

CPH News and Views

A semi-monthly column on emerging topics related to healthy workplaces

Issue # 29: Employment and Breastfeeding: Differences by Race or Socio-economic Status

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The health benefits of breastfeeding for infants and mothers are so compelling that women are encouraged by the U.S. Surgeon General and American Academy of Pediatrics to breastfeed their babies exclusively for at least the first six months of life, continuing for at least one year in combination with other foods. While breastfeeding rates are improving, they have not yet met this goal.

While most women are aware of the health benefits of breastfeeding, employment concerns often influence an expectant mother's decision about whether to breastfeed at all, and for how long¹. Women who work outside the home are more likely not to breastfeed, and those who do begin breastfeeding still wean their babies earlier, on average, than women who do not return to outside employment. Longer or less flexible work hours also contribute to ending breastfeeding earlier.

Access to paid maternity leave is an important determinant of breastfeeding by working women. Women with shorter maternity leave breastfeed for less time. Women with higher family incomes have statistically higher breastfeeding rates, perhaps due to their ability to take long enough maternity leave to support breastfeeding. Lower-income women, in particular, may not be able to afford unpaid maternity leave or may worry more about negative impact of maternity leave (whether paid or unpaid) on their job security or career advancement. Thus, employers' policies may contribute to socioeconomic disparities in health. In contrast, breastfeeding duration increased by more than four weeks in Canada following a new mandate that employers provide at least three months of maternity leave.²

Non-Hispanic black women have lower breastfeeding rates than white women. The influence of employment may differ by race, although there is little research on this topic. Women of color are more likely to be employed in the casual or informal sector, without any maternity leave. African-American women are more likely to return to work sooner than white women. Because earlier return to work predicts less breastfeeding, these findings suggest that the negative influence of employment on breastfeeding may be greater among women of color than white women. This is worrisome, as the health benefits of breastfeeding are particularly significant for Black infants, in light of the health inequities between Black and white children as well as adults.

A recent study of Black mothers in Massachusetts measured their breastfeeding duration and return to outside employment³. Both first-time and experienced mothers were recruited during postpartum hospitalization and followed for 6 months or until they completely weaned their babies. Those who returned to work sooner than 12 weeks after childbirth weaned earlier than those who returned after 12 weeks. Compared to women who did not return to outside employment, women who stayed home for 12 weeks had similar durations of breastfeeding.

Studies in other populations⁴ have similarly shown that maternity leave at least 12 weeks long allows for more successful breastfeeding and duration closer to the national goals. The similarity between those findings and the results of our study suggests that race is not the only factor influencing breastfeeding in Black mothers. Those in our sample were in general well-educated; most had at least completed high school, and 44% had 16 years or more of education. Nearly three-fourths worked in management, professional or related positions, or in

sales and service. There were no women working in the casual or informal sector. The women in the management/professional category had higher rates of paid maternity leave than those in other categories. In other words, the type of employment and the socioeconomic status of the woman and her family appeared to be more important predictors of breastfeeding than race.

Workplace support for breastfeeding would help all women to meet their breastfeeding goals and allow for the achievement of recommended national goals for breastfeeding. Such support would include a private place to express and store milk, flexible breaks and work schedules, education on the benefits of breastfeeding for expectant mothers and fathers, and support from upper management, supervisors and co-workers. If childcare is on-site or accessible, a mother may even be able to take a break during the work day in order to breastfeed the baby.

Workplace breastfeeding support also benefits employers. Mothers who are able to maintain the breastfeeding relationship are better able to balance work and home responsibilities; this would likely increase their job satisfaction and reduce the risk of turnover. In addition, breastfeeding infants are less likely to become ill, reducing mothers' absenteeism as well as the cost of family health care.

The relationship of breastfeeding to race, socioeconomic status and employment is complex. The contributions of researchers, employers, policy makers and breastfeeding advocates are needed to create a breastfeeding-friendly environment in which women of *all* demographic and employment categories will be free to choose to breastfeed their babies, which in turn will improve the health of the nation's children.

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References:

1. Noble, S. (2001). Maternal employment and the initiation of breastfeeding. *Acta Paediatrica* 90(4):423-428.
2. Baker M. & Milligan, K. (2008). Maternal employment, breastfeeding and health: Evidence from maternity leave mandates. *Journal of Health Economics* 27: 871-887.
3. McCarter-Spaulding, D., Lucas, J. & Gore, R. (2011) Employment and breastfeeding outcomes in a sample of black women in the United States. *The Journal of the National Black Nurses Association*, 22(2): 38-45.
4. Mandal, B., Roe, B. & Fein, S.B. (2010). The differential effects of full-time and part-time work status on breastfeeding. *Health Policy* 97: 79-86.

Resources for Further Reading:

The Business Case for Breastfeeding: Steps for Creating a Breastfeeding-Friendly Worksite.

<http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/easy-steps-to-supporting-breastfeeding-employees.pdf>

The Surgeon General's Call to Action to Support Breastfeeding (including a section on employment).

<http://www.surgeongeneral.gov/library/calls/breastfeeding/executivesummary.pdf>

Beyond Health, Beyond Choice: Breastfeeding Constraints and Realities. (2012). Edited by Paige Hall Smith, Bernice L. Hausman & Miriam Lobbok. New Jersey: Rutgers University Press.



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