

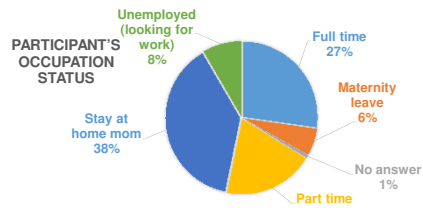
Ashley Valdes, MPH, Karla Armenti, MS, ScD, UNH-NH Occupational Health Surveillance Program; Lissa A.Sirois, RD, IBCLC, WIC Nutrition Services Section, Division of Public Health Services; Meg Henning, MA, PhD, Keene State College

## Abstract

The 2014 PedNSS data, a collection of health and breastfeeding data for women participating in the federally funded Special Supplemental Nutrition Program for Women, Infants and Children (WIC) demonstrates that, while NH mothers participating in the WIC Program initiated breastfeeding 74% of the time after delivery, only 13% continued breastfeeding through the first year. Studies have found that women with a lower income and less education face a variety of barriers, including familial support and workplace accommodations that lead them to stop breastfeeding or early weaning. This pilot project aims to explore the barriers faced by mothers in the NH Women, Infants, and Children Supplemental Nutrition (WIC) Program through a survey focused on better understanding their workplace policies and support practices that encourage or discourage breastfeeding after returning to work. A random sample of 1% of each of the four Local Agency WIC Programs was surveyed (n = 145) using a 7-page paper document. An analysis of the data collected from the survey was completed to identify existing employer breastfeeding policies, maternity leave, workplace environment accommodations, co-worker support and the effect it may have had on a WIC participant's length of breastfeeding.

## Introduction

- In New Hampshire 8 out of every 10 mothers initiates breastfeeding after birth, however only 4 mothers continue breastfeeding the full 12 months as suggested by the American Academy of Pediatrics.
- The 2014 PedNSS data, a collection of health and breastfeeding data for women participating in the federally funded Special Supplemental Nutrition Program for Women, Infants and Children (WIC) demonstrates that, while NH mothers participating in the WIC Program initiated breastfeeding 74% of the time after delivery, only 13% continued breastfeeding through the first year.
- Understanding the reasons for this disparity in breastfeeding behaviors is crucial for identifying, developing, and implementing strategies to eliminate them.

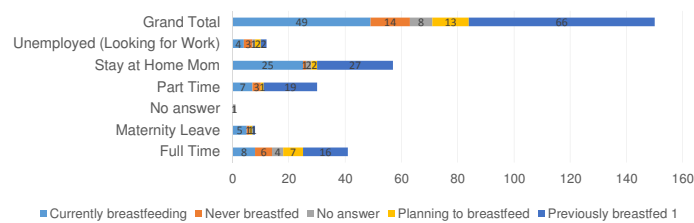


## Methodology

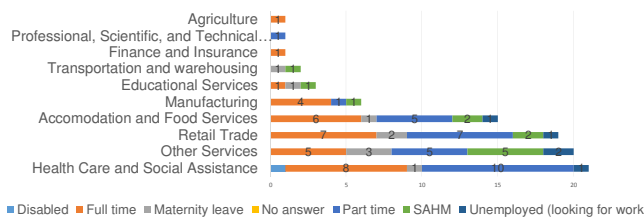
- A literature review, including previous surveys in past studies, was completed to gather survey questions best suited to this pilot study.
- Survey questions focused on workplace policies and support practices that influence breastfeeding after returning to work.
- Surveys were randomly distributed to a sample from each of the four NH WIC Local Agencies. (N=156)
- Associations between employment status, workplace policies on breastfeeding, options for maternity leave, and other variables were examined.

## Results

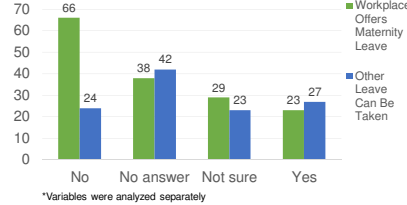
Breastfeeding Behavior by Employment Status



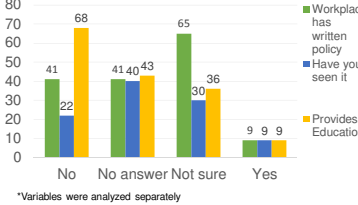
Employment Status by Industry Category



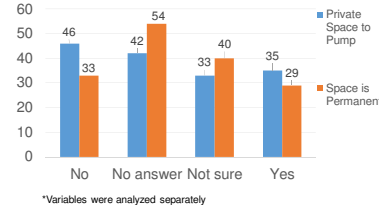
Maternity Leave Options



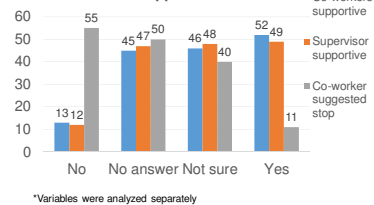
Workplace Policy on Breastfeeding



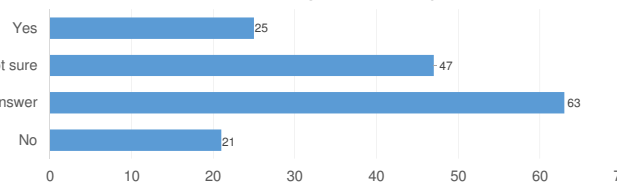
Private Place to Pump at Work



Support at Work



Continued Breastfeeding if Easier to Pump at Work

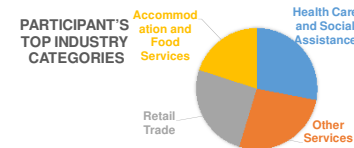


## Limitations

- Survey included all mothers not just working mothers which limited the amount of workplace policy information obtained.
- Some questions were interpreted differently than intended, wording of questions can be improved in the future.
- Lack of racial and ethnic diversity which may limit representation of different populations.

## Conclusions

- Stay at home mothers are more likely to breastfeed than working mothers who work either part or full time.
- The majority of respondents work in Health Care and Social Assistance, Retail Trade, Accommodation, and Food Service and Other Services industries.
- 42% of mothers reported their workplace does not offer maternity leave options.
- Only 5.7% of mothers have seen or are aware of their workplace policy on breastfeeding.
- The majority of women reported they do not have a private place available to pump at work.
- 16% of mothers reported they would have continued breastfeeding if it was easier to pump at work.



**Next Steps: With support from ASTHO/CDC's** there will be a focus on workplace support, which will complement other activities and initiatives in NH focused on employer education, removing barriers associated with early weaning when returning to work, and compliance with the federal lactation law. **Strategies include:** Online training module for NH employers, Social norming campaign for employers and employees, Presentation and workshop activities at Human Resource conferences, and On-site technical assistance for employers.

## Recommendations

- Future education on best practices for breastfeeding policies in the workplace could result in an increase of women continuing to breastfeed.
- Certain industry groups would benefit from targeted interventions to eliminate the barriers experienced by breastfeeding women.
- This work is positioned to provide opportunities to influence future legislation to support breastfeeding accommodations in the workplace for all working mothers.
- There is a critical need for worksite evaluation in order to close the loop between policy and practice.

## References

- The Monadnock Region's Community Coalition for the Promotion of Breastfeeding survey titled "Understanding Barriers and Positive Contributors to Breastfeeding among New Hampshire WIC Mothers," implemented in the Keene and Manchester WIC Program
- Listening to Mothers III survey, US national survey regarding childbearing experiences
- The CDC Worksite Health Score Card Assessment
- "Breastfeeding Report Cards." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 25 Aug. 2015. <<http://www.cdc.gov/breastfeeding/data/reportcard.htm>>.
- US Department of Health and Human Services, The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: Office of the Surgeon General; 2011