



ear Colleagues,

August is National Breastfeeding Awareness Month. As providers of women's healthcare, we all know the benefits of breastfeeding for babies and mothers. The American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists recommend that infants receive nothing but breast milk for the first 6 months of life and that mothers continue breastfeeding until the end of a baby's first year.

Breastfeeding rates. In 2011, 76% of new mothers began breastfeeding and 47% continued doing so at 6 months, but only 26% were breastfeeding at 12 months.¹ Only 18.8% of infants were breastfed exclusively through the first 6 months. Healthy People has set target goals for 2020 that include increasing the proportions of infants who are breastfed at 6 months to 60.6%, are breastfed at 12 months to 34.1%, and are breastfed exclusively through the first 6 months to 25.5%.¹

Breastfeeding and the workplace. One obstacle to continuing breastfeeding is the desire and/or need for mothers to return to work. Although the Family and Medical Leave Act provides for unpaid maternity leave of up to 12 weeks after giving birth, only 20% of working mothers meet the eligibility criteria.² Even among working mothers eligible for this benefit, many choose not to participate because they cannot afford to take unpaid leave. One-third of working mothers return to work within 3 months of the birth of their child and two-thirds return within 6 months.² Women employed full time are less likely to initiate breastfeeding or to continue breastfeeding once they return to work. How can we support working women who want to breastfeed their babies?

Evidence shows that a supportive work environ-




ment, where women have access to a quality breast pump and a private place to express milk, helps women feel better about continuing to breastfeed after returning to work.

- **Access to electric breast pumps.** Women should be able to obtain breast pumps prior to giving birth and should have an expedited process to acquire a breast pump quickly when they need it. Current federal guidance that allows plans to cover only manual pumps should be changed. When women return to work, they may find using an electric pump more compatible with the need to express milk quickly and efficiently.²
- **Access to a private place to express milk.** Twenty-seven states plus the District of Columbia have legislation specifying the rights and responsibilities of employers in supporting breastfeeding employees.³ The National Conference of State Legislatures provides a [summary of breastfeeding state laws](#).³ Most of these laws require that employers provide reasonable time and private accommodations (other than a bathroom) for employees to express milk at the workplace. In 2009, 25% of employers provided onsite lactation rooms. As of 2014, 28% of employers did so.² Healthy People has set a 2020 target goal to increase this rate to 38%.¹ The Center for Prevention and Health Service of the National Business Group on Health has published [Investing in Workplace Breastfeeding Programs and Policies: An Employer's Toolkit](#),² which includes information on workplace breastfeeding options; tools for employers to use to start, maintain, and evaluate outcomes of their workplace breastfeeding support programs; and information for breastfeeding employees.

Insurance coverage. The Affordable Care Act requires insurance plans to cover breastfeeding supplies, support, and counseling without co-payments, deductibles, or co-insurance. Although this coverage represents a huge step forward in providing women with the support and equipment to successfully breastfeed as long as they want, obstacles remain. The National Women's Law Center's **State of Breastfeeding Coverage**^C describes some of the violations of the provision that have impeded women's access to these mandated services.⁴ Insurance plans that do not have trained providers for lactation counseling support within their own network must provide timely access to out-of-network providers at no cost-sharing. This access must extend throughout the duration of breastfeeding.

NP role. As advocates for healthy women and babies, we should help women navigate the sometimes burdensome insurance coverage process. We should report violations by insurers. We can also promote workplace programs that support employees who

desire to breastfeed after returning to work.


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References

1. Healthy People 2020. Maternal, Infant, and Child Health. 2014. healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health
2. National Business Group on Health. Center for Prevention and Health Services. 2009. Investing in Workplace Breastfeeding Programs and Policies: An Employer's Toolkit. businessgrouphealth.org/pub/f2ffe4f0-2354-d714-5136-79a21e9327ed
3. National Conference of State Legislatures. Breastfeeding State Laws. 2015. ncsl.org/research/health/breastfeeding-state-laws.aspx
4. National Women's Law Center. State of Breastfeeding Coverage: Health Plan Violations of the Affordable Care Act. 2015. nwlc.org/wp-content/uploads/2015/04/State-of-Breastfeeding-Coverage-Health-Plan-Violations-of-the-Affordable-Care-Act.pdf

Web resources

- A. ncsl.org/research/health/breastfeeding-state-laws.aspx
- B. businessgrouphealth.org/pub/f2ffe4f0-2354-d714-5136-79a21e9327ed
- C. nwlc.org/wp-content/uploads/2015/04/State-of-Breastfeeding-Coverage-Health-Plan-Violations-of-the-Affordable-Care-Act.pdf

Call for Manuscripts

Women's Healthcare: A Clinical Journal for NPs, the official, peer-reviewed journal of the National Association of Nurse Practitioners in Women's Health, invites you to submit manuscripts that contain *timely, useful, evidence-based information* for NPs and other advanced practice nurses caring for women.

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^AWeb resource: npwomenshealthcare.com/author-instructions



The Women's Preventive Services Initiative (WPSI) is a five-year cooperative agreement with The American College of Obstetricians and Gynecologists (ACOG) and the U.S Department of Health and Human Services Health Resources and Services Administration (HRSA).

Goals of WPSI Include:

1. Establish a process for developing and regularly updating guidelines for women's preventive services.
2. Obtain participation from health professional organizations on developing recommended guidelines for women's preventive services.
3. Review and synthesize existing guidelines and new scientific evidence for women's preventive services.
4. Develop recommended comprehensive guidelines for women's preventive services.
5. Disseminate HRSA-supported comprehensive guidelines for use in clinical practice.

More information about WPSI, including topics, new topic nomination, participating organizations, and public comment submissions can be found at www.acog.org/WPSI

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