Barriers Associated with Continued Breastfeeding After Returning to Work Among NH WIC Mothers

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Research Scope

Collaboration with the:

• Maternal and Child Health and WIC Nutrition Programs at the NH Division of Public Health Services (Lissa Sirois), the NH Occupational Health Surveillance Program at UNH, and Keene State College consultant (Margaret Henning).

Aim - To better understand the barriers to women breastfeeding after childbirth, particularly focused on workplace policies and support practices that encourage or discourage breastfeeding after returning to work.
Significance

• The lack of basic workplace supports can impact the ability of parents to adequately meet work and family responsibilities.
• Mothers are much more likely to work in part-time or low-paying jobs: jobs that are less likely to provide access to these benefits.
• A woman’s breastfeeding duration is often influenced by;
  – the length of her maternity leave (if she is entitled to one)
  – whether it is paid or unpaid, and
  – the attitudes, policies and practices at her place of employment.
• More than half of women return to work within the first 3 months of her baby’s life, during which time most health experts recommend a baby should be exclusively breastfed.
NH Background

• Original legislation unsuccessful in 2015, reintroduced in 2016 as SB488.

• “Reasonable accommodation,” … shall include, but not be limited to: more frequent or longer breaks, time off to recover from childbirth, acquisition or modification of equipment, seating, temporary transfer to a less strenuous or hazardous position, job restructuring, light duty, necessary break time and private, sanitary, non-bathroom space for expressing breast milk, assistance with manual labor, or modified work schedules…”

• SB488 was excessive from business and industry perspective, compromised to create the Lactation Advisory Council.

• Representation from: Business and Industry, DHHS, DOL, DOT, Hospital Administration, NH Commission for Human Rights, BF Coalition for Human Rights and NH BF Task Force.
Methods

• Surveys were randomly distributed to women participating in the NH WIC program from each of the four NH WIC Local Agencies. (n = 682)

• Data collection was run through Qualtrics software. A combination of Qualtrics and Excel was used for data analysis. Industry and Occupation coding was based on Census categories.

• Survey questions focused on workplace polices and support practices that encourage or discourage breastfeeding after returning to work.

• Associations between employment status, workplace polices on breastfeeding, options for maternity leave, co-worker support, work environment accommodations, and other variables were examined.
General Survey Demographics and Breastfeeding Status
Age of Respondents

# of Responses

18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

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Employment Status

Currently on maternity leave and planning to return to work, 6%
Stay at home mom, 36%
Part Time, 27%
Full Time, 23%
Unemployed (looking for work), 8%
What is your current breastfeeding status?

- Currently breastfeeding: 24%
- Previously breastfed: 49%
- I have never breastfed: 16%
- Planning to breastfeed: 4%
- N/A: 6%
Education Status

- High School Diploma, 61%
- GED, 15%
- Bachelors, 10%
- Some High School, 9%
- No Formal Schooling, 1%
- No Answer, 2%
- Graduate, 2%
Breastfeeding Status by Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Previously breastfed</th>
<th>Currently breastfeeding</th>
<th>Never breastfed</th>
<th>N/A</th>
<th>Planning to breastfeed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay at home mom</td>
<td>47%</td>
<td>29%</td>
<td>14%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Part Time</td>
<td>54%</td>
<td>23%</td>
<td>12%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Full Time</td>
<td>56%</td>
<td>15%</td>
<td>17%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Unemployed (looking for work)</td>
<td>46%</td>
<td>12%</td>
<td>32%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Currently on maternity leave and planning to return to work</td>
<td>56%</td>
<td>22%</td>
<td>17%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

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Industry/Occupation Analyses

Photo from NIOSH Total Worker Health®
https://www.cdc.gov/niosh/twh/totalhealth.html
Industry Categories

• Health Care – includes nursing and assisted living care
• Accommodation, Food and Hospitality – includes restaurant, bar, and hotel work
• Retail – includes grocery stores
• Other Services – includes salons and cleaning services
• Social Assistance – includes childcare and home care
• Education
• Manufacturing

*Used Occupation to assist in coding Industry.*
Does your workplace offer paid maternity leave?

<table>
<thead>
<tr>
<th>Industry</th>
<th>No</th>
<th>Not Sure</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>19%</td>
<td>23%</td>
<td>58%</td>
</tr>
<tr>
<td>Accommodation Food and Hospitality</td>
<td>13%</td>
<td>7%</td>
<td>79%</td>
</tr>
<tr>
<td>Retail</td>
<td>23%</td>
<td>15%</td>
<td>63%</td>
</tr>
<tr>
<td>Other Services</td>
<td>16%</td>
<td>11%</td>
<td>74%</td>
</tr>
<tr>
<td>Social Assistance Services</td>
<td>36%</td>
<td>14%</td>
<td>50%</td>
</tr>
<tr>
<td>Education</td>
<td>7%</td>
<td>36%</td>
<td>57%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>8%</td>
<td>38%</td>
<td>54%</td>
</tr>
</tbody>
</table>
Can employees take paid maternity leave using other leave?

- Accommodation Food and Hospitality: 53% No, 16% Not Sure, 30% Yes
- Health Care: 44% No, 17% Not Sure, 39% Yes
- Retail: 49% No, 15% Not Sure, 36% Yes
- Other Services: 61% No, 18% Not Sure, 21% Yes
- Social Assistance Services: 42% No, 25% Not Sure, 33% Yes
- Education: 50% No, 25% Not Sure, 25% Yes
- Manufacturing: 43% No, 29% Not Sure, 29% Yes

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

<table>
<thead>
<tr>
<th>Industry</th>
<th>No</th>
<th>Not Sure</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>22%</td>
<td>23%</td>
<td>54%</td>
</tr>
<tr>
<td>Accommodation, Food and Hospitality</td>
<td>19%</td>
<td></td>
<td>55%</td>
</tr>
<tr>
<td>Retail</td>
<td>25%</td>
<td>25%</td>
<td>51%</td>
</tr>
<tr>
<td>Other Services</td>
<td>29%</td>
<td>26%</td>
<td>44%</td>
</tr>
<tr>
<td>Social Assistance Services</td>
<td>36%</td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>Education</td>
<td>29%</td>
<td>29%</td>
<td>43%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>17%</td>
<td></td>
<td>42%</td>
</tr>
</tbody>
</table>
Does your workplace provide break times to BF Mothers?

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Reasons for Stopping BF

- Accommodation Food and Hospitality: 40% (Not enough milk, milk dried up), 33% (I went back to work), 9% (Difficulty nursing or latching), 15% (I met my goal)
- Retail: 32% (Not enough milk, milk dried up), 26% (I went back to work), 13% (Difficulty nursing or latching), 16% (I met my goal)
- Health Care: 37% (Not enough milk, milk dried up), 36% (I went back to work), 18% (I met my goal)
- Other Services: 30% (Not enough milk, milk dried up), 20% (I went back to work), 18% (Difficulty nursing or latching), 10% (I met my goal)
- Manufacturing: 7% (Not enough milk, milk dried up), 7% (I met my goal), 0% (I went back to work), 2% (Difficulty nursing or latching)
- Social Assistance Services: 7% (I met my goal), 7% (Not enough milk, milk dried up), 2% (I went back to work), 0% (Difficulty nursing or latching)
- Education: 14% (I met my goal), 5% (Not enough milk, milk dried up), 2% (I went back to work), 4% (Difficulty nursing or latching)
Would you have continued BF longer if it was easier to pump at work?
What factors would have made it easier for you to pump at work?

- Flexible time / hours, 36%
- Place to store breastmilk, 20%
- A supportive supervisor, 17%
- A private space for pumping, 27%
What factors would have made it easier for you to pump at work (by industry)?

- **Accommodation Food and Hospitality**
  - Flexible time / hours: 33%
  - A private space for pumping: 38%
  - Place to store breastmilk: 41%
  - A supportive supervisor: 36%

- **Health Care**
  - Flexible time / hours: 33%
  - A private space for pumping: 21%
  - Place to store breastmilk: 23%
  - A supportive supervisor: 18%

- **Retail**
  - Flexible time / hours: 11%
  - A private space for pumping: 14%
  - Place to store breastmilk: 14%
  - A supportive supervisor: 9%

- **Other Services**
  - Flexible time / hours: 7%
  - A private space for pumping: 6%
  - Place to store breastmilk: 14%
  - A supportive supervisor: 18%

- **Education**
  - Flexible time / hours: 4%
  - A private space for pumping: 9%
  - Place to store breastmilk: 9%
  - A supportive supervisor: 9%

- **Manufacturing**
  - Flexible time / hours: 9%
  - A private space for pumping: 5%
  - Place to store breastmilk: 5%
  - A supportive supervisor: 12%

- **Social Assistance Services**
  - Flexible time / hours: 4%
  - A private space for pumping: 3%
  - Place to store breastmilk: 0%
  - A supportive supervisor: 0%
Study Limitations

• Findings from our study were designed to be descriptive only, with no analyses for statistical significance or comparisons.
• Responses to the survey were self-reported and therefore may be subject to recall bias.
• Responses are not representative of all NH women working in the various industry groups reported by the WIC participants.
• Responses also do 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.
Outreach

- Survey study results were presented at the NH Breastfeeding Task Force and the WIC Directors meetings, as well as a NH Coalition for Occupational Safety and Health (COSH) educational forum.

- Collaborating partners have developed an Employer Training Module and Toolkit for Workplace Lactation Support: http://nhbreastfeedingtaskforce.org/pdf/NHBF_Workplace_Toolkit.pdf (Funded under state ASTHO grant)
Conclusions

• 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.

• Collection of industry and occupation of respondents provide a better understanding of where efforts should be made to increase prevalence of continuing to breastfeed after returning to work.

• Overall, healthcare settings perform highest among most common industry categories for working NH WIC mothers, while accommodation, food, and hospitality perform the lowest.

• There is still significant room for improvement in reasonable workplace accommodations for breastfeeding mothers.
Recommendations

- Overall, results suggest the need for increased awareness and education regarding accommodations among employees.
- 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.
References


• National Institute for Occupational Safety and Health, Total Worker Health Program at www.cdc.gov/niosh/twh/default.html
Report and Press Release

- https://iod.unh.edu/sites/default/files/media/NHOHSP/Pubs/breastfeeding.pdf
- https://iod.unh.edu/vision-voice/article/2017/11/did-you-know
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https://chess-teacher.com/webinar-questions-2/