

# GOALS 5 Action 5.3

WHITE HOUSE  
BLUEPRINT  
EVIDENCE TO  
ACTION BRIEFS



Increase awareness of workplace  
benefits and protections for  
pregnant and postpartum women



**Maternal Health**  
Learning & Innovation Center™  
MaternalHealthLearning.org

**THE WHITE HOUSE BLUEPRINT  
FOR ADDRESSING THE  
MATERNAL HEALTH CRISIS**

The [White House Blueprint for Addressing the Maternal Health Crisis](#) (White House Blueprint) has identified goals and actions to reduce the rates of maternal mortality and morbidity, eliminate disparities in maternal health outcomes, and improve the experience of pregnancy, birth, and the postpartum period for people across the United States.

The following Evidence to Action Brief highlights Action 5.3 of Goal 5, “Strengthen Economic and Social Supports for People Before, During, and After Pregnancy,” in the White House Blueprint.

### **Maternal Health Action 5.3**

Increase awareness of workplace benefits and protections for pregnant and postpartum women, such as access to a private lactation room and break time to pump, through a comprehensive outreach campaign to make both workers and employers aware of these protections.

### **Contribution to Quality of Life**

The [White House Blueprint](#) is a “whole-of-government approach to combating maternal mortality and morbidity” so that all people in the United States who are capable of becoming pregnant and giving birth are healthy and safe.

Breastfeeding provides significant health benefits for postpartum mothers and their infants. Postpartum women who have access to adequate break time and lactation space are more likely to exclusively breastfeed for 6 months after birth compared with women without these supports.<sup>1</sup> Increasing the public’s awareness of the workplace benefits and protections that exist for pregnant and postpartum women can help ensure that persons who wish to breastfeed their infant have the ability to do so, regardless of their profession or workplace.<sup>2</sup>

### **Basic Facts**

The US has one of the lowest breastfeeding rates worldwide, with a national average 6-month exclusive breastfeeding rate of 25%, and one of the highest percentages of mothers with infants in the workforce (57%).<sup>3</sup> Compared with other countries, the US lacks workplace supportive policies for breastfeeding mothers, such as lactation programs or maternity leave, despite the evidence that employers that provide breastfeeding supportive policies benefit from reduced maternity leave and absenteeism, higher productivity, and lower health care costs. Failure to breastfeed is estimated to cost \$302 billion globally per year; in the US, it is estimated that \$13 billion in medical costs could be saved if breastfeeding rates increased to 90% (see Figure 1).<sup>3</sup>

The American Academy of Pediatrics recommends that all infants (including premature and sick newborns) are exclusively breastfed for 6 months. Human milk supports optimal growth and development by providing all required nutrients during this time.<sup>4</sup> Breastfeeding strengthens the immune system and reduces respiratory infections, gastrointestinal illness, and sudden infant death syndrome, and promotes neurodevelopment. Breastfed children may also be less likely to develop diabetes, childhood obesity, and asthma.<sup>5</sup> Women who breastfeed are less likely to experience postpartum blood loss (because of oxytocin release), risk of type 2 diabetes, and all female-related cancers.<sup>6</sup>

A promising approach to support breastfeeding people in the workplace is legislation that promotes and protects lactation, specifically the Affordable Care Act of 2010 (ACA) and the PUMP for Nursing Mothers Act (PUMP Act) of 2023 that amends and expands the ACA.<sup>7</sup> The PUMP Act requires eligible employers to provide adequate break time for expressing breast milk, a dedicated private place for lactation, and facilities for storing breast milk. Experts believe



that when employers understand the significance of the PUMP Act, they are more likely to implement policies and practices that accommodate breastfeeding employees. This support positively impacts employee retention, job satisfaction, and overall productivity. Moreover, it demonstrates a commitment to gender equality and work-life balance, fostering a culture of inclusivity and valuing the diverse needs of employees.<sup>8</sup>

Workplace lactation programs have been shown to increase breastfeeding initiation, duration, and exclusive breastfeeding, with greater changes observed with more available services.<sup>9</sup> Factors that influence women's feeding choices are complex, but having a breastfeeding-friendly workplace environment can assist with making the choice to nurse. Mothers often make decisions related to breastfeeding based on workplaces that support breastfeeding families. In the last 30 years, 30 states have implemented workplace breastfeeding legislation, with different levels of enforcement, by encouraging or requiring companies to provide facilities where mothers can express breast milk in privacy, store milk, or feed their infant.<sup>10</sup>

#### CALL TO ACTION

Breastfeeding conveys significant benefits to mothers and their babies. Women with access to lactation spaces and adequate break time, as mandated by the Fair Labor Standards Act, are more likely to breastfeed. Workers and employers deserve to have access to information about the federally mandated workplace protections for postpartum mothers.

Many pregnant and postpartum workers are entitled to workplace protections and benefits that support breastfeeding, yet they remain unaware of these protections. Employees should be aware of their rights to breastfeed in the workplace so that they can advocate for themselves and their needs. This knowledge allows them to plan and prepare, ensuring they have the resources and support needed to continue breastfeeding their child while pursuing their careers. One example is the Family Medical Leave Act, which provides up to 12 weeks of unpaid, job-protected leave for the birth of a child or to care for a newborn child within one year of birth (or to take care of a child through adoption or foster care).<sup>11</sup> Other forms of workplace protection for pregnant and postpartum people are found in the Federal Employee Paid Leave Act, the Pregnancy Discrimination Act, the Americans with Disabilities Act, and the Pregnant Workers Fairness Act.<sup>12</sup>

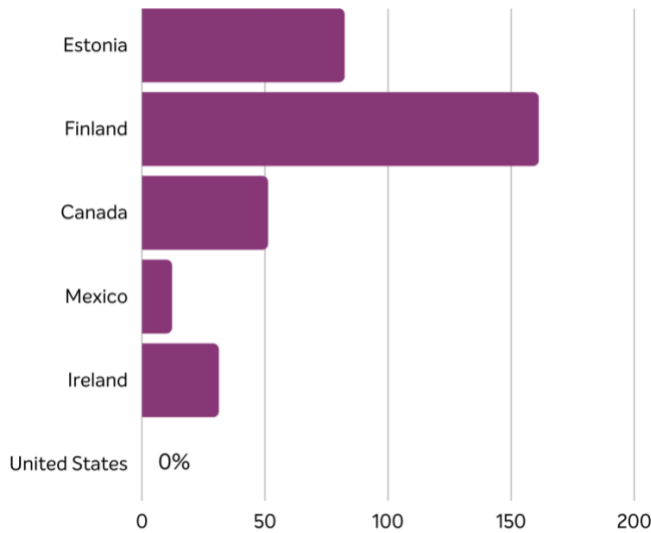
The [White House Blueprint](#) commits to launching a national outreach campaign and targeting at least two industries and all regions of the country to make both workers and employers aware of workplace protections for postpartum mothers.

#### How are we doing?

Below we highlight data related to Action 5.3. Racial, ethnic, geographic, and socioeconomic disparities emphasize where efforts should be focused to improve health outcomes related to Action 5.3.



**Figure 1: The United States Is 1 of 41 Countries Globally without Government-mandated Paid Maternity Leave**



The United States is the only country among 41 nations that does not mandate any paid leave for new parents, ranking it last in paid maternity leave.

Source: Livingston, G and Thomas D. [Among 41 Countries, Only U.S. Lacks Paid Parental Leave](#). Pew Research Center. Updated December 2022. Accessed October 16, 2023.

**Figure 2: Rates of Any and Exclusive Breastfeeding by Socio-demographics Among Children Born in 2020**

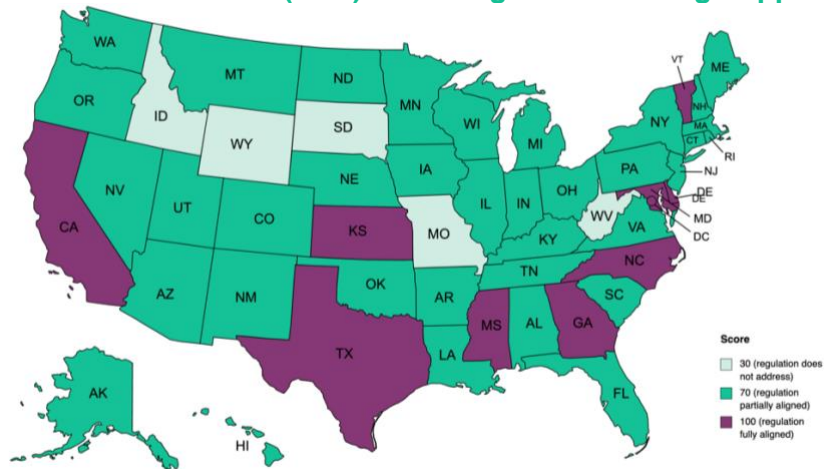
	Exclusive Breastfeeding Through 6 Months
<b>Hispanic</b>	24.3
<b>Non-Hispanic White</b>	27.6
<b>Non-Hispanic Black</b>	20.4
<b>Non-Hispanic Asian</b>	29.1
<b>Non-Hispanic Hawaiian/Pacific Islander</b>	N/A
<b>Non-Hispanic American Indian/Alaska Native</b>	N/A
<b>2 or More Races</b>	23.3
<b>Less than high school</b>	19.0
<b>High school graduate</b>	21.9
<b>Some college or technical school</b>	23.9
<b>College graduate</b>	30.4
<b>Yes</b>	18.0
<b>No, but eligible</b>	31.9
<b>Ineligible</b>	31.0

Source: Centers for Disease Control and Prevention. [Breastfeeding Among U.S. Children Born 2013–2020](#). DCD National Immunization Survey-Child. Last updated 1 August 2023. Accessed October 16, 2023

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**Figure 3: Early Care and Education (ECE) Licensing Breastfeeding Support Scores, 2021**

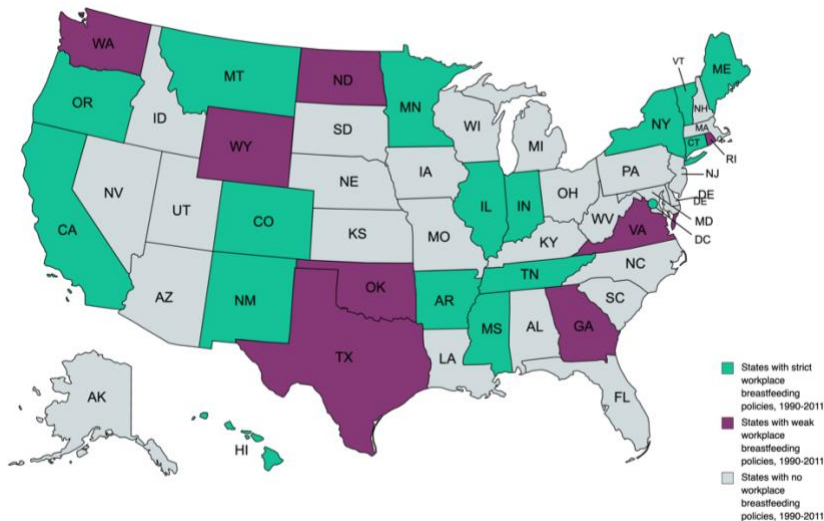


In 2021, state breastfeeding support scores ranged from 30 to 100. Only 9 states had fully aligned licensing regulations in place (a score=100), while 37 states partially aligned licensing regulations (a score=70), and 5 states did not have any of the licensing regulations in place (a score=30).

Source: Centers for Disease Control and Prevention, Department of Health & Human Services. [Centers for Disease Control and Prevention Breastfeeding Report Card, 2022](#). Division of Nutrition, Physical Activity, and Obesity. National Center for Chronic Disease Prevention and Health Promotion. Last updated 31 August 2022. Accessed September 8, 2023.

Note: "Support scores indicate the extent to which a state's licensing regulation for ECE centers met the [Caring for our Children](#) standards to encourage and fully support breastfeeding/feeding of breast milk by making accommodations for parents to feed their children comfortably on-site."

**Figure 4: US States with Strict, Weak, and No Workplace Breastfeeding Policies, Implemented Between 1990–2011**



Source: [Hauck K, et al. Integrating Motherhood and Employment: A 22-year Analysis Investigating Impacts of US Workplace Breastfeeding Policy. SSM – Population Health. 2020; 11:100580](#)



## Story Behind the Data: Factors Affecting Progress

Despite overall increases in breastfeeding rates in the US over the last decade, racial, ethnic, geographic, and socioeconomic disparities persist. In a 2019 national survey, Asian mothers had the highest rates of exclusive breastfeeding through 6 months, while the lowest rates were among Black women (see Figure 2).<sup>13</sup> College graduates had the highest rates and high school graduates the lowest; those who were ineligible to receive WIC had the highest rates and those receiving WIC had the lowest.

Being employed is a significant barrier to breastfeeding. In 2013, only 40% of employed women with infants had access to both a break time and a private lactation space.<sup>1</sup> Women with access to these accommodations, mandated by the PUMP Act, are more likely to exclusively breastfeed 6 months after birth compared with women without these supports. Furthermore, employers can save an average of three dollars for every dollar invested in workplace supports for breastfeeding.

Women with access to lactation spaces and adequate break time, as mandated by the Fair Labor Standards Act, often encounter pressure from coworkers or supervisors to not take breaks to express breast milk, and existing breaks may not be long enough for expression.<sup>14</sup> If women do not have a dedicated private office or a place to breastfeed and store milk at work, they are forced to use the restroom to do so, an approach that is unhygienic and associated with premature weaning. As a result of these challenges, most mothers stop breastfeeding when they return to work after giving birth.<sup>14</sup>

Workplace breastfeeding policies differ in the provision of facilities and break times, as well as level of enforceability.<sup>14</sup> They also vary significantly across employment; women working in service, production, and transportation often receive the lowest levels of support for breastfeeding. Single mothers and women with low incomes are significantly less likely to have access to private lactation space and sufficient break time to express milk than women with higher incomes.<sup>1</sup>

A study comparing mothers across three groups—those who are not working, those in professional/managerial work, and those in service/labor work—found that those in service/labor jobs had the shortest breastfeeding duration of the three groups.<sup>15</sup> When examining an association between a woman's occupation and race, among White mothers, nonworking mothers breastfed the longest; among Black mothers, mothers in professional/managerial work breastfed for longer than mothers in the other two categories. This suggests that different work scenarios may be more or less advantageous for parenting behaviors like breastfeeding, depending on a mother's circumstances. For White mothers in the study, not working was the most advantageous circumstance for breastfeeding, while for Black mothers, professional/managerial work was the most advantageous circumstance.

Lack of paid maternity leave can also be a significant barrier to breastfeeding. Women intending to return to work within a year after childbirth are less likely to initiate breastfeeding.<sup>14</sup> Mothers who work full time tend to breastfeed for a shorter duration than part-time or unemployed women. Women with longer maternity leave are more likely to combine breastfeeding and employment. However, hourly wage workers have different challenges than salaried workers because they have less control over their schedules and may experience decreased pay if they take breaks to express breast milk.<sup>14</sup>



## What can be done to address the issue?

The [White House Blueprint](#) identifies actionable steps to address Action 5.3. In addition, experts from the maternal and child health field have identified innovative, evidence-informed strategies from several databases and national repositories.

### Maternal & Child Health (MCH) Innovations

MCH experts selected the following resources for action after a review that included: the [MCHbest Database](#), a database developed to aggregate evidence-based strategies that can be used as is or adapted to fit local and state-level contexts; the [Association of Maternal & Child Health Program's Innovation Hub](#) (AMCHP), a searchable repository of local and state practices, policies, and community-based innovations considered to be “what’s working” in the MCH field; the [Robert Wood Johnson Foundation's What Works for Health](#) (RWJ) database, a tool that helps local communities to identify policies and programs that fit within their context and match their priorities; the [Maternal Health Learning & Innovation Center](#), a national resource for improving maternal health inequities; and a search of leading organizations and agencies working in this field.

- [Communities Supporting Breastfeeding](#). The Kansas Breastfeeding Coalition created the “Communities Supporting Breastfeeding” designation (considered an emerging practice) to award communities in the state that have used multifaceted approaches to addressing barriers to breastfeeding. (AMCHP)
- [Family Leave, Workplace Policies and State Laws](#). An emerging practice, trainings and related supports for workplace breastfeeding have been shown to increase comfort and access to lactation/breastfeeding in one’s place of employment. State laws may include provisions surrounding mandated employer-provided break time to express milk and a dedicated private lactation room. (MCHbest)
- [Reducing Breastfeeding Disparities in California through the Lactation Accommodation Workgroup](#). This cutting-edge strategy promotes and advocates for creative strategies needed in low-wage workplaces so that lactating individuals can continue to feed their babies despite constraints in the availability of space and employee time. (AMCHP)
- [Workplace Supports for Breastfeeding](#). There is some evidence that lactation policies, equipped lactation facilities, communication about breastfeeding, networks to support breastfeeding training, and schedule flexibility for working breastfeeding mothers can be components of successful employer-based programs. (RWJ)

### Evidence-based Strategy Measures from the [MCH Evidence Center](#) Related to Action 5.3

Throughout the country, state-level [Title V MCH](#) agencies develop measures to help track their efforts around improving the health and well-being of women, children, and families. Below are selected measures related to improving equitable maternal and child outcomes that can support Action 5.3.

- Percentage of home visitors trained in breastfeeding best practice. ([Guam](#))
- Number of businesses or organizations that were provided education by Title V agencies in the past year about the importance of strong policies to support breastfeeding through or beyond 6 months of age. ([IA](#))
- Percentage of births delivered at Minnesota Department of Health Breastfeeding-Friendly Maternity Centers. ([MN](#))
- Percentage of maternity care staff trained with the [EMPower Training](#) curriculum. ([ND](#))



- Number of businesses that receive information and technical assistance on workplace breastfeeding policies. (ND)
- Percentage of workplace presentation participants who report an increase in knowledge and skills regarding workplace breastfeeding policies. (North Mariana Islands)
- Recognition process implemented for Breastfeeding Welcomed Here–designated businesses. (TN)
- Estimated minimum number of Texas workers employed at a worksite with a written and communicated worksite lactation support policy and recognized by the Texas Mother-Friendly designation. (TX)
- Percentage of eligible pregnant and postpartum WIC participants who received at least three contacts from a WIC Breastfeeding Peer Counselor. (UT)

### Resources from the [MCH Evidence Center's Digital Library](#)

The [MCH Digital Library](#) is a digital repository of evidence-based and -informed toolkits, briefs, white papers with seminal and historic resources. The following may support Action 5.3.

- Hawkins SS, et al. [Do state breastfeeding laws in the USA promote breastfeeding?](#) *J Epidemiol Community Health*. 2013 Mar;67(3):250-6.
- Huang R, Yang M. [Paid maternity leave and breastfeeding practice before and after California's implementation of the nation's first paid family leave program.](#) *Econ Hum Biol*. 2015 January;16:45-59.
- Donne AD, et al. [Extended Maternity Leave and Breastfeeding in Active Duty Mothers.](#) *Pediatrics*. 2019 August:144(2).

### Strategy Development Criteria to Consider for State and Local Implementation

To select impactful strategies for local implementation, an organization may consider using the following criteria, based on the Results-Based Accountability framework outlined in the book *Trying Hard Is Not Good Enough* by Mark Friedman.

- **Specificity:** Ensure strategies are clearly defined, including responsible parties and timelines.
- **Leverage:** Evaluate how strategies can improve data quality and reliability.
- **Values:** Assess alignment with community and organizational values.
- **Reach:** Consider feasibility and affordability at the required scale.

Using these criteria can aid in developing feasible and impactful strategies. Visit [maternalhealthlearning.org/Blueprint](https://maternalhealthlearning.org/Blueprint) for more details.





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15. Whitley MD, et al. [Work, Race and Breastfeeding Outcomes for Mothers in the United States](#). *PLoS One*. 2021;16(5):e0251125.





The MHLIC is available for consultation, coaching, and technical assistance to support your implementation of any innovations to improve maternal mortality and morbidity. For more information, visit <https://maternalhealthlearning.org/connect>.

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