

FIELD EXPERIENCE REPORT: AMENDING THE COUNTYWIDE POLICY TO
SUPPORT BREASTFEEDING EMPLOYEES IN RILEY COUNTY

By

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Field Experience Report

Introduction

My public health field experience was completed at the Riley County Health Department located at 2030 Tecumseh Road, Manhattan, Kansas 66502. The Riley County Health Department was started as a city-county health department in 1952 and became a county health department in 2011.¹ Riley County Health Department's vision is "healthy people in a healthy community" and they currently serve over 75,000 residents.¹ The health department seeks to improve public health by promoting the ten essential health services, which include:

1. Monitor the health of the community
2. Diagnose and investigate health problems
3. Inform, educate, and empower people
4. Mobilize community partnerships
5. Develop policies that protect and promote the health of the community
6. Enforce laws and regulations
7. Link to/provide health services
8. Assure a competent work force
9. Evaluate quality of services and programs
10. Research for new insights into improve health¹

I completed 240 hours of field experience under Jessica Fiscus, MPH, who serves as the Health Educator at the health department. Jessica directs planning and implementation for community health education and outreach onsite and in community settings. She also serves on multiple committees and coalitions in Manhattan including

the Flint Hills Wellness Coalition and the Riley County Perinatal Committee. Since the field of public health is so versatile, this field experience provided me with a great opportunity to broaden my experience and skillset and introduce me to public health policy making.

Scope of Work

Currently, the health department is the only Riley County department whose breastfeeding policy has provisions above the minimum requirements mandated by federal policy. This is because the department has a permanent designated room that is only used for breastfeeding and expressing milk. There are currently twenty Riley County Departments including Administrative Services & Counselor, Appraiser, Community Corrections, County Attorney, County Clerk & Elections, County Commissioners, District Court, Emergency Management, Environmental Health, Fire District #1, Health Department, Historical Museum, Household Hazardous Waste, Human Resources, IT/GIS, Noxious Weed, Planning & Development, Public Works, Register of Deeds, and Treasurer & Motor Vehicle.² These departments are housed in eight different buildings in Manhattan, KS. The scope of my work was to update Riley County's existing lactation policy to clarify expectation of federal law for breastfeeding employees as well as identify a location(s) in each county building where women could pump breast milk.

Breastfeeding Evidence

The benefits of breastfeeding are widely acknowledged and accepted by the scientific community. Numerous organizations such as The World Health Organization, The U.S Office of the Surgeon General, The Association of Women's Health, and The International Lactation Consultant Association cite breastfeeding as the recommended form of infant feeding.³ According to The American Academy of Pediatrics, breastfeeding during the first six months of a baby's life will provide many benefits such as adequate nutrition, helping to prevent against certain diseases and infections, and aiding in a baby's optimal growth and development.⁴

The most important benefits of breast milk are the nutritional factors. Human milk provides the correct amount of water, amino acids, lactose, and fatty acids that an infant needs.⁴ Breast milk is also easier for the infant to digest than formula and allows for decreased incidence of gastric issues such as reflux or aspiration.^{5,6} There are also numerous diseases and infections that breast milk can help combat against because of its unique protective factors and because of the decreased exposure to outside contaminants in formulas.⁷ The protective factors from breast milk include anti-microbial compounds, antibodies, probiotics, cytokines, receptors, tolerance/priming compounds, immune development compounds, fatty acids, and anti-inflammatory compounds.⁸ Preterm infants who are more prone to breathing problems can also benefit from breastfeeding. Evidence suggests that they are able to breath and acquire more oxygen saturation during suckling bursts associated with breastfeeding than with a bottle.⁹ In contrast to breastfeeding, infants who are primarily formula fed run higher risks of medical issues such as obesity, developing type II diabetes, childhood asthma, diarrhea, and ear infections.¹⁰ Physical

health benefits are not the only ones seen from breastfeeding. Psychological and mental health benefits are also important, including the enhanced maternal infant attachment that is produced from breastfeeding.¹¹

The number of women in the workforce in the United States is growing and it is now the norm for women of childbearing age to be employed. According to the US Department of Labor, Bureau of Labor Statistics, in 2015, 70 percent of women of childbearing age were employed.¹² Furthermore, The US Department of Labor, Bureau of Labor Statistics estimated that in 2015, over half of all mothers with children under the age of one year were employed (57.1 percent), and that 72 percent of those mothers worked full-time.¹³ These statistics support why a supportive breastfeeding policy is essential for women in the workplace.

For mothers who return to work after having a baby, studies show that they are less likely to breastfeed and that if they do breastfeed, they will do it for a shorter duration.^{14,15,16} The likelihood varies by the profession that a woman is in. This is because there are more workplace-related barriers for women in certain professions such as retail sales, administrative support, and construction trades.¹⁵ These barriers include less flexible working hours, less autonomy in the workplace, and not having a private location to express milk.¹⁵ If a supportive breastfeeding policy is in place in the workplace, then rates of breastfeeding initiation and duration will be higher.^{17,18} Examples of best practices used in supportive breastfeeding policies include having a private area to express milk that has a comfortable chair and a source of clean water, allowing flexible breaks throughout the day, having educational programs on breastfeeding for pregnant employees, and offering professional lactation management services and support.¹⁷ These

supportive breastfeeding policies are much more likely to positively affect professional women who have greater autonomy with their work schedules.¹⁶

Under “The Affordable Care Act” and “The Fair Labor Standards Act”, all firms with more than 50 employees are required to provide breastfeeding employees with reasonable break time and a private place other than a bathroom to express breast milk during the workday, up until the child’s first birthday.¹⁹ While breastfeeding mothers should have at minimum a hygienic area in or near their workplace to express milk, employers can expand on this policy to allow mothers to have milk expression breaks adapted to their particular needs. According to the Centers for Disease Control and Prevention, women will be more likely to continue to breastfeed after returning to work if employers provide a supportive work environment that includes things such as teleworking, part-time work, or extended maternity leave, providing high quality breast pumps, providing permanent allocated private spaces for women to express milk, and offering professional lactation management services and support.²⁰

Supportive breastfeeding policy has also been adopted by U.S Healthy People 2020, which is a science-based, 10-year national agenda for improving the overall health of all Americans. The U.S. Healthy People 2020 goals under the Maternal, Infant, and Child Health topic area include increasing the proportion of infants who are breastfed and increasing the proportion of employers that have worksite lactation support programs.²¹ According to Healthy People 2020, 76.5 percent of infants born in 2009 were breastfed. Their target it to have 81.9 percent of infants breastfed by 2020. The most recent published survey has shown that the rate of infants who are ever breastfed increased from 76.5 in 2009 to 79.2 in 2011.²¹ The baseline for the proportion of employers who reported

providing an onsite lactation/mother's room in 2009 was 25 percent. This has increased to 28 percent in 2014, but is still short of the target goal of 38 percent by 2020.²¹

Learning Objectives

I worked with Jessica Fiscus to develop my learning objectives for my field experience. The first objective was to understand the importance of evidence-based policy in the field of public health. Evidence-based policy is public policy that uses a decision-making approach that relies on the best available objective evidence about what does and does not work. Before I began the process of implementing changes in the breastfeeding policy, I wanted to make sure it would be executed effectively. This objective was accomplished primarily through literature review, attending the WorkWell KS foundation workshop, and meetings with Jessica. According to CDC's review of the ten greatest public health achievements of the 20th century, each of them was influenced by an evidence-based policy change. An example is motor vehicle safety being greatly improved due to introduced policy on seat belt laws.²²

My second learning objective was to understand the process that it takes to implement a breastfeeding policy in the workplace. This was done through my collaboration with Brenda Bandy, the Program Director of the Kansas Breastfeeding Coalition. She provided me with updated written policies from other Kansas counties that she had worked with to review and discuss. We worked together to amend Riley County's current breastfeeding policy to best suit the county's needs before presenting it to the county department heads.

My last objective was to exhibit effective communication skills in different group/environment settings. While it is important to understand theory, it is even more important to know how to apply it to real world experiences. The process of amending the breastfeeding policy required me to meet with many different people in different

settings and utilize different forms of communication such as group emails, informal meetings, and monthly meetings. I was able to learn from each of my communications about the most effective way to present information about the amended policy to that individual or group in the future.

Activities Performed

Before I began revising Riley County's current breastfeeding policy, I compiled evidence-based research of existing breastfeeding policy to identify the essential needs of nursing mothers in the workplace. I began by conducting a literature review to determine the health benefits of breastfeeding and the relationship between maternal employment and breastfeeding (see Breastfeeding Evidence). Overall, the review showed that women returning to full-time work had lower rates of breastfeeding initiation and a shorter duration of breastfeeding, while supportive breastfeeding support programs for full-time workers had the inverse effect of increasing initiation and duration.

Once I had a better understanding of why breastfeeding policy was important, I attended a WorkWell KS Foundation Workshop. Workwell KS is an organization that provides local training for worksites in Kansas to help with the development and implementation of comprehensive worksite wellness plans that can positively impact the health of their employees as well as their overall business.²³ Workwell KS's goal is to "create healthier worksites in Kansas through worksite implementation of policies, systems, and environmental best practices."²³ While Worksite Wellness focuses on the health of the employees, it also encourages employers to take part in the initiative because they will get a favorable return on their investment. Benefits include decreased healthcare costs, increased productivity, reduced absenteeism and improved morale/staff retention.²³ One objective of Workwell KS is to adopt a breastfeeding support plan that allows nursing mother time to express their breast milk in space other than a women's restroom.

After attending the WorkWell KS Foundation workshop, I started correspondence with Brenda Bandy, the Program Director of the Kansas Breastfeeding Coalition (KBC). The Kansas Breastfeeding Coalition is an organization made up of individuals from many different agencies, organizations, and businesses. Their mission is “to improve the health and well-being of Kansans by working collaboratively to promote, protect and support breastfeeding.”²⁴ The KBC has worked with multiple counties in the state of Kansas and has helped five counties (Cowley, Harvey, Kiowa, Leavenworth, and Pratt) become recognized for their high-level support of breastfeeding policy with the Breastfeeding Employee Support Award (see Appendix 1.1). This award is a way to recognize employees in Kansas who support their nursing employees. The gold award is the highest standard.

Brenda and I began by reviewing the current policy for Riley County. Riley County’s policy follows Section 7 of the Fair Labor Standards Act, which was amended and signed into law on March 23, 2010 under the Patient Protection and Affordable Care Act (See Appendix 1.2). Although Riley County’s policy abides by federal law, it does not include all employees or clarify room requirements and employer/employee responsibilities. Brenda provided me with breastfeeding policies she had helped adopt in other counties as well as a sample breastfeeding policy adapted from the “Making it Work: For Employers”, part of the *Making it Work Tool Kit* from the New York State Department of Health and the New York State WIC (See Appendix 1.3).

After reviewing these policies, Brenda and I worked together to draft a revised policy. The goal was to create a written policy that provided a strong and clarified foundation to a comprehensive support program for breastfeeding employees. Brenda

made suggestions for areas in the policy that needed to be updated and I created the revision. The most important step was to make the policy inclusive for all employees, which are both exempt and non-exempt employees. Exempt employees are exempted from overtime requirements, while non-exempt employees are entitled to overtime pay when they work more than 40 hours a week. While a designated room for breastfeeding is ideal, is it not always feasible. Therefore, we also clarified the minimal requirements for a room that could be utilized as a temporary breastfeeding area. Lastly, employee and employer responsibilities were clarified to ensure that any future use of the policy would go smoothly. (See Appendix 1.4)

Our initial goal was to bring Brenda Bandy into each department to determine the designated breastfeeding location(s) for each building before the revised policy was written for consideration and approval by the department heads. However, this is where I encountered my first barrier in creating public health policy. Riley County's Human Resource Director brought up an important point that bringing in a consultant before discussing changes in policy with department heads could be perceived as forcing the issue and making the policy change seem less desirable. Therefore, it was decided that the Human Resources Director and the Riley County Counselor would review the initial draft of the breastfeeding policy, it would be presented to the department heads for approval, and then Brenda Bandy and I could tour each facility and designate an area for breastfeeding if it was needed.

The first meeting to discuss the revised breastfeeding policy was held at the Riley County Counselor's office and was attended by the Riley County Counselor, the Human Resources Director, the Director of Riley County Health Department, Jessica Fiscus, and

myself. We supplied the current policy, the revised policy, and examples of lactation policies from other counties that had worked with Brenda Bandy. Unfortunately, the initial draft of the policy was met with some opposition. The first barrier was explaining why the policy needed to be changed. Policy change within Riley County departments usually only occurs if there have been complaints about the current policy and there had been no recent complaints. This is where evidence-based research for policy change was a key to implementing the change.

While it was agreed upon that the process for policy change could move forward, some important questions were brought forth (see Recommendations). One of these questions was over allocation of space. Since the current breastfeeding policy for Riley County already requires that “a space temporarily created or converted into a space for expressing milk made available when needed by the nursing mother is sufficient provided that the space is shielded from view, and free from any intrusion from co-workers and the public”, this was a great opportunity to reiterate advocacy for bringing in Brenda Bandy to identify a location(s) in each county building where women could pump breast milk. Even if we did not adopt all of the proposed policy changes, this would allow Riley County to be better prepared to provide for nursing mothers when the situation arose in the future.

The Riley County Commissioner and Human Resources Director gave us permission to proceed with another revision of the draft (see Appendix 1.5). This draft would allow both exempt and non-exempt employees to be included in the policy. The other changes proposed in the initial revision of the draft were also included in the new draft, but were presented as guidelines to allow department heads to discuss the pros and

cons of each guideline before it could be added to the official draft (see Appendix 1.6). The Riley County Counselor and the Human Resources Director approved the second draft of the revised policy and guidelines. The draft was presented to the department heads at their monthly meeting on October 19th, 2016.

Overall, the department heads agreed to the proposed policy revisions. There was a discussion on the topic of including both exempt and non-exempt employees and how that would be affected by the verbiage “unpaid reasonable break time” in the current policy. It was decided that the verbiage would need to be changed to reflect the accommodation of both types of employees. We reviewed the federal policy to make sure that “unpaid” was specific to Riley County’s policy and not the federal policy.

Removing the term “unpaid” from the policy will improve the policy by giving greater autonomy to all employees to take leave without losing pay. This policy change will ensure that non-exempt employees will not be required to clock out when taking the break. Exempt employees in Riley County must take leave in four-hour blocks, so this change also clears up any confusion over how they would be able to take unpaid leave. Overall, the change benefits exempt and non-exempt employees and makes the policy more supportive.

The department heads also accepted the guidelines and will plan to include them as an appendix to the updated policy. The only revision that was made was changing the allocated breastfeeding area being in close proximity of an employee’s workstation when possible to being within five minutes of an employee’s workstation. This change reflects Brenda Bandy’s recommendation that an allocated space be within a 5-minute walk from the employee’s office (see Recommendations).

Products Developed

The next department head meeting for Riley County will be on December 7, 2016. It has been decided that we will be meeting with the department heads one more time to review the latest proposed revisions to the policy (see Appendix 1.8 & 1.9) and to discuss when to bring Brenda Bandy in to help allocate designated spaces for women to pump breast milk. While this is not a concrete product that has been developed, it is a step in the right direction to allow Riley County to adopt a supportive breastfeeding policy for nursing mothers in the workplace.

Recommendations

Some important questions that were brought up during our meetings with key figures in Riley County were addressed for the new policy to be effectively implemented. Brenda Bandy drafted these responses.

1. Could there be allocated spaces in only one of two county buildings if they were next to each other?

Yes, so long as the space is within a 5-minute walk from the employee's workspace. This is not ideal in achieving optimal support since employees have reported in focus groups that going outside to get to the pumping room is a barrier to using it. When they are less likely to use the space, they pump less often and it is usually the beginning of the end of breastfeeding. For this "remote-site" system to work well, Riley County will need to communicate clearly to supervisors that breastfeeding employees are to be encouraged to take breaks and use the available spaces even if this means a bit more time to walk to/from the space. A supportive supervisor and co-worker can make all the difference in how comfortable the employee feels to take time to use the remote space.

2. How many spaces would you recommend allocating per building?

According to the Womenshealth.gov "Employer Solutions" website, there is a way to calculate the number of spaces needed (See Appendix 1.7). If the space designated for this use is being used, the employer needs to have an alternate space available. Some employers have lists in each building of possible spaces for expressing milk and the employee can choose the space that she is most

comfortable with and that is available at that time. The employer simply has to have a plan for where a breastfeeding employee can go to express milk when the need arises. This plan should be flexible enough to allow an employee to go to alternative space when one space is being used.

3. What type of signage would you recommend for rooms that do not have a functional lock?

A basic “do not disturb” sign is preferred. This reduces the uncomfortable feeling some women have when others know what they are doing in the room.

Alignment with Public Health Core Competencies

Over the course of my field experience at The Riley County Health Department, I was able to meet each of the public health core competencies. These core competencies are Fundamental Methods of Biostatistics, Administration of Health Care Organizations, Introduction to Epidemiology, Social and Behavioral Bases of Public Health, and Environmental Toxicology. I met the biostatistics core competency through my evidence-based research on breastfeeding policy in the workplace. I utilized my understanding of biostatistics when reviewing the data and statistics collected by the US Department of Labor, Bureau of Labor Statistics for employment of women of childbearing age and employment of mothers with children less than one year of age. A strong knowledge of the measures used and interpreting the results of data and tables were important when reviewing the literature.

The second core competency, Administration of Health Care Organizations, was utilized through my review of supportive breastfeeding policy and revisions of Riley County's current breastfeeding policy. I was able to better understand the role that public health plays in the development of policy and why it is so important to utilize. My mentor, Jessica Fiscus, is also the Health Educator for Riley County's Health Department, so I was able to aid her in the planning and implementation for community health education by helping to educate other Riley County Departments on the importance of a supportive breastfeeding policy to better suit nursing mothers and babies' needs.

The application of epidemiologic principles was important for my evaluation of

the literature on breastfeeding policy in the workplace. Epidemiologic data was needed to assess who, why, and when women breastfeed as well the current rates of initiation and continuation of breastfeeding in the workplace under different conditions. This data was an important baseline for communicating why having a supportive breastfeeding policy in the workplace is so important and how it positively impacted the health of the population of women and babies affected by the policy change.

The social and behavioral bases of public health core competency strongly aligned with the work that I did at Riley County's Health Department. I was able to better understand how health behavior is influenced by societal influences, such as the relationship between a supportive work environment and the initiation and continuation of breastfeeding. Employed mothers typically find that returning to work is a significant barrier for breastfeeding and positive social support from a workplace is an important factor. I also learned about the complexity of public health interventions and policy change. Social attitudes towards breastfeeding were influential in decision making on what aspects of the policy needed to be changed.

The final core competency area of environmental toxicology was an important consideration when reviewing breastfeeding policy. Deciding what conditions would be ideal for the designated area to breastfeed were important, such as proximity to running water to sterilize equipment. It was also important for educating people about why a bathroom was not a sanitary place for a mother to breastfeed or express milk in the workplace.

Conclusion

The education that I have received through Kansas State University and my experience at Riley County Health Department will be instrumental for my future in the field of public health. These experiences allowed me to not only learn the theory behind public health, but to adapt my education to real world experiences. The field of public health is constantly evolving in response to the needs of communities and populations around the world and the field needs dedicated individuals to adapt to those changes. I am ready to share the knowledge and skills I have acquired in this program to help make a positive influence in my surrounding community.

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Appendix 1.1: The Kansas Breastfeeding Coalition’s Breastfeeding Employee Support Award Checklist

Check List for Breastfeeding Employees Support Accommodations

Criteria	Bronze	Silver	Gold
Policy & Education	<i>Verbal agreement between employee and her direct supervisor regarding her break times and space to express milk</i>	<input type="checkbox"/> Verbal or written breastfeeding support policy <input type="checkbox"/> Verbal information about breastfeeding support provided to employees *	<input type="checkbox"/> Written breastfeeding support policy - sample at www.kansasbusinesscase.com <input type="checkbox"/> Educational packet about breastfeeding given to all expectant employees and their partners*
Space	<p><i>Provide a private space, not a bathroom, for milk expression.</i></p> <p>If the space is not dedicated to the nursing mother’s use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space for expressing milk is sufficient provided that the space is shielded from view, and free from any intrusion from co-workers and the public.</p>	<p><i>Same as Bronze level with all of the following:</i></p> <input type="checkbox"/> Comfortable chair <input type="checkbox"/> Small table <input type="checkbox"/> Electrical Outlet <p><i>Optional items:</i></p> <input type="checkbox"/> Refrigerator for milk storage <input type="checkbox"/> Nearby sink with running water or sanitizing wipes for clean up	<p><i>Same as the Silver level with all of the following:</i></p> <input type="checkbox"/> Refrigerator for milk storage <input type="checkbox"/> Nearby sink with running water or sanitizing wipes for clean up <p><i>Optional items:</i></p> <input type="checkbox"/> Breastfeeding mother art* <input type="checkbox"/> Mirror (to help employee adjust clothing)
Time	<p><i>Provide a reasonable amount of break time to express milk as frequently as needed by the nursing mother.</i></p> <p>Employers are not required under the FLSA to compensate nursing mothers for breaks taken for the</p>	<p><i>Same breaks as “Bronze” level</i></p> <p><i>One or more of the following:</i></p> <input type="checkbox"/> Telecommuting, flextime or job-sharing option <input type="checkbox"/> Onsite childcare <input type="checkbox"/> “Baby-at-work” program <input type="checkbox"/> Paid family leave for	<input type="checkbox"/> Same breaks as “Bronze” level <p><i>Two or more of the following:</i></p> <input type="checkbox"/> Telecommuting, flextime or job-sharing option <input type="checkbox"/> Onsite childcare <input type="checkbox"/> “Baby-at-work” program <input type="checkbox"/> Paid family leave for a minimum of 6 weeks <input type="checkbox"/> Full-sized, double electric breast pump covered by

	purpose of expressing milk. However, where employers already provide compensated breaks, an employee who uses that break time to express milk must be compensated in the same way that other employees are compensated for break time.	a minimum of 6 weeks <input type="checkbox"/> Full-sized, double electric breast pump covered by insurance policy provided by employer	insurance policy provided by employer
Support		<i>One or more of the following:</i> <input type="checkbox"/> Breastfeeding information available in lactation space(s) <input type="checkbox"/> List of local breastfeeding support resources in lactation space(s) <input type="checkbox"/> Lactation support services covered by employer's insurance policy <input type="checkbox"/> Lactation support services provided via contract with an International Board Certified Lactation Consultant (IBCLC)	<i>Two or more of the following:</i> <input type="checkbox"/> Breastfeeding information available in lactation space(s) <input type="checkbox"/> List of local breastfeeding support resources in lactation space(s) <input type="checkbox"/> Lactation support services covered by employer's insurance policy <input type="checkbox"/> Lactation support services provided via contract with an International Board Certified Lactation Consultant (IBCLC)

*Information, suggestions and examples can be found on the Kansas Breastfeeding Coalition website www.ksbreastfeeding.org

Appendix 1.2: Riley County's Current Breastfeeding Policy

(b) Rest Breaks for Nursing Mothers

The Patient Protection and Affordable Care Act ("PPACA"), signed into law on March 23, 2010 (P.L. 111-148), amended Section 7 of the FLSA, to provide an unpaid break time requirement for nursing mothers.

Accommodations will be provided for unpaid reasonable break time for a non exempt employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. Accommodations will also be provided with a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

A reasonable amount of break time to express milk as frequently as needed by that nursing mother will be provided. The frequency of breaks needed to express milk as well as the duration of each break will likely vary.

The location provided must be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother's use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space for expressing milk or made available when needed by the nursing mother is sufficient provided that the space is shielded from view, and free from any intrusion from co-workers and the public.

Only employees who are not exempt from the FLSA's overtime pay requirements are entitled to reasonable unpaid breaks to express milk. It is not required under the FLSA to provide breaks to nursing mothers who are exempt from the overtime pay requirements.

Appendix 1.3: New York's State Health Department's Sample Worksite Lactation Policy

Sample Worksite Lactation Policy

[Name of company] acknowledges the worksite accommodation law in the U.S. Patient Protection and Affordable Care Act enacted in March 2010, which amends the Fair Labor Standards Act (FLSA) and therefore provides breastfeeding employees the following lactation accommodations:

Reasonable Time to Express Milk at Work

Employees shall be provided reasonable time to express milk while at work for up to three years following the child's birth each time the employee has need to express milk. Employees should use usual break and meal periods for expressing milk, when possible. If additional time is needed beyond the provided breaks, employees may use personal leave or may make up the time as negotiated with their supervisors.

A Private Area for Milk Expression

Employees will be provided with a private place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, to express breast milk. The room can be a designated space for lactation. If this is not practical or possible, a vacant office, conference room, or other small area can be used so long as it is not accessible or visible to the public or other employees while the nursing employee is using the room to express milk. The room will:

- Be in close proximity to the employee's work station when possible
- Have a door equipped with a functional lock or, if this is not possible, the room will have a sign advising that the room or location is in use and not accessible to other employees or the public
- Be well lit
- Ensure privacy by covering any windows with a curtain, blind, or other covering
- Contain at a minimum a chair and a small table, counter, or other flat surface
- Ideally include an electrical outlet and nearby access to clean water

No employee shall be discriminated against for breastfeeding or expressing milk during the work period, and reasonable efforts will be made to assist employees in meeting their infant feeding goals while at work.

This policy shall be communicated to all current employees and included in new employee orientation training.

Any act found to be intentional that invades a nursing mother's privacy shall be treated as a disciplinary offense and reported to the appropriate manager.

Employer Responsibilities

[Name of company] will:

- Maintain the cleanliness of the room or location set aside for the use of employees expressing breast milk at work.
- Notify employees returning to work following the birth of a child of their rights under the national worksite lactation accommodation law in the U.S. Patient Affordable Care Act. This notice may either be provided individually to affected employees or to all employees generally through posting in a central location.

Employee Responsibilities

Breastfeeding employees utilizing lactation support services will:

- Give supervisors advance notice of the need for lactation accommodations, preferably prior to their return to work following the birth of the child. This will allow supervisors the opportunity to establish a location and work out scheduling issues.
- Maintain the designated area by wiping the pump (if provided) and surfaces with microbial wipes so the area is clean for the next user.
- Ensure the safekeeping of expressed breast milk stored in any refrigerator on the premises. Breast milk can be stored in a general company refrigerator, in a refrigerator provided in the lactation room, or in the employee's personal cooler.

Appendix 1.4: First Revision of Riley County's Breastfeeding Policy

(b) Rest Breaks for Nursing Mothers

The Patient Protection and Affordable Care Act ("PPACA"), signed into law on March 23, 2010 (P.L. 111-148), amended Section 7 of the FLSA, to provide an unpaid break time requirement for nursing mothers.

Reasonable Time to Express Milk at Work

Accommodations will be provided for unpaid reasonable break time for all employees to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. The frequency of breaks needed to express milk as well as the duration of each break will likely vary.

A Private Area for Milk Expression

Each county building shall have a room that will be a designated space for lactation. The location provided must be functional as a space for expressing breast milk. If this is not practical or possible, a vacant office, conference room, or other small area can be used as long as it is not accessible or visible to the public or other employees while the nursing employee is using the room to express milk. If the space is not dedicated to the nursing mother's use, it must be available when needed in order to meet the statutory requirement. The room will:

- Be in close proximity to the employee's work station when possible
- Have a door equipped with a functional lock or, if this is not possible, the room will have a sign advising that the room or location is in use and not accessible to other employees or the public
- Be well lit
- Ensure privacy by covering any windows with a curtain, blind, or other covering
- Contain at a minimum a chair and a small table, counter, or other flat surface
- Ideally include an electrical outlet and nearby access to clean water

Employer Responsibilities

Department heads will notify employees returning to work following the birth of a child of their rights under the national worksite lactation accommodation law in the U.S. Patient Affordable Care Act. This notice may either be provided individually to affected employees or to all employees generally through posting in a central location.

Employee Responsibilities

Breastfeeding employees utilizing lactation support services will:

- Give supervisors advance notice of the need for lactation accommodations, preferably prior to their return to work following the birth of the child. This will allow supervisors the opportunity to establish a location and work out scheduling issues.
- Maintain the designated area by wiping down surfaces with microbial wipes so the area is clean for the next user.

Appendix 1.5: Second Revision of Riley County's Breastfeeding Policy

(b) Rest Breaks for Nursing Mothers

The Patient Protection and Affordable Care Act ("PPACA"), signed into law on March 23, 2010 (P.L. 111-148), amended Section 7 of the FLSA, to provide an unpaid break time requirement for nursing mothers.

Accommodations will be provided for unpaid reasonable break time for both non-exempt and exempt employees to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. Accommodations will also be provided with a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

A reasonable amount of break time to express milk as frequently as needed by that nursing mother will be provided. The frequency of breaks needed to express milk as well as the duration of each break will likely vary.

The location provided must be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother's use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space for expressing milk or made available when needed by the nursing mother is sufficient provided that the space is shielded from view, and free from any intrusion from co-workers and the public.

For full statute guidelines, please refer to Appendix D.

Appendix 1.6: First draft of Guidelines for Riley County's Breastfeeding Policy

Guidelines for Compliance with The Patient Protection and Affordable Care Act Statute on Rest Breaks For Nursing Mothers

The Designated Area

Minimum requirements for the allocated breastfeeding area: Please review federal statute for current requirements.

- Be in close proximity to the employee's work station when possible
- Have a door equipped with a functional lock or, if this is not possible, the room will have a sign advising that the room or location is in use and not accessible to other employees or the public
- Be well lit
- Ensure privacy by covering any windows with a curtain, blind, or other covering
- Contain at a minimum a chair and a small table, counter, or other flat surface
- Ideally include an electrical outlet and nearby access to clean water

Breast Milk Storage

Employees should label all milk expressed with their name and date collected so it is not inadvertently confused with another employee's milk. Each employee is responsible for proper storage of her milk using a designated area in a refrigerator or personal storage cooler. Employees may store fresh milk between 3-8 days and previously frozen thawed milk for up to 24 hours in the designated area before it must be used or discarded.

Employer Responsibilities

Department heads will notify employees returning to work following the birth of a child of their rights under the national worksite lactation accommodation law in the U.S. Patient Affordable Care Act. This notice may either be provided individually to affected employees or to all employees generally through posting in a central location.

Employee Responsibilities

Breastfeeding employees utilizing lactation support services will:

- Give supervisors advance notice of the need for lactation accommodations, preferably prior to their return to work following the birth of the child. This will allow supervisors the opportunity to establish a location and work out scheduling issues.

- Maintain the designated area by wiping down surfaces with microbial wipes so the area is clean for the next user.
- All breastfeeding supplies (pumps, coolers, microbial wipes, etc.) will need to be provided by the employee.

Appendix 1.7: Womenshealth.gov Employer Solutions Guide to “Number of Milk Expression Spaces Needed”

Number of Spaces Needed

The number of spaces needed depends on many factors. For example, companies will want to consider how many women are employed, the number and size of buildings, and the work schedule and job settings of employees. A general rule is to provide at least one permanent milk expression space for every 50–100 women employed by the company, and adjust as employee needs increase. The National Institutes of Health (NIH) compiled a formula for identifying the number of spaces needed, and estimate that at least six milk expression stations for every 1000 female employees should be the general rule. This number is based on a pregnancy rate of 5–7 percent among the female population, a breastfeeding initiation rate of 75 percent, and an assumption that most nursing women cluster milk expression periods around a similar period from 10 a.m. to 3 p.m. during a standard work day. The chart below is based on their general guide:

Milk Expression Spaces

Number of Female Employees	Number of Stations Needed
Under 100	1
Approximately 250	2
Approximately 500	3
Approximately 750	4
Approximately 1000	6
For every additional 1000 employees	6 additional stations

Appendix 1.8: Current Revision of Riley County's Breastfeeding Policy

(b) Rest Breaks for Nursing Mothers

The Patient Protection and Affordable Care Act ("PPACA"), signed into law on March 23, 2010 (P.L. 111-148), amended Section 7 of the FLSA, to provide an unpaid break time requirement for nursing mothers.

Accommodations will be provided for reasonable break time for both a non-exempt or exempt employee to express breast milk for their nursing child for one year after the child's birth each time such employee has need to express the milk. Accommodations will also be provided with a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

A reasonable amount of break time to express milk as frequently as needed by that nursing mother will be provided. The frequency of breaks needed to express milk as well as the duration of each break will likely vary.

The location provided must be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother's use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space for expressing milk or made available when needed by the nursing mother is sufficient provided that the space is shielded from view, and free from any intrusion from co-workers and the public.

For full Statute Guidelines, please refer to Appendix D.

Appendix 1.9: Current Revision of Guidelines for Riley County's Breastfeeding Policy

Guidelines for Compliance with The Patient Protection and Affordable Care Act Statute on Rest Breaks For Nursing Mothers

The Designated Area

Minimum requirements for the allocated breastfeeding area: Please review federal statute for current requirements.

- Be within a five minute walk of the employee's work station
- Have a door equipped with a functional lock or, if this is not possible, the room will have a sign advising that the room or location is in use and not accessible to other employees or the public
- Be well lit
- Ensure privacy by covering any windows with a curtain, blind, or other covering
- Contain at a minimum a chair and a small table, counter, or other flat surface
- Ideally include an electrical outlet and nearby access to clean water

Breast Milk Storage

Employees should label all milk expressed with their name and date collected so it is not inadvertently confused with another employee's milk. Each employee is responsible for proper storage of her milk using a designated area in a refrigerator or personal storage cooler. Employees may store fresh milk between 3-8 days and previously frozen thawed milk for up to 24 hours in the designated area before it must be used or discarded.

Employer Responsibilities

Department heads will notify employees returning to work following the birth of a child of their rights under the national worksite lactation accommodation law in the U.S. Patient Affordable Care Act. This notice may either be provided individually to affected employees or to all employees generally through posting in a central location.

Employee Responsibilities

Breastfeeding employees utilizing lactation support services will:

- Give supervisors advance notice of the need for lactation accommodations, preferably prior to their return to work following the birth of the child. This will allow supervisors the opportunity to establish a location and work out scheduling issues.

- Maintain the designated area by wiping down surfaces with microbial wipes so the area is clean for the next user.
- All breastfeeding supplies (pumps, coolers, microbial wipes, etc.) will need to be provided by the employee.