

## **2011 AMCHP and Family Voices National Conference: New Developments in Federal and State Breastfeeding Policies and Programs**

**02/15/2011 Omni Shoreham, Washington, D.C.**

KAREN HENCH: Good afternoon everyone. I'm Karen Hensch. I am the Deputy Director and Interim Director for the Division of Healthy Start and Perinatal Services in the Maternal and Child Health Bureau HRSA and we're based here in the Washington, D.C. area and it's my pleasure to be the moderator of the session and also provide a little bit of information for you on recent updates in state and federal activities regarding breastfeeding policies and program, and also to introduce the next speaker. I just wanted to let you know that this session is being taped and will be available on the AMCHP website. This session is also accredited for continue education. If you are interested in CEs be sure to link into the AMCHP website after the conference and address the questions that are there regarding continuing education. You might want to take some notes during this session to help you answer those questions. At the end of each of the presentations we'll have probably substantial time for questions and answers.

I first wanted to start out giving you a little bit of an overview about why breastfeeding is important and also the benefits of supporting worksite lactation. Many of you may know some of this. For infants it reduces hospitalizations, reduces the incidents of ear infections. They have fewer respiratory infections, reduced childhood obesity. There are also benefits for the mom in terms of decreased risk of breast and ovarian cancer. With the recent Healthy People 2020 objectives there have been expanded objectives regarding breastfeeding and in this chart -- let me see if the cursor will show up here. There we go -- we have objectives now on ever breastfed, breastfed at six months of age, breastfed at one year of age, exclusively breastfed through three months of age,

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and then also at six months of age. The baseline for all of these is in this column and is based on 2006 data and then these are the targets for 2020.

New in 2020 is increased attention to lactation support, both in hospitals and in worksites. So the objective MICH (22) is to increase the proportion of employers that have worksite lactation support programs. The baseline was 25 and the increase goal is 38, and these are percentages. The next is to decrease the proportion of breastfed infants who receive formula within the first two days of life and then objective 24 is to increase live births in facilities that provide recommended care for lactating mothers and their babies.

These are data from the National Survey of Children's Health, which is conducted by the Maternal Child Health Bureau in conjunction with the National Center for Health Statistics in CDC. These are data from comparing 2003 data. In the left column 2003 data, these are states with the highest prevalence of initiation of breastfeeding. Then in the right column 2007 data, the states are very similar and then in the bottom part of the slide you have the states with the lowest initiation of breastfeeding.

This is a more graphic way to view this. The dark purple are states that have less than 70 percent breastfeeding initiation rates. The lighter purple are 70 to 74.9 percent breastfeeding initiation rates. I'm sorry, I said that opposite. The white states are those that have less than 70 percent and then the medium purple 70 to 74.9 percent and the dark purple are those that have 75 percent or more. So you

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can see that we're doing fairly well meeting the objective of 75 percent initiation of breastfeeding. Now take note of your state and I'm going to show another graphic in a minute of the duration of breastfeeding and there's some changes in the shading you'll see in that slide.

So this is again from the National Survey of Children's Health. These are estimates of states with the highest prevalence of duration from six to 72 months. The states have changed a little bit. Some of them are the same as those that were the high performers in terms of initiation, but there are some other states that have come on the scene with prevalence. Then in the bottom half of the slide those states that have the lowest prevalence rates from 2003 and 2007.

And then visually these are prevalence for infants breastfed for greater than six months. The white states are those that have less than 37 percent of infants breastfed at six months of age. The medium blue is between 37 and 49.9 percent and then the dark blue is greater than 50 percent or more have been breastfed for greater than or equal to six months of age. So you can see for Pennsylvania, for Texas, Arizona, Nevada, there's some change out in terms of initiation starts. Duration isn't as strong as their initiation rates. Pennsylvania kind of did a flip. Their initiation rates weren't quite as strong, but their duration rates are a bit stronger.

The Maternal Child Health Bureau and HRSA has been recognizing for quite some time that one of the factors that affects

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initiation and duration of breastfeeding is when women have to return to work. So we have been involved in a number of activities to address that issue. The one that I'll tell you about in a minute is the Business Case for Breastfeeding, a resource kit for employers to improve their lactation support. We also have several webcasts that have been archived and you're welcomed to tune into them anytime. They are located on MCHcom.com and look under the perinatal webcast and then there is a more data oriented webcast that we had done a few years ago with CDC, which is on our Data Speak link.

We have also been working to raise awareness among the Maternal and Child Health programs on the need to support initiation and duration of breastfeeding.

So what do we know about women who are working and breastfeeding? We know that the last published data from the Department of Labor, 71.8 million women in the U.S. were employed. Most of them are employed full-time, a quarter are employed part-time, which is less than 35 hours per week. Over half are employed in professional occupations, management, education, health services, leisure, hospitality; it runs the gamut of different types of occupations. Fifty-eight percent of employed women were between the ages of 16 and 44 and of women who were working in the civilian non-institutional sector, 60 percent had children less than three years of age. That was from 2008 and we compared that with the earliest figures that we could find, 1977 where there were only 34 percent of women in the workforce that had children less than three years of age.

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We also know from various studies that full-time employment reduces breastfeeding duration by as much as eight weeks. The number one influence on breastfeeding initiation and duration has been reported to be employment. African-American women are more likely to return to work full-time, return to work sooner, and have lower breastfeeding rates. They are disproportionately affected by the choice to breastfeed or not breastfeed. Higher breastfeeding initiation rates are associated with longer maternity leave time and only 20 percent of mothers in this country are covered by the Family and Medical Leave Act of 1993, which has criteria that have to be met in terms of the number of hours that the woman works, the size of the company, and how long the woman has been working at that company. But there is a lot of good news about work and breastfeeding. Breastfeeding mothers are half as likely to miss a day of work for a sick child compared to mothers of formula feeding infants. These are data that are available, but you can also abstract from this that dads are missing less work or other caregivers be they aunts, grandparents, others are also reaping the benefits of a healthier infant. Healthcare cost and insurance claims are significantly lower for breastfed infants. Absentee rates are lower for male employees when the female partner breastfeeds.

So what does this mean to businesses? It means that they have a skilled experienced staff person that is more likely to return to work so they don't have to spend as much in a recruitment and retention and training cost, orientation costs, and they have fewer outlays for health insurance claims.

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For every 1,000 babies not breastfed there are over 2,000 excess physician visits, there are over 200 excess hospitalization days, there are over 600 excess prescriptions for ear, respiratory, and GI infections.

In creating the business case for breastfeeding we explored some of the corporate leaders in worksite lactation support and you see some of their data here. The annual savings attributed to breastfeeding by CIGNA was that they saved about \$240,000 in healthcare expenses. They had 62 percent fewer prescription among their returning to work breastfeeding employees and they estimated there was a savings of about \$880 per participant in their breastfeeding lactation support program.

Mutual of Omaha was another corporate leader and they reported that they had an 83 percent employee retention rate versus a 59 percent national average. So it really does save a lot of dollars in recruitment and retention. This is a graphic that we're hoping will change in the near future. It shows the percent of employers reporting having a lactation program or designated area and you can see between 2001 and 2007 the trend has been increasing. It increased about 10 percent and we're hoping that this will increase exponentially now. Why? Because under the Patient Protection and Affordable Care Act there is a provision for in the Fair Labor Standards Act in section seven to encourage or to identify that employers that have women who are in need of lactation support services need to provide break time. It can be unpaid break time or paid depending on the ability of that employer. But break time for

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lactation support in an area that is outside of visibility that is safe that she can do her pumping in. And this has been a major breakthrough for lactation support.

So, we're hoping that that has a significant impact on employer's awareness of and motivation to support lactation for their employees.

Another important event that has recently happened is the Surgeon General's call to action on breastfeeding, which has a section -- and you're welcome to take a look at this if you want or tap into the surgeon general's website to look at the statements that are made about supporting working women.

The business case for breastfeeding was first released in 2008 and to kind of give you an idea of how long it takes to really develop kits like this, it was -- when I returned from my maternity leave in 2003 that I had heightened sensitivity to the need for worksite lactation support and we started down a path to create this resource kit. And we did it very systematically. What we wanted to do was increase awareness among employers of the economic benefits of breastfeeding, some of which I just shared with you. We wanted to outline the manageable, flexible models for implementing or enhancing a worksite breastfeeding support from starting with a small program from scratch to expanding what you have to the Cadillac version. But any level is going to reap a lot of benefits for employees and employers and we wanted to increase the number of U.S. employers that utilized worksite breastfeeding support programs.

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The target audience was a little bit different from what our usual materials were in the Maternal and Child Health Bureau. We were targeting employers. We wanted to speak for businesses. We didn't want to come up with another publication that was targeting healthcare professionals, but we wanted to include tools within the kit that also spoke to human resource or wellness managers. We wanted to speak to employees and we wanted to have information that was relevant for those that were going to take the message about the benefits of worksite lactation support to the employers and those we call the lactation consultants or the advocates.

We did an extensive review of the literature because we didn't want to duplicate anything that was already out there, but we wanted the information too to be evidence based and as current as possible. We interviewed public and private sector employers. We had an expert work group from the breastfeeding and the employment communities informing us on what we needed to consider in this toolkit, and then we had additional concept feedback from public health professionals.

So what's in the toolkit if you haven't seen it? The box cover is sitting by the projector there. We have five different sections. This is a tri-fold that is focused on the employer to make the initial return on investment business case for breastfeeding to peak their interest in why this should be important to them. And then we have a section, Easy Steps to Supporting Breastfeeding Employees. It's a booklet that goes from A to Z the things that employers need to know or the human resource department needs to know to really

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02/15/2011 Omni Shoreham, Washington, D.C.

put lactation support into practice. We also have an extensive toolkit tab in there with a lot of resources. Some are on a mini-CD so companies can actually take this and put their own name on it and put their own slant on it. There are table tents in here. There's a poster in here that says we support lactation and breastfeeding employees. There are samples of how a woman -- information she may use to approach her supervisor if she's planning on returning to work and will need lactation support. There's just anything that we could think of or was recommended to us that would support growing lactation support in the worksite we included in that. Then there is a tab, employees guide to breastfeeding and working. This one is a rather short guide compared to some of the others because there is a lot of information out there already on breastfeeding and what we wanted to focus on was the information that was missing in some of those materials that was specific to expression during the work day and how to schedule your breaks and how to store your milk and things specific to working and lactation that women needed to know. We are in the final stages of converting this to Spanish. It is with -- the final materials are with HHS for final clearance and then we should be able to print this this year -- this fiscal year.

The last section is an outreach marketing guide. This also is a rather thick resource. This is for lactation consultants and advocates who are going to take the message to employers. They may not be as experienced with approaching about wellness programs such as this, so we included a lot of details and a lot of template material to help make that challenge a little bit easier for them. These kits are free. They're available -- I think I'm jumping

## 2011 AMCHP and Family Voices National Conference: New Developments in Federal and State Breastfeeding Policies and Programs

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ahead in my slides. Oh, because there are so many sections to it, and it's not really a stand-alone resource that you can take off the shelf and automatically know everything that's inside.

We have done training over the last two years with state breastfeeding coalitions and with Healthy Start sites. So what you see in yellow are the state breastfeeding coalition members that have been trained on the use of this resource kit, and in purple are the specific Healthy Start sites that have been trained how to use the kit. And we've also done a video -- a webcast that can be found at our [mchcom.com](http://mchcom.com) website. But these copies are free. You can get them by calling 888-ASK-HRSA or going onto the website [ask.hrsa.gov](http://ask.hrsa.gov). Unless you are going to be one of those individuals that take this information to the employer, I'd rather you not order the whole kit. We have some of these pieces, like the employee's guide and the tri-fold that are standalone pieces that you can order if those are the ones you're going to use. But if you have a need to have the whole kit, you're free to order that as well. Just know that we have some of these sections also available. Because the kits are expensive to produce and they're in their second printing now. So just use them wisely, but I encourage you to also use them actively. You can also find the PDF version of these materials at the website listed here,

[www.womenshealth.gov/breastfeeding/programs/businesscase](http://www.womenshealth.gov/breastfeeding/programs/businesscase). If you want more information about our work in lactation support and in breastfeeding in general, feel free to give me a call or e-mail me or our perinatal health specialist in the Division of Healthy Start and Perinatal Services, Ms. Isadora Hair.