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### INTRODUCTION

This publication will assist your organization in creating a family-friendly workplace that will enable employees to achieve a balance between their career and parenting responsibilities. Please note that additional information and resources related to this topic are available on Best Start by Health Nexus' web site, www.beststart.org.

Health Canada and the Canadian Paediatric Society recommend breastfeeding up to two years and beyond. Hence, many women returning to work from maternity leaves continue to breastfeed their children in order to optimize their health.

Successfully combining breastfeeding and employment is a very attainable goal for women. A supportive workplace enables its an employees to achieve a healthy work/life balance, the benefits of which are far reaching – for babies, mothers and employers! (Middlesex-London Health Unit, 2003)

### RATIONALE/BENEFITS FOR EMPLOYERS

Adequate provision for breastfeeding is an investment in the health of the present and future workforce. Today's children are tomorrow's workers.

Employers can support their breastfeeding employees for a minimal investment and can reap the benefits that come from having employees who have healthier children. Some of the associated benefits may include:

- Less absenteeism breastfeeding women are less likely to be absent from work to tend to a sick child (Cohen et al., 1995)
- Improved worker productivity, morale and loyalty women whose employers have recognized and assisted them in their goal of continued breastfeeding have improved work satisfaction (Galtry, 1997; Ortiz et al., 2004)
- Less staff turnover breastfeeding women are more likely to return to work, resulting in less staff turnover. This enables employers to keep trained, experienced and motivated staff (Galtry, 1997)

In addition to these financial benefits, employers who establish Family Friendly Workplaces will be viewed as progressive employers who are supportive of families.

### **BACKGROUND**

The Ontario Public Health Association (OPHA) represents the interests of more than 3,000 community and public health practitioners across Ontario. The mission of OPHA is to provide leadership on issues affecting the public's health, and to strengthen the impact of people who are active in public and community health throughout Ontario. The Breastfeeding Promotion Workgroup of the OPHA focuses on the protection, promotion and support of breastfeeding.

Health Canada and the Canadian Paediatric Society recommend exclusive breastfeeding for the first six months of a child's life, with continued breastfeeding for up to two years and beyond, in conjunction with additional nutrient-rich solid foods. This recommendation is based on an extensive body of literature that clearly demonstrates that breastfeeding has a life-long impact on the well-being of mothers, children and society.

Breastmilk is the recommended and normal method of feeding to support healthy infant growth and development and provides unique biological protection against many diseases and illnesses. Breastmilk continues to contribute to a child's nutritional and emotional health well into the second year and beyond! Cognitive development is enhanced in children who are breastfed. Children who are not breastfed have an increased incidence of diarrhea, colds, and ear infections. These children have a higher incidence of Sudden Infant Death Syndrome (SIDS), asthma, allergies, diabetes, ulcerative colitis, Crohn's Disease, obesity, and certain cancers.

Women who do not breastfeed are at greater risk for postpartum bleeding, osteoporosis, breast and ovarian cancer and are slower to lose the weight gained during pregnancy. When women breastfeed, they often feel empowered and satisfied and experience a strengthened relationship with their child which is especially important for a women separated from her child for employment (Bocar, 1997)

The impact of not breastfeeding also translates into an increased expenditure of health care dollars on diseases and conditions preventable by breastfeeding. Children who are not breastfed have a greater number of physician and hospital visits when compared with children who are breastfed.

Not breastfeeding can be a financial burden for families. The purchase of infant formula, bottles and equipment can add tremendous stress to already strained budgets. When an employee does not breastfeed, it can result in increased health and benefit claims, and increased days missed from work when caring for sick children.

Finally, breastfeeding is eco-friendly. It is a natural, efficient use of resources which is the most ecologically sound food source available. It is produced and delivered to the child without using other resources, and it creates no pollution.

It is obvious that breastfeeding has a positive influence on the overall well-being of our communities. For employers, supporting continued breastfeeding after an employee returns to

work is feasible with a small investment of time, money, and flexibility (United States Breastfeeding Committee, 2002)

The model policies and support information found in this package are simple. The workgroup recognizes that policy development may be a lengthy, complicated and difficult process in some organizations. It is the intent of this publication to ease employers through the process of developing a breastfeeding policy which will support their employees while also being feasible and realistic to implement. Users of this publication are invited to copy any part of it and to share it with other staff and organizations, crediting OPHA, and informing OPHA of how it has been used.

Many activities support workplace breastfeeding practices. Those activities which are deemed to be most necessary are indicated as ESSENTIAL; those which are considered very supportive are indicated as SUGGESTED.

Additional information included in the appendices will provide support for a workplace breastfeeding policy and assist in the planning phase. A summary of sections of The Employment Standards Act of Ontario pertaining to pregnancy and parental leave is also included as employees may not be aware of their rights and responsibilities.

It is recognized that many health, social service and educational organizations are implementing a variety of activities which support breastfeeding or expressing breastmilk in the workplace through other workplace practices and policies which may not actually be titled a "breastfeeding policy". Such activities are important as they may eventually lead to the development of a workplace breastfeeding policy. The decision to implement supportive practices and/or to develop a formal policy depends upon each organization's individual situation and needs.

The Breastfeeding Promotion Workgroup wishes you success and commends you in your efforts to promote breastfeeding in your organization.

Additional copies of Creating a Breastfeeding Friendly Workplace may be obtained from the OPHA website: www.opha.on.ca .

### WHAT ARE BREASTFEEDING WOMEN'S RIGHTS?

The Ontario Human Rights Commission prohibits discrimination and protects the rights of pregnant and breastfeeding women. In Ontario, it is against the law to discriminate against a woman who is pregnant or breastfeeding.

According to the Human Rights Commission, an employer should provide a breastfeeding mother with enough time to breastfeed or express breast milk for her child. Employees who require breaks for breastfeeding or expressing breast milk should be given these breaks and should not be asked to forgo regular meal time breaks or be asked to work additional time to make up for breaks taken (Ontario Human Rights Commission, 2001). A work environment should remain free from discrimination and should ensure that all employees have equal rights and opportunities regardless of pregnancy or breastfeeding status.

For more information contact the Ontario Human Right Commission: toll free at: 1-800-387-9080, TTY: (416)314-6526 or go to their website: <a href="www.ohrc.on.ca">www.ohrc.on.ca</a>.

# **WORKPLACE BREASTFEEDING POLICY - TWO MODELS**

The following are two examples of model policies which could serve as prototypes for agencies/workplaces. The first sample policy focuses on creating breastfeeding friendly workplaces for employees; the second, on creating breastfeeding friendly environments for the general public.

### I BREASTFEEDING POLICY FOR EMPLOYEES:

- The <u>(insert workplace)</u> recognizes that breast milk is the recommended and normal food for healthy growth and development of infants and young children. The <u>(insert workplace)</u> promotes and supports breastfeeding and the expression of breast milk by employees who are breastfeeding when they return to work.
- Management staff of <u>(insert workplace)</u> shall work with breastfeeding employees to determine mutually agreeable hours or work, assignments and breaks which support breastfeeding practices, are compatible with the collective agreement (union contracts) and other workplace policies.

### II BREASTFEEDING POLICY FOR MEMBERS OF THE PUBLIC:

• The <u>(insert agency/workplace)</u> recognizes that breast milk is the recommended and normal food for healthy growth and development of infants and young children. The <u>(insert agency/workplace)</u> promotes and supports breastfeeding by members of the public while they are using our premises.

### **SPACE AND FACILITIES**

Provision of a clean, comfortable and private space at or near the workplace is needed for breastfeeding or expressing breast milk. Bathroom facilities are not appropriate for women to breastfeed or express their breastmilk.

### **ESSENTIAL:**

- Comfortable chair with supportive arms for breastfeeding
- Small table, chair and electrical outlet for expressing breast milk
- Appropriate signage (ie: ROOM IN USE) to enhance privacy
- Baby changing station or table with a means to hygienically clean area
- Proximity to hand washing facilities.

### **SUGGESTED:**

- Proximity to refrigeration facilities (insulated bag or cooler with ice pack is a safe alternative)
- Electric breast pump (coordination of breast pump rental at cost is an alternative)
- Radio or cassette tape player
- Information brochures or posters regarding breastfeeding, expressing and storing breast milk may be helpful. Your local Public Health Unit can supply such literature.

### **SUPPORT**

Support of/for a Workplace Breastfeeding Policy is provided by the following:

### **ESSENTIAL:**

- Flexible time schedule to accommodate breastfeeding/pumping. The International Labour Organization recommends two thirty-minute breaks in an eight-hour shift in addition to normal breaks
- Providing information to all employees about the benefits of breastfeeding, and the company policy that supports breastfeeding
- Ensuring that managers and employees are supportive of breastfeeding and working
- Encouraging a network of women who can support each other when working and breastfeeding
- No age limit regarding the breastfeeding child
- Comfortable facilities.

### **SUGGESTED**

- Option of extended maternity leave
- Option of part-time work, job sharing or flexible hours of work
- Option of phase-back regime when returning to work
- On-site or nearby day-care facilities
- Support/information from breastfeeding resource personnel
- Parking permit/space to ensure a timely return to work if breastfeeding off-site.

### **PROMOTION**

Promotion of a Workplace Breastfeeding Policy is evident when the following actions are implemented:

### **ESSENTIAL:**

- Presentation of rationale and benefits of such a policy to administration (and their endorsement of it)
- Provision of details regarding workplace facilities and philosophy supportive of breastfeeding to all employees and in all pregnancy and parental leave packages
- Implementation and recognition of a problem-solving process.

### **SUGGESTED:**

• Advertisement of the breastfeeding facility if it is available for use by personnel of nearby businesses or agencies (flyers, media, newsletters, local groups)

### REFERENCES AND RESOURCES

- Auerbach, K. G. (1990). Assisting the employed breastfeeding mother. <u>Journal of Nurse</u> Midwifery, 35, (1), 26-34.
- Auerbach, K. G. (1984). Employed breastfeeding mothers: Problems they encounter. <u>Birth 11</u>, 17-20.
- Auerbach, K. G., & Guss, E. (1984). Maternal employment and breastfeeding. American Journal of Disease of Childhood, 138, 958-960.
- Barber-Madden R, et al. (1987). Breastfeeding and the working mother: Barriers and intervention strategies. Journal of Health Policy Winter, 531-5410.
- Bocar D. (1997). Combining breastfeeding and employment: increasing success. Journal Perinatal and Neonatal Nursing. 11:23-43
- Cohen, R., & Mrtek, M. B. (1994). The impact of two corporate lactation programs on the incidence and duration of breastfeeding by employed mothers. <u>American Journal Health Promotion</u>, 8, (6), 436-41.
- Cohen, R, Mrtek M, Mrtek, MB. (1995). Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. American Journal of Health Promotion. 10, 148-153
  - Dix, D. N. (1991). Why women decide not to breastfeed. Birth 18, (4), 22-25.
- Fendrick, S. M., Major, A. L., & Brown, F. R. (1994). Nursing mothers service: A community breastfeeding program. <u>Paediatric Nursing</u>, 20, (3), 241-4.
- Galtry J. (1997). Lactation and the labor market: breastfeeding, labor market changes, and public policy in the United States. Health Care Women International. 18: 467-480
- Health & Welfare Canada (1991). <u>Present Patterns and Trends in Infant Feeding in Canada</u>. Ottawa Ontario: Minister of Supply and Services Canada.
- Hills-Bonczyk, S. G., Avery, M. D., Savik, K., Potter, S., & Duckett, L. J. (1993). Women's experiences with combining breastfeeding and employment. <u>Journal of Nurse-Midwifery</u>, 38, (5), 257-66.

- Katcher, A., & Lanese, M. G. (1985). Breastfeeding by employed mothers: A reasonable accommodation in the workplace. <u>Paediatrics</u>, 75, (4), 644-647.
- Kaufman, K. J., & Hall, L. A. (1989). Influence of the social network on choice and duration of breastfeeding. Research in Nursing and Health, 12, (3), 149-159.
- Kearney, M., & Cronenwett, L. (1991). Breastfeeding and employment. JOGNN 20, (6), 471-480.
- Maclean, H. M. (1989). Women's experience of breastfeeding: A much needed perspective. <u>Health Promotion</u>, 3, (4), 1-10.
- Middlesex-London Health Unit (2003). <u>Creating a Breastfeeding Friendly</u> Workplace. London, Ontario.
- Moore, J. F., & Jansa, N. (1987). A survey of policies and practices in support of breastfeeding mothers in the workplace. Birth 14, 191-195.
- Morse, J. M., Bottorff, J. L., & Boman, J. (1989). Patterns of breastfeeding and work: The Canadian experience. Canadian Journal Public Health, 80, (3), 182-188.
- O'Gara, C., Canahuati, J., & Martin, A.M. (1994). Every mother is a working mother: Breastfeeding and women's work. <u>International Journal of Gynaecology and Obstetrics</u>, 47 Suppl.: 533-538 (discussion 38-9).
- Ontario Human Rights Commission (2001). <u>Policy on discrimination because of pregnancy and breastfeeding</u>, Toronto, Ontario.
- Ontario Human Rights Commission (2001). <u>Pregnancy & breastfeeding, your rights and responsibilities</u>, Toronto, Ontario
- Ontario Public Health Association (1993). <u>Breastfeeding Position Paper</u>, Toronto, Ontario.
- Ontario Public Health Association (1995). <u>Making a Difference in Your Community: A Guide for Policy Change</u>, Toronto, Ontario.
- Ortiz J, McGilligan K, Kelly P. (2004). Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. <u>Pediatric Nurs.</u> 2004: 30:111-119
- Rogers, B., & Banchy, P. (1994). Establishing an employee breast pumping facility, <u>Journal of Human Lactation</u>, 10, (2), 119-120.

Ryan, A. S., & Martinez, G. A. (1989). Breastfeeding and the working mother: A profile. Paediatrics, 83, 524-531.

United States Breastfeeding Committee (2002). Workplace Breastfeeding Support (issue paper), Raleigh, NC.

Van Esterik, P. (1993). <u>Women, work and breastfeeding</u>, York Centre for Health Studies, Women and Work Taskforce, WABA, York University, North York, Ontario.

WABA, <u>Women, Work and Breastfeeding: Everybody Benefits!</u> (1995). The Mother Friendly Workplace, (Initiative Action Folder). WABA Women and Work Task Force and the WABA Secretariat.

### **APPENDIX**

- A. Breastfeeding Position Paper (OPHA) available at www.opha.on.ca
- B. The Baby-Friendly Initiative available at www.breastfeedingcanada.ca
- C. Pregnancy Leave and Parental Leave: Employment Standards Fact Sheet available at www.labour.gov.on.ca
- D. Best Start by Health Nexus': How to Be a Family Friendly Workplace available at www.beststart.org

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