

Overcoming workplace barriers to breastfeeding—review and recommendations in *The Nurse Practitioner*

March 23 2017

For mothers of new infants, going back to work may pose a number of obstacles to continued breastfeeding. Workplace policies affecting the ability to breastfeed—and the role of nurse practitioners (NPs) in helping to overcome those obstacles—are the topic of a special article in *The Nurse Practitioner*.

"Breastfeeding yields many important benefits to both mother and infants, yet workplace barriers contribute to low rates of [breastfeeding](#)," according to the article by Rhonda Winegar, DNP, RN, FNP-BC, CPN, CCRN, and Alisha Johnson, MSN, RN. "Nurse practitioners often serve as the initial point of education for new mothers and may impact decisions to breastfeed."

Workplace Policies May Make It Harder for Women to Continue Breastfeeding

Breastfeeding is widely recommended as the best nutrition for infants, providing health benefits for babies and mothers alike. As such, measures to encourage breastfeeding have the potential to lower healthcare costs. "Society in general benefits from mothers and infants who are healthier," according to the authors.

But while 75 percent of women choose breastfeeding after delivery, only 40 percent will continue breastfeeding after they return to work. "In the

United States, breastfeeding is considered a personal choice, and legislation in support of breastfeeding in the workplace is more limited than in most other countries," Rhonda Winegar and Alisha Johnson write.

Employer policies can have a major impact on women's ability to continue breastfeeding after returning to work. One study found that women who work at companies with policies to support breastfeeding are more likely to continue breastfeeding for at least six months, as recommended by current guidelines.

The article identifies key elements of a successful workplace breastfeeding [policy](#) include providing appropriate breaks and a suitable area for women to pump breast milk, as well as a storage facility for the expressed milk (such as a refrigerator), if requested. The costs of such policies are relatively low—and are likely to be offset by the potential savings from fewer employee absences, lower healthcare costs, and less employee turnover.

And yet, employers may be unlikely to adopt breastfeeding promotion programs unless there are regulations to support them. The 'Break Time for Nursing Mothers' provision of the Affordable Care Act includes protections covering some employees and workplaces. In addition, 28 states (along with Puerto Rico and the District of Columbia) have laws in place regarding breastfeeding in the workplace. "Nurse practitioners should stay current on current legislation and community resources that are available to support breastfeeding once these patients return to work," the authors write.

Other steps to promote continued breastfeeding range from prescribing an electric breast pump or arranging for a lactation consultant, to dealing with common concerns such as milk leakage on work clothes. Rhonda Winegar and Alisha Johnson conclude, "NPs can positively influence the

incidence of breastfeeding and ultimately improve the health of society in general."

The article appears as part of a special Doctor of Nursing Practice (DNP) theme issue of *The Nurse Practitioner*. In a [video podcast](#), Rhonda Winegar discusses the personal experiences that led to her advocacy for policies to support breastfeeding in the [workplace](#), and inspired her to become a DNP.

More information: Rhonda Winegar et al. Do workplace policies influence a woman's decision to breastfeed?, *The Nurse Practitioner* (2017). [DOI: 10.1097/01.NPR.0000513338.92438.65](https://doi.org/10.1097/01.NPR.0000513338.92438.65)

Provided by Wolters Kluwer Health

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