

June 14, 2013

A TEAM PROJECT OF THE EMERGING LEADERS IN  
MATERNAL AND CHILD HEALTH NUTRITION  
INSTITUTE. TEAM INCLUDED: JENNIFER CHURCH,  
TAMMY CHAPMAN, AND JOSIE EMUNAH

## Babies in the Workplace Policy Brief

### Issue



Women currently make up nearly half of the workforce and 56% of women with children under the age of one year old are employed. In 2011, both the husband and wife worked in 59% of households with children.<sup>1,2</sup> In a U.S. Census Bureau report published in 2009, 83% of single parents were mothers and 50% of these single mothers worked. Single mothers were more likely to have two or more children living with them compared to single fathers (45% and 32%, respectively).<sup>3</sup>

Overall, the current landscape of worksites in the U.S. is not supportive of a mother with a new baby. Many working families must leave their vulnerable infants at home or at a child care center and return to work within days or weeks after delivery. When the mother separates early from her infant, important care practices relating to feeding and nurturing may be interrupted, ultimately impacting the child's growth and development.

Depending on a mother's wage, childcare can appropriate from 15% to 50% of her income. In addition, providing the normative feeding option of mother's milk can be difficult, if not impossible, if lactation rooms and flexible schedules for pumping or nursing her infant are not provided. The Family Medical Leave Act of 1993 (FMLA) is usually unpaid and provides for no longer than 12 weeks of leave. Low-wage earners often have no benefits and are often not even eligible for FMLA or sick time.

A key strategy that benefits families and employers, keeps women in the workforce, improves employee retention, optimizes mother-infant bonding and breastfeeding, and improves the health of mother and baby, is for worksites to allow parents to bring their infants to work for the first six months of the infant's life. Government agencies in particular can be a model for baby-friendly workplaces.

### Family-Friendly Initiatives

On the federal level, the FMLA provides 12 weeks of unpaid leave and job protection for employees who have an approved medical illness, are caring for someone with an illness, or for maternity care for a newborn. Employees must have been employed for at least 12 months to qualify. Accrued sick and vacation time can be used to make at least part of this time paid, if

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these options are available to an employee.

The FMLA has been an important protection for mothers after the delivery of their babies, but many mothers who have little or no sick or vacation time often return to work between four and six weeks after delivery since they cannot afford to take 12 weeks of unpaid leave. Currently only four countries do not provide any paid leave: Liberia, Papua New Guinea, Swaziland, and the United States.<sup>4</sup>

In 2010, the Patient Protection and Affordable Care Act (Health Care Reform) included an amendment to Section 4207 of the Fair Labor Standards Act (FLSA) requiring employers to provide reasonable accommodations for one year after a baby's birth for breastfeeding mothers returning to work.<sup>5</sup> Prior to this amendment, the Business Case for Breastfeeding initiative had been created to help companies understand the huge cost savings when accommodations exist for breastfeeding mothers. This initiative provided resources and technical assistance to ensure that breastfeeding mothers were supported. Companies save money by supporting breastfeeding employees because of reduced sick time, lower turnover rates, lower healthcare costs and greater productivity.<sup>6</sup>

### Breastfeeding Support

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding to six months of age for optimal growth and development, as well as continued breastfeeding with the introduction of appropriate complementary foods until at least 12 months of age or longer. Breastfeeding exclusively for the first six months of life reduces the risk of multiple morbidities including respiratory, gastrointestinal, and ear infections.<sup>7</sup>

A Pediatric Cost Analysis report by the AAP reveals that billions could be saved if breastfeeding rates were increased to the levels of the Healthy People objectives. According to this analysis, the U.S. could save \$13 billion and prevent an excess of 911 infant deaths annually if 90% of U.S. families exclusively breastfed their infants for the first six months of life.<sup>8</sup>

**Unfortunately, women intending to return to work soon after childbirth are less likely to initiate breastfeeding and women who work full time typically breastfeed for shorter durations.**<sup>9</sup> In 2007, only 43% of infants continued to receive their mother's milk until six months of age or longer and only 13% were exclusively breastfed for at least six months.<sup>10</sup>

The 2011 Surgeon General's Call to Action to Support Breastfeeding recommends the expansion of worksite programs that allow mothers direct access to their infants. Allowing mothers to bring their infants to work for the first six months of life ensures direct access to their infants to increase duration and exclusivity of breastfeeding.

### The American Academy of Pediatrics Recommendations

Exclusive breastfeeding to  
six months of age for  
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Continued breastfeeding  
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## Family Costs

### Childcare

The average childcare cost for families with children under five years old is \$170 per week or nearly \$9,000 per year.<sup>11</sup> For families with children under five years old, childcare costs make up on average 22% of the mother's total income. For families earning low wages (i.e., less than \$1,500/month), childcare costs can comprise more than 50% of the family's total income. Childcare costs are highest for infants under one year of age.

### Employer Healthcare Costs

Infants who are not breastfed are at an increased risk for many illnesses, including lower respiratory diseases, ear infections, and asthma.<sup>5</sup> Likewise, mothers who breastfeed have greater protection against breast and ovarian cancer and tend to return to their pre-pregnancy weight sooner.

### Maternal Infant Mental Health

The attachment of an infant to his or her parents plays a critical role in feelings of security and trust and affects social and communication skills throughout childhood and into adulthood.<sup>12,13</sup> Having an infant in close proximity to her mother is important for individual needs to be accurately interpreted and met.

In scientific studies using mammals, offspring exposed to more sensitive parenting techniques, i.e., affectionate contact and gazing, exhibited a greater level of maternal care with their offspring and a higher level of oxytocin in the brain, a hormone that affects maternal/infant bonding.<sup>14</sup>

## Babies-at-Work Programs

Over 180 organizations currently have successful babies-at-work programs at their worksite. On average, babies come to the worksite until about six to eight months of age or until they are beginning to crawl.<sup>15</sup> In Kansas, many state employees can bring their babies to work until their infants are six months old. Additionally, a number of governmental agencies in several other states allow babies in the workplace, including Arizona, Florida, Idaho, Indiana, Mississippi, Missouri, Nevada, North Dakota, and Ohio.



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## Potential Concerns

A common concern for bringing a baby to work is that the infant will be disruptive to the work environment. However, most babies are easily soothed by a responsive parent and the infant whose needs are quickly met tends to have higher levels of trust and healthier emotional and physical development.<sup>15</sup>

## Gains

Families and businesses have both reaped benefits from structured babies-at-work programs. The workplace environment has been shown to be a nurturing environment for the infant who thrives from the closeness and responsiveness of their parent, the social interactions with coworkers, and on-demand access to mother's milk.<sup>16,17</sup>

**The Parenting in the Workplace Institute has discovered multiple benefits that baby-inclusive businesses enjoy, including but definitely not limited to:**

- **Reduced Health Care Costs**
- **Reduced Costs Associated With Hiring New Employees**
- **Improved Productivity of Parent**
- **Improved Public Perception as a Family-Friendly Business**

## Policy Recommendations

### Eligibility Criteria

- Full-time and part-time employees with infants, i.e., mothers, fathers, and permanent guardians, are allowed to bring their infants to work for the first six months of the infant's life or until the infant starts to crawl.

### Workplace Accommodations

- Parents must make their workplace environments suitable for the infant. The infant shall be in the primary work area of the parent during working hours.
- Designate an onsite lactation room for mothers who prefer a private place to nurse.
- Sick infants should not be brought to the workplace until they become well.
- In the event that an infant becomes sick, creates prolonged periods of distractions in the work-place, or prevents the parent from accomplishing their work, the parent shall take the infant home. A parent can use paid leave or leave without pay for this purpose.

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## Care Providers

- Parents will designate two to three alternate care providers within the workplace who voluntarily agree to take care of the infant in the event that the parent is not available due to meetings, conference calls, etc.
- If the parent is going to be away for more than 1.5 hours, the parent must make arrangements for care outside of the workplace.
- Each parent will complete an individualized plan for the infant and share the plan with all alternate providers in the workplace.

## Terminations

- When the infant reaches six months of age or begins to crawl.
- A termination decision is made after a complaint process suggests that discontinuation of an individual baby in the program is the appropriate course of action.

## Babies-at-Work Program Guidance and Sample Policies

- Parenting in the Workplace Institute: <http://www.parentingatwork.org/facts.html>
- Babies in Business Solutions: <http://www.babiesinbusiness.com/>

## Babies-at-Work Initiative in the News

Business Week, October 15, 2012

[Bringing Your Child to Work - Every Day?](#)

HR Specialist: Compensation and Benefits, March 29, 2010

[Don't Cry! Babies at Work Easier Than You Think](#)

Legal Management, Oct./Nov. 2012

[Babies and Billables](#)

National Post (Canada), March 7, 2012

[Bringing baby to work: Kids in workplace spark debate](#)

Society for Human Resource Management, February 9, 2011

Crib Notes: Babies at Work

<http://www.shrm.org/publications/hrnews/pages/babiesatwork.aspx>

The Topeka Capitol-Journal, November 25, 2010

[Some workplaces baby-friendly](#)

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AOL Jobs, July 21, 2010

[Bringing Up Baby - At Work](#)

Inc. Magazine, April 13, 2010

[How to Create a Maternity Leave Policy](#)

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<sup>1</sup>U.S. Census Bureau, Statistical Abstract of the United States: 2012

<sup>2</sup> U.S. Bureau of Labor Statistics 2011. EMPLOYMENT CHARACTERISTICS OF FAMILIES. Accessed 3/15/13 at: <http://www.census.gov/compendia/statab/2012/tables/12s0700.pdf>

<sup>3</sup> United States. Census Department. Custodial Mothers and Fathers and Their Child Support: 2007. By Timothy S. Grall. Census, 2009. 26 Feb. 2010. Accessed on 4/17/13 at: <http://www.census.gov/prod/2009pubs/p60-237.pdf>

<sup>4</sup> Heymann, Jody, Earle, Allison, Hayes, Jeffrey. 2007. The Work, Family, and Equity Index. Montreal: Project on Global Working Families and the Institute for Health and Social Policy.

<sup>5</sup> United States Breastfeeding Coalition. *Workplace Support in Federal Law*. Accessed on 4/17/2013 at: <http://www.usbreastfeeding.org/Workplace/WorkplaceSupport/WorkplaceSupportinHealthCareReform/tabid/175/Default.aspx>

<sup>6</sup> U.S. Dept of Health and Human Services. Business Case for Breastfeeding, 2008.

<sup>7</sup> Agency for Healthcare Research and Quality (AHRQ) 2007. Accessed from *the Surgeon General's Call to Action to Support Breastfeeding 2011*.

<sup>8</sup> Bartick, M; Reinhold, A. The burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis. Pediatrics. Published online: April 05, 2010. Accessed on-line 4/10/13 at: <http://pediatrics.aappublications.org/content/125/5/e1048.full>

<sup>9</sup> Johnston ML, Esposito N. Barriers and facilitators for breastfeeding among working women in the United States. J Obstet Gynecol Neonatal Nurs. 2007 Jan-Feb;36(1):9-20. Review.

<sup>10</sup> Centers for Disease Control and Prevention. National Immunization Study 1999-2007. Accessed from *the Surgeon General's Call to Action to Support Breastfeeding 2011*.

<sup>11</sup> US Census Bureau Spring 2010. "Who's Minding the Kids?" Accessed on 3/15/13at: <http://www.census.gov/hhes/childcare/data/sipp/2010/tables.html>

<sup>12</sup> Hong, Yoo Rha; Park, Jae Sun. *Impact of attachment, temperament and parenting on human development*. Korean J Pediatr 2012;55(12):449-454.

<sup>13</sup> Dosman, Cara; Andrews, Debbi. Anticipatory guidance for cognitive and social-emotional development: Birth to five years. Paediatr Child Health 2012;17(2): 75-80.

<sup>14</sup> Feldman, R., et al. Sensitive Parenting is Associated with Plasma Oxytocin and Polymorphisms in the OXTR and CD38 Genes. Biol Psychiatry 2012;72:175-181.

<sup>15</sup> Parenting in the Workplace institute. Accessed 4/14/13. <http://www.parentingatwork.org/facts.html>

<sup>16</sup> Babies in the Workplace Program Details. Access on 4/17/13 at: <http://www.babiesatwork.org/programdetails.html>

<sup>17</sup> *Why Baby Programs Work*, Parenting In the Workplace Institute and Babies In Business Solutions, copyright 2007. Accessed 4/12/13 at: <http://www.parentingatwork.org/index.html>