

# Even with workplace support, breastfeeding takes commitment

November 28 2016, by Michele W. Berger

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Sometimes all it takes is a single interaction or a thoughtless comment from a coworker to make a new mother feel negatively about her experience with breastfeeding and pumping at work. That's true even in a place that attempts to build a positive culture around these aspects of motherhood, according to research from the University of Pennsylvania and the Children's Hospital of Philadelphia.

"Even if you put into place really excellent support and access to hospital pump rooms and have a strong policy, even with all that, some women can still find it challenging," said Diane Spatz, a perinatal nursing and nutrition professor in Penn's School of Nursing and CHOP's lactation program director. "It only takes one person to say, 'Why are you taking a pump break?'"

Spatz and Elizabeth Froh, clinical supervisor of CHOP's lactation team and Human Milk Management Center, paired up to look at what happens when women return to work from maternity leave and plan to continue breastfeeding. In 2014, the researchers published results of an initial quantitative study in the journal *Breastfeeding Medicine*. The second part of that effort, focused on qualitative findings, recently appeared in the *Journal of Human Lactation*.

Such an emphasis was obvious to the researchers for several reasons. To start, the American Academy of Pediatrics recommends new babies breastfeed for [12 months](#), but the Family and Medical Leave Act, which protects the job of an eligible employee following a qualified leave,

allows for just three months of this time away. In most instances, that means a mother trying to follow the AAP guidance while back on the job.

Second, "despite both national and local legislation, there is limited research published regarding breastfeeding outcomes related to employer policy and programming for lactation support following employees' return to work," Spatz and Froh wrote in the *Journal of Human Lactation* paper.

Part of Spatz's role when she joined CHOP included improving patient breastfeeding rates. As she worked toward that goal, she heard from many female nurses regarding the desire for a similar initiative for hospital employees. Today CHOP's program comprises, in part, prenatal education, access to purchased or rented breast pumps, a comprehensive lactation policy and more than 30 available lactation rooms equipped with hospital-grade pumps.

"Based on what employees were telling me, it seemed they felt supported in being able to breastfeed their babies. But we didn't have any proof of that," Spatz said.

So she and Froh decided to find out whether anecdotes could translate into scientific evidence.

With Institutional Review Board approval, they worked with the human resources department to compile a list of female CHOP employees who took and returned from [maternity leave](#) between 2007 and 2011. They asked those 545 employees a set of open-ended questions: What was your experience like breastfeeding or pumping at work? Did you face barriers? What caused you to stop? Then they looked for themes in the data that resulted from the 410 who answered.

Many participants didn't know the extent of the hospital's offerings for breastfeeding and pumping mothers. Of those who did, some women responded positively, saying they had the resources and support they needed. Others had the opposite reaction.

"That is something women report universally once they go back to work," Spatz said. "It's a hard thing to be a mom and go back to work and pump. It takes time. Even when you have lots of resources and a strong policy, it still comes down to time."

In addition, some of the common themes had little to do with the return to work itself but rather internal challenges such as fatigue from trying to feed twins or personal choices like discontinuing breastfeeding after a longer duration than the national average, 14, 18 or even 22 months.

Though this research took place in a single hospital, Spatz said she believes it could apply to other settings, assuming the work can move beyond where it currently stands. For example, the online nature of the questionnaire didn't allow for discussion with participants, removing the ability to get into nuances of the answers or ask follow-up questions. Participants also didn't have the ability to disclose what's called "prenatal intent" to breastfeed. Previous research has shown that women who have a strong desire to breastfeed and a plan to make it happen have greater success for longer.

Regardless of any of those factors, there's a bigger issue at stake here, Spatz noted.

"Breastfeeding at work is hard to do, but it's not the whole issue," she said. "We need to create a culture where it's valued to breastfeed and that it's important, where everyone in society says to moms, 'Yes, we're going to support you.'"

Provided by University of Pennsylvania

Citation: Even with workplace support, breastfeeding takes commitment (2016, November 28)  
retrieved 23 April 2024 from

<https://medicalxpress.com/news/2016-11-workplace-breastfeeding-commitment.html>

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