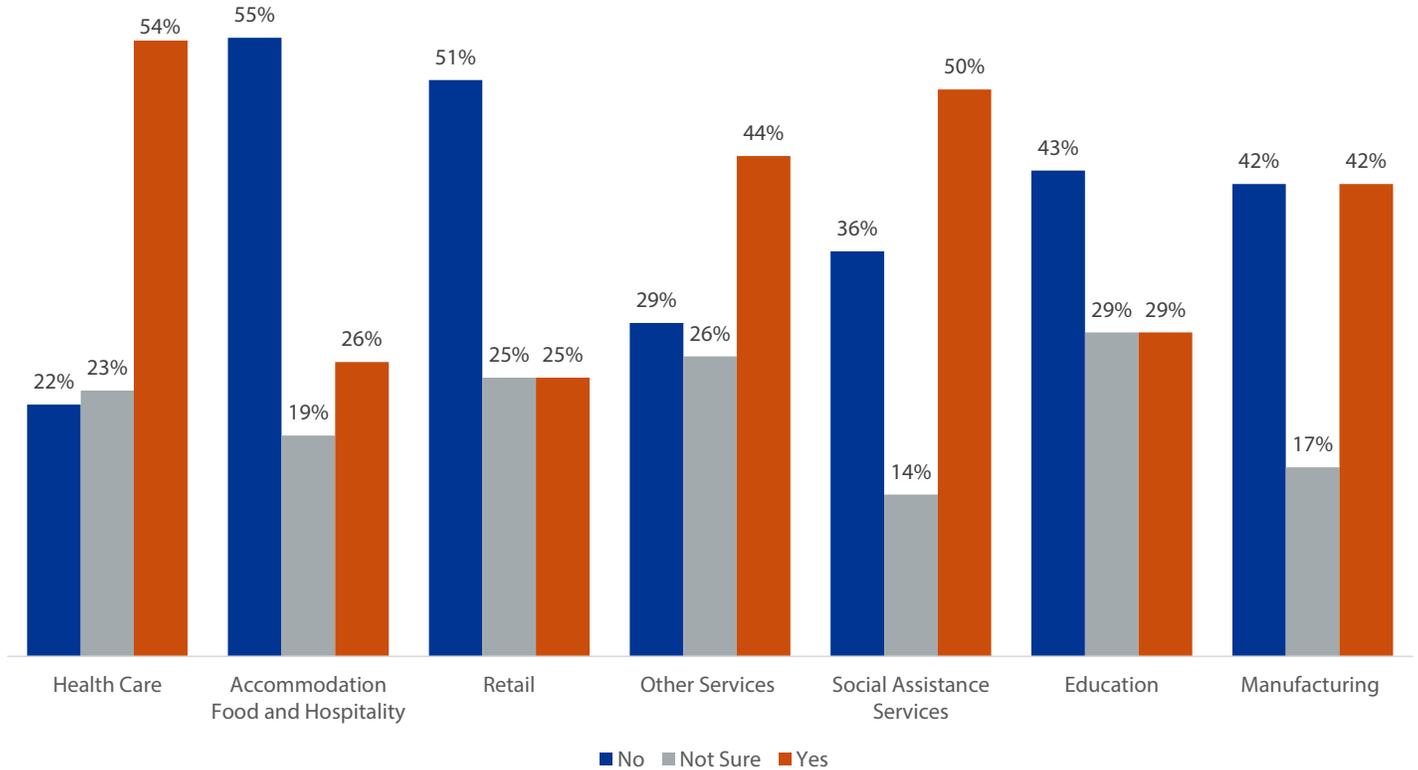
Does your workplace have a written breastfeeding policy?



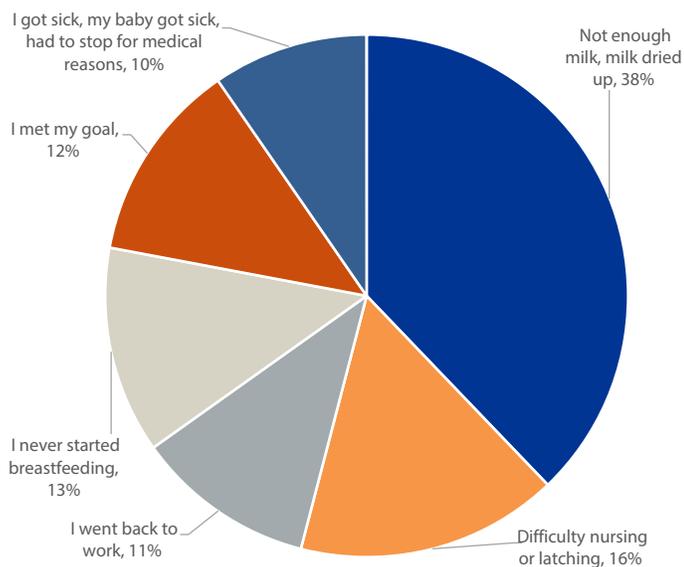
Women working in *Health Care* were more likely to report having a private space to use a breast pump that is not a bathroom or closet (54%) and whose workplace provides break times to pump at work (58%). Women

working in *Accommodation Food and Hospitality* were least likely to report having a private space to pump (55%) and least likely to have a workplace that provides break times to pump at work (55%).

Does your workplace have a private space (not a bathroom or closet) for you to use a breast pump?



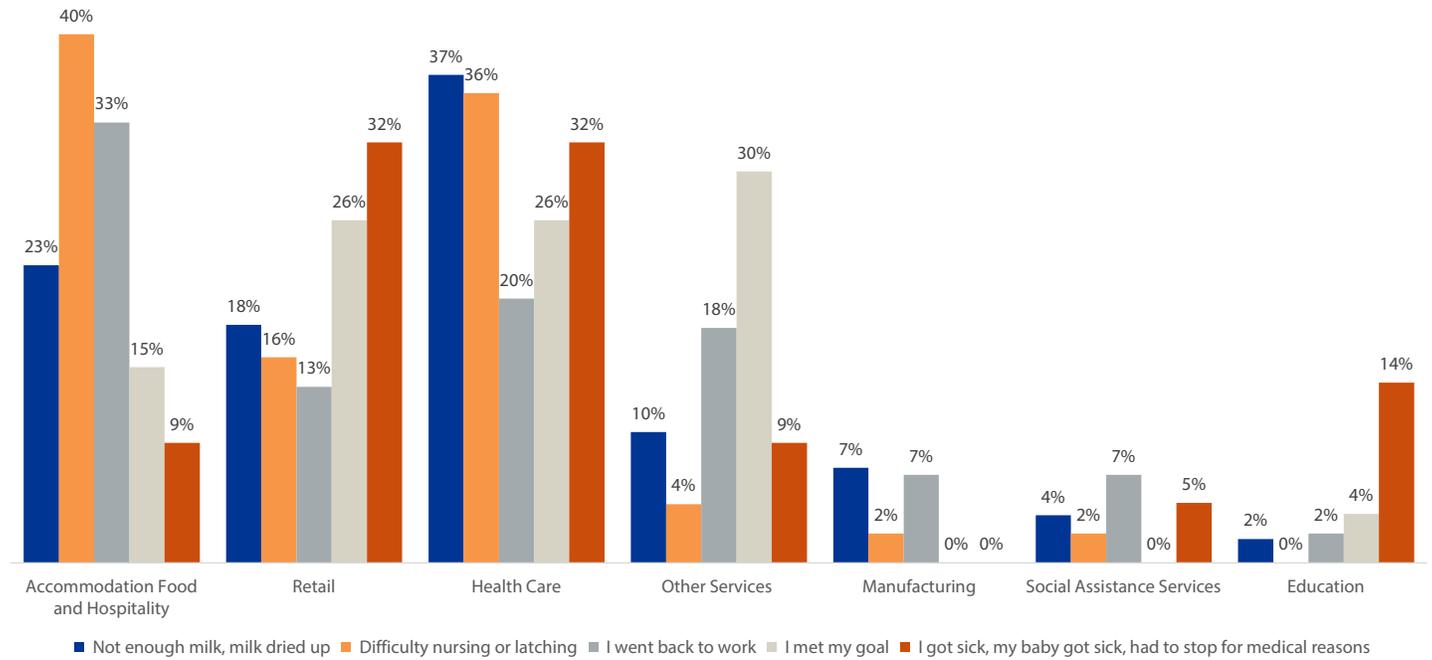
Why did you stop breastfeeding?



Of the total respondents, the most likely reason for discontinued breastfeeding status was *Not enough milk*.

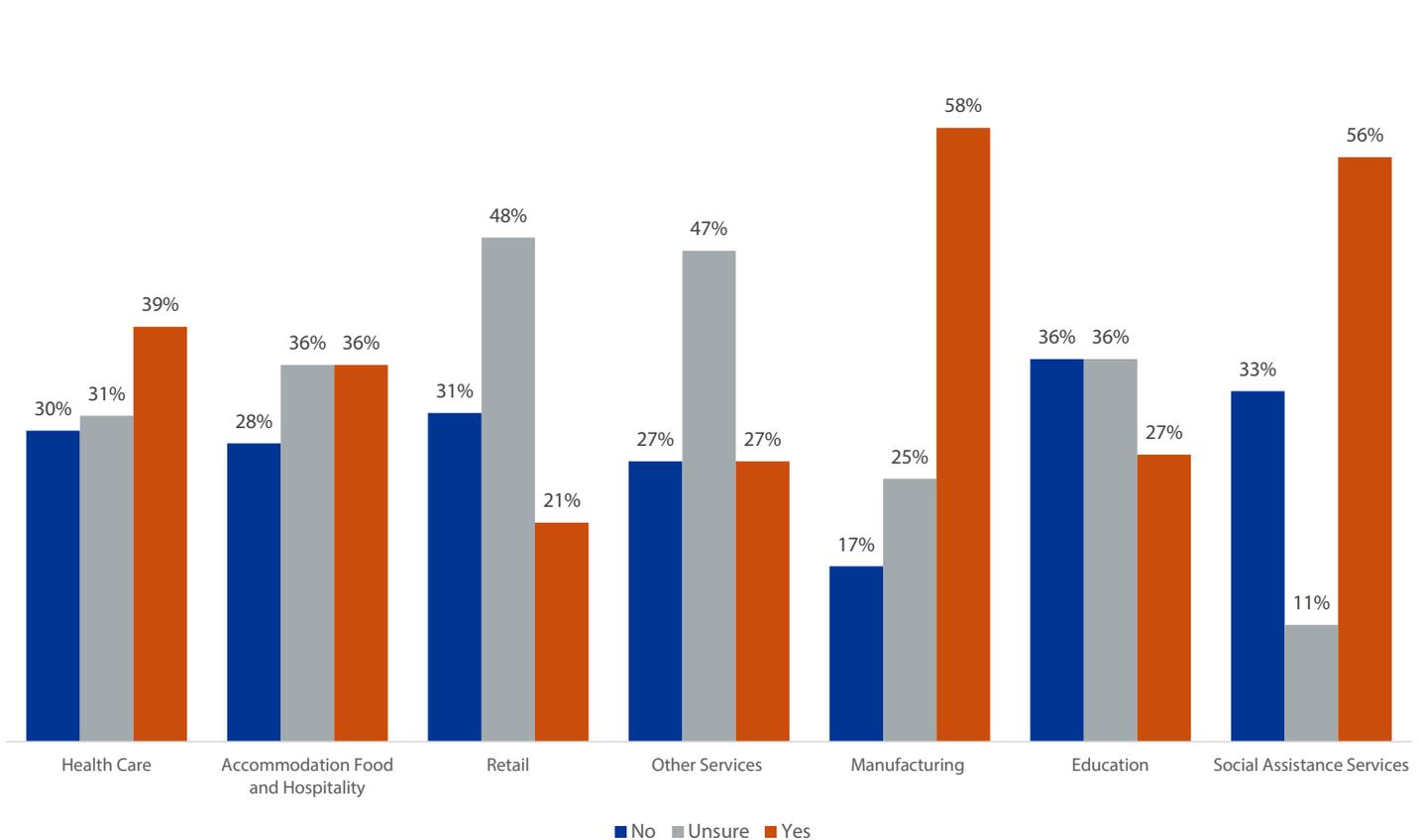
The reason, *I went back to work* was reported by all industry groups, particularly by those women working in *Accommodation Food and Hospitality* (33%).

Why did you stop breastfeeding? (By Industry)

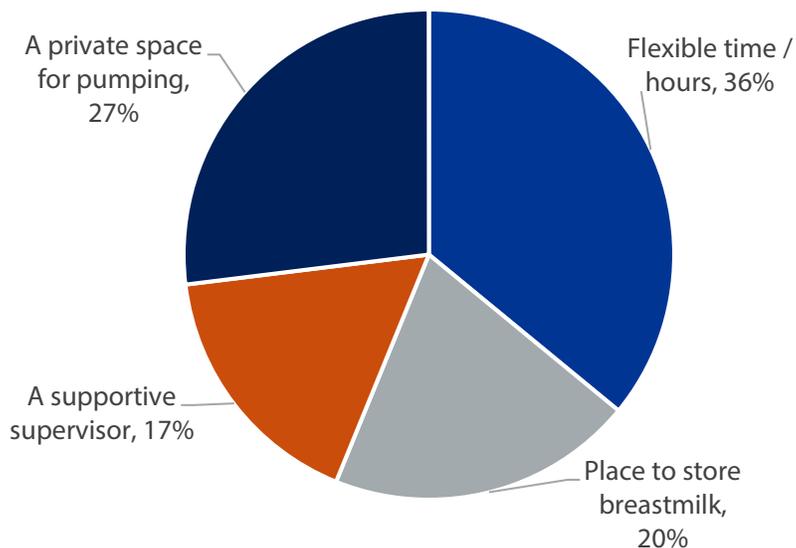


Women in every industry group reported they would have continued breastfeeding longer if it was easier to pump at work, with *Health Care* (39%), *Manufacturing* (58%), and *Social Assistance Services* (56%) being the top three industry groups represented.

Would you have continued breastfeeding longer if it was easier to pump at work?

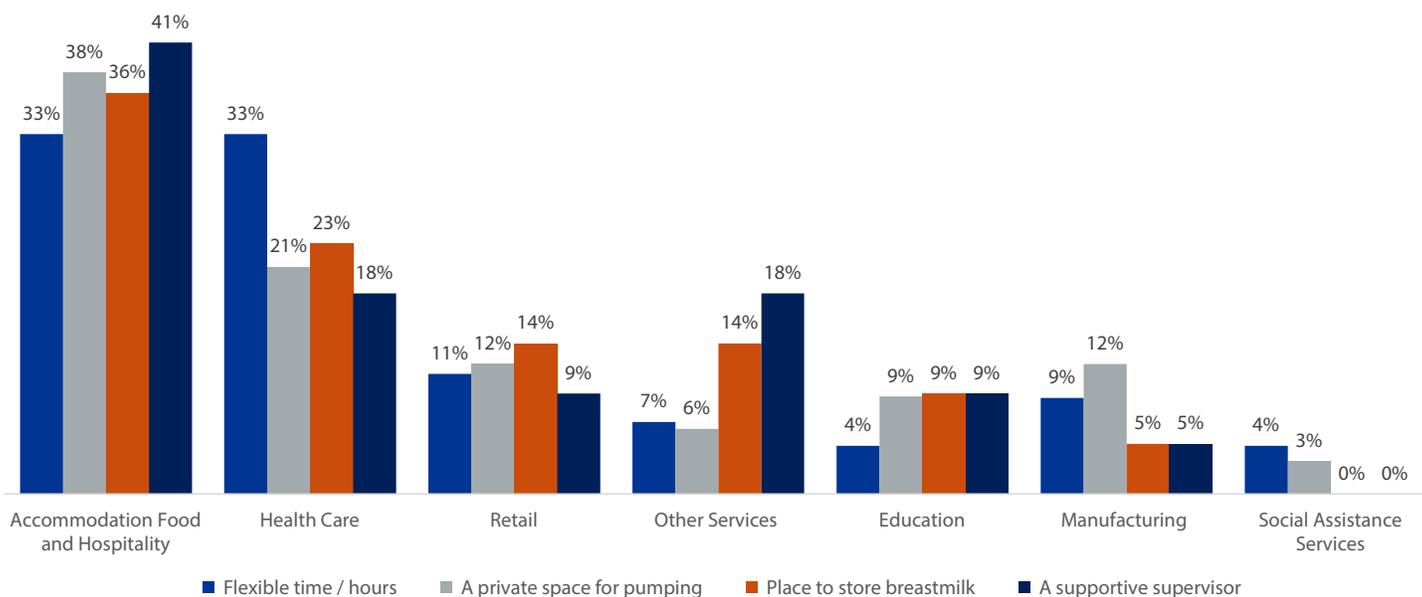


What factors would have made it easier for you to pump at work?



In response to the question, “What factors would have made it easier for you to pump at work?” of the total respondents, having flexible hours was the most reported (36%) and having a private space for pumping (27%) was the second most reported.

What factors would have made it easier for you to pump at work? (By Industry)



Women in *Accommodation, Food and Hospitality* reported having a supportive supervisor the most (41%) of all factors that would have made it easier to pump at work. Women working in *Health Care* reported having flexible time/hours the most (33%); women working in *Retail* reported having a place to store breastmilk the most (14%); and women working in *Other Services* reported having a supportive supervisor

the most (18%). Having a private space for pumping, a place to store breastmilk, and a supportive supervisor were equally reported (9%) by women in *Education* as factors that would have made it easier to pump at work. Women working in *Manufacturing* reported having a private space for pumping the most (12%), and women working in *Social Assistance Services* reported having flexible time/hours the most (4%).

Study Limitations

While our survey was randomly distributed through all four of the NH WIC agencies, responses are not representative of all NH women working in the various industry groups reported by the WIC participants. The employment characteristics and policies reported may not reflect the situation at the time of breastfeeding, as some women may have had a different job than they did when their child was born or when they were breastfeeding or contemplating breastfeeding. It also does not reflect the varying breastfeeding behaviors of women enrolled in the WIC program versus those women who are not. We cannot assume that barriers to breastfeeding once returned to work are experienced in the same way for women working in higher paying jobs. This study was a first attempt in the state of New Hampshire to capture breastfeeding behavior data by place and type of work. We used WIC participants to reflect the types of industry groups in which low-income women are likely to be working.

Findings from our study were designed to be descriptive only, with no analyses for statistical significance. Responses to the survey were self-reported and therefore may be subject to recall bias.

Conclusions and Recommendations

Women, especially mothers with young children, are much more likely to participate in the labor force than in the past. The U.S. Department of Labor, 2016 data, shows that the labor force participation rate of mothers with children under 6 years old was 64.7 percent. The participation rate of mothers with infants under a year old was 58.6 percent.¹² Between 1975 and 2015, the labor force participation rate of mothers with children under age 3 increased by 27.1 percentage points.¹³

Many working parents lack access to even the most basic workplace supports, such as job-protected paid parental leave, earned sick days, or quality and affordable childcare. The lack of these supports can impact the ability of parents to adequately meet work and family responsibilities. Moreover, mothers are much more likely than fathers to work in part-time or low-paying jobs, and those jobs are far less likely to provide access to paid leave, flexible worktime, childcare assistance and other quality of life benefits. According to the U.S. Bureau of Labor Statistics, National Compensation Survey, March 2015, 13 percent of workers have access to paid family leave; 88 percent of workers have access to unpaid family leave; 11 percent are offered childcare assistance; and 6 percent have access to flexible

workplace benefits.¹⁴

While the landscape of America's labor force has changed, workplaces have been slow to adapt. A woman's breastfeeding duration is often influenced by the length of her maternity leave, if she is entitled to one due to her work status, whether it is paid or unpaid, and the attitudes, policies and practices at her place of employment. As stated previously, more than half of women return to work within the first three months of her baby's life, during which time most health experts recommend a baby should be exclusively breastfed.

Our findings indicate that there is much room for improvement in developing supports for breastfeeding moms who work, particularly in low-income, part time, and service oriented industry groups. While this study does not compare breastfeeding status among the WIC population with that of the general population, it is evident that going back to work has a substantial influence on breastfeeding continuation for women enrolled in the WIC program. In addition, many of these women report that they would have continued breastfeeding longer if it were easier to pump at work. The knowledge gained by exploring breastfeeding status and breastfeeding barriers by industry group provides a better understanding of where efforts could be made to increase prevalence of continuing to breastfeed after returning to work.

Interventions in the workplace should focus on a total worker health approach, including the assurance of a safe and healthy place to work and the infrastructure to support a work-life balance that promotes employee well-being and contributes positively to the workplace.¹⁵

Acknowledgements

- Ashley Valdes and Kyle Dopfel, UNH Master of Public Health Program Field Study Projects
- Lissa A Sirois, RD, IBCLC, Administrator, Nutrition Services Section, Division of Public Health Services, NH DHHS
- Margaret Henning, MA., Ph.D, Associate Professor Health Science, Keene State College
- Joyce Kelly RN, MPH, Chair, NH Breastfeeding Task Force
- Kate Filanoski, Institute on Disability

Citations

¹ American Academy of Pediatrics Reaffirms Breastfeeding Guidelines at www.aap.org/en-us/

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⁸ U.S. Department of Health and Human Services, Healthy People 2020, Topics and Objectives Index, at [www.healthypeople.gov](#), accessed on 9/14/2017.

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¹² U.S. Bureau of Labor Statistics, News Release, Employment Characteristics of Families, 2016, for release April 20, 2017, at [www.bls.gov/news.release/pdf/famee.pdf](#), accessed on 8/31/2017.

¹³ U.S. Bureau of Labor Statistics, Annual Social and Economic Supplement, March 1975-2015.

¹⁴ U.S. Bureau of Labor Statistics, *Current Population Survey, Annual Social and Economic Supplement, March 2015*, and *National Compensation Survey, March 2015*, Table 40. Quality of Life Benefits: Access, Civilian Workers." Accessed on 9/13/2017 at [www.bls.gov/ncs/ebs/benefits/2015/ownership/civilian/table40a.htm](#).

¹⁵ National Institute for Occupational Safety and Health, Total Worker Health Program at [www.cdc.gov/niosh/twh/default.html](#)

About the New Hampshire Occupational Health Surveillance Project

The NH OHSP provides meaningful statistics to identify priority occupational safety and health issues in the state. This includes reports on a variety of core occupational health indicators based on measures of health (work-related disease, injury, or disability) or factors associated with health, such as workplace exposures, hazards or interventions.

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Funding Statement

NH OHSP is supported by the National Institute for Occupational Safety and Health (NIOSH) and the Council of State and Territorial Epidemiologists (CSTE). This project was supported by Grant # OH 193300 from CDC-NIOSH. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.

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