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**School Breastfeeding Support Model Policy**

**RATIONALE:**

The School Breastfeeding Support Policy was developed to provide schools with recommendations and guidance on ways to support breastfeeding administrators, faculty, staff, students, and visitors.

Schools play a unique role in creating a breastfeeding-friendly environment as it includes support and accommodation for more than breastfeeding employees. Schools also have a responsibility to students and visitors. Teen mothers are less likely to breastfeed than any other population group in the United States. Continuity of care, schedule flexibility, and overall support by the school system are crucial components of teen breastfeeding success.

Breastfeeding-friendly environments must also extend beyond the school day. Support is necessary for visitors at all events and extra-curricular activities occurring on school grounds.

**Benefits**

Supportive breastfeeding policies and practices in the school not only benefit mothers and babies. They also provide several benefits to the school as an employer and an educational system.

**For All Mothers**

* *Health* – Breastfeeding can lower rates of diabetes as well as breast, uterine, and ovarian cancer. Breastfeeding also lessens osteoporosis, benefits child spacing, promotes emotional health, and reduces the risk of postpartum depression in new mothers.

**For Mothers in the Workplace**

* *Productivity* – Lactation support programs in the workplace often demonstrate higher productivity. This increase in productivity is frequently attributed to a lessened emotional and psychological burden associated with being away from the baby, as well as higher energy and greater optimism.
* *Fewer Distractions* – Individuals who can express breast milk in the workplace are better able to concentrate during the workday. A breast infection and/or a drop in ability to produce milk can result if a mother is unable to express breast milk each time she feels the need to do so.
* *Absenteeism* – Individuals who use lactation support programs and facilities exhibit lower absenteeism.

**For Babies**

* *Immunity* – Breastfeeding passes on antibodies to babies, which help protect their immune systems from disease. Breastfed babies tend to have fewer and less severe instances of certain short-term illnesses, including bacterial meningitis, diarrhea, ear infections, respiratory infections, and urinary tract infections. Breastfeeding protects against future illness and disease.
* *Obesity* – Babies who are breastfed have a reduced risk of both childhood and adult obesity.
* *SIDS* – Exclusive or partial breastfeeding is correlated with a decreased risk of sudden infant death syndrome (SIDS).

**For Students**

* *Academic Success* - Confidence in breastfeeding and parenting may reflect positively in school work.
* *Absenteeism* - Less unexcused absences and missed school work due to infant’s resistance to sickness.

**For Employers**

* *Productivity* – When employers provide breastfeeding support, breastfeeding employees tend to have fewer absences and tardiness because their infants are more resistant to sickness.
* *Organizational Loyalty* – Breastfeeding employees often feel increased loyalty to their employer because it demonstrates that their workplace supports the employee, their family, and their health.
* *Recruitment and Retention* – Employer support for breastfeeding serves as a recruitment tool. Employees that offer lactation support programs often have higher retention rates for female employees.
* *Job satisfaction* – Having effective lactation support programs demonstrates care for employees and their health. Businesses that display support for their employees facilitate greater workplace satisfaction.

**For School Systems**

* *Health Education* – Support for breastfeeding shows adolescent-aged students the benefits of breastfeeding, creates a cultural normalcy for breastfeeding, and promotes public health.

**MODEL POLICY GUIDELINES:**

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[School District] ensures the following policy and practices will be upheld to ensure a supportive breastfeeding environment that complies with state and federal laws, demonstrates a culture of breastfeeding support, and provides protection and accommodation to all breastfeeding mothers on school grounds including administration, faculty, staff, students, and visitors.

**Breastfeeding Administrators, Faculty, and Staff (herein referred to as employees):**

[School District] will:

* Recognize the responsibility a mother has to both her job and her child when she returns to work, acknowledging there are many health benefits associated with breastfeeding and that mothers may miss less work caring for sick kids if they breastfeed.
* Support mothers who breastfeed at work and commit to helping employees continue breastfeeding when they return.
* Provide a reasonable break time for an employee to express breast milk for her child for 1 year after the child’s birth each time an employee needs to express breast milk.
	+ For time above and beyond normal lunch and breaks, employees can work with their supervisor to work an adjusted schedule or use leave.
	+ Employers are not required to compensate for breaks taken to express breast milk. However, if an individual chooses to use an established compensated break time to express breast milk, they must be compensated as they normally would.
	+ Time to travel to or from a provided location that is not in close proximity to the workspace is considered work time and does not require the employee to either make up the time or use leave.
	+ The same accommodations and flexibility are available to employees when traveling.
* Provide access to the school’s Lactation Room located at [include description of where the room(s) is located in the school]. A lactation room is a private space (NOT a bathroom) that is shielded from view and free from intrusion from co-workers and students.
	+ Each space will provide, at a minimum, access to electricity (outlets), a comfortable chair, sink and refrigerator for breast milk storage in the room or nearby (a community refrigerator will suffice for breast milk storage as breastmilk is not hazardous bodily fluid and it is not a contamination danger), reasonable method for scheduling use (i.e. paper sign-up sheet, dry-erase board, or an online calendar schedule as time allotted for scheduling is usually in 30 minute increments), and privacy signage.
	+ Additional accommodations will be guided by the [Checklist of Best Practices to Consider for Optimal Breastfeeding Accommodations](https://healthysd.gov/wp-content/uploads/2016/03/Lactation-Space-Checklist.pdf).
	+ School janitorial staff will clean as part of a routine cleaning regimen.
	+ Faculty, staff, and students’ needs to take priority when the space is open to visitors during school events and activities.
	+ If the space is occupied, the school will help find an alternative private space, that is not a restroom, shielded from view and free from intrusion of co-workers and students.
	+ Employees are not required to use the private space if they do not prefer it. Employees may choose to express breastmilk in an alternate location, free from view, such as their own classroom or workspace.
* Provide a description of worksite accommodations and options available to women who breastfeed during new employee orientation.
* Provide annual employee education that will explain why breastfeeding mothers need support from their employer and co-workers and promote location(s) of lactation room(s) on campus.
* Provide information about breastfeeding support and accommodation in break spaces where other mandated notices are displayed, in staff communications, and on the school website.
* Treat conduct that reasonably interferes with an employee’s work performance, that creates an intimidating, hostile, or offensive work environment, or that inhibits an employee’s ability to breastfeed or express milk in accordance with this policy, as harassment. (i.e. disapproving comments or criticism of employees who use the time for lactation; jokes, comments, or ridicule that may result in embarrassment for employees whether lactating or not; tampering with or theft of lactation equipment or stored pumped milk; altering or scheduling over break times or planned break times intended for lactation purposes.)
* Require use of the [Employer Breastfeeding Accommodation Form](https://healthysd.gov/wp-content/uploads/2016/03/Breastfeeding-Accommodation-Form_FINAL.pdf). The form must be provided to all employees planning to take maternity leave with the expectation that it be returned 30 days prior to the expected maternity leave start date, if practical. This ensures the school administration is prepared to provide appropriate accommodations when the employee returns to work.

**Breastfeeding Students:**

[School District] will:

* Recognize the responsibility a student mother has to both her education and her child when she returns to school. Be aware that there are many health benefits associated with breastfeeding and that students may miss less school caring for sick kids if they breastfeed.
* Support students who breastfeed at school and are committed to helping our students continue breastfeeding when they return.
* Provide reasonable time for a student to express breast milk for her child for 1 year after the child’s birth each time a student needs to express breast milk.
* Provide access to the school’s Lactation Room located at [include description of where the room(s) is located in the school]. A lactation room is a private space (NOT a bathroom) that is shielded from view and free from intrusion from students and staff.
	+ Each space will provide, at a minimum, access to electricity (outlets), a comfortable chair, sink and refrigerator for breast milk storage in the room or nearby (a community refrigerator will suffice for breast milk storage as breastmilk is not hazardous bodily fluid and it is not a contamination danger), reasonable method for scheduling use (i.e. paper sign-up sheet, dry-erase board, or an online calendar schedule as time allotted for scheduling is usually in 30 minute increments), and privacy signage.
	+ Additional accommodations will be guided by the [Checklist of Best Practices to Consider for Optimal Breastfeeding Accommodations](https://healthysd.gov/wp-content/uploads/2016/03/Lactation-Space-Checklist.pdf).
	+ School janitorial staff will clean as part of a routine cleaning regimen.
	+ Faculty, staff, and students’ needs to take priority when the space is open to visitors during school events and activities.
	+ If the space is occupied, the school will help find an alternative private space, that is not a restroom, shielded from view and free from intrusion of students and staff.
* Allow student mothers to bring a breast pump and any other equipment used to express breast milk on school grounds.
* Ensure a student does not incur an academic penalty for using any of these reasonable accommodations and shall be provided the opportunity to make up any work missed due to such use.
* Ensure a student involved in extracurricular activities does not incur a penalty for using any of these reasonable accommodations.
* Provide annual staff education that will explain why breastfeeding students need support from all school staff.
* Treat conduct that reasonably interferes with a student’s performance, that creates an intimidating, hostile, or offensive environment, or that inhibits a student’s ability to breastfeed or express milk in accordance with this policy, as harassment. (i.e. disapproving comments or criticism by other students or staff toward students who use the time for lactation; jokes, comments, or ridicule that may result in embarrassment for students; tampering with or theft of lactation equipment or stored pumped milk.)

**Breastfeeding Visitors:**

[School District] will:

* Comply with South Dakota codified law 25-5-35 at all school events and extra-curricular activities occurring on school grounds.
	+ SD codified law 25-5-35 states, “Breastfeeding permitted in certain locations. A mother may breastfeed her child in any location, public or private, where the mother and child are otherwise authorized to be present as long as the mother is in compliance with all other state and municipal laws. However, no municipality may outright ban breastfeeding in public places.”
* Provide public access to the school’s Lactation Room during school events and extra-curricular activities.
	+ Faculty, staff, and students’ needs to take priority when the space is open to visitors during school events and activities.

**RESOURCES/REFERENCES:**

1. American Academy of Pediatrics, Breastfeeding Recommendation

<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-reaffirms-breastfeeding-guidelines.aspx>

1. Centers for Disease Control and Prevention, Breastfeeding Rates

<https://www.cdc.gov/breastfeeding/data/nis_data/index.htm>

1. Centers for Disease Control and Prevention, Breastfeeding Report Card

<https://www.cdc.gov/breastfeeding/data/reportcard.htm>

1. Drago, R., Hayes, J., & Youngmin, Y. (2010). *Better health for mothers and children: Breastfeeding accommodations under the Affordable Care Act.* Washington, DC: Institute for Women’s Policy Research.
2. Eat Smart North Carolina: Businesses leading the way in support of breastfeeding

<https://www.nutritionnc.com/breastfeeding/docs/ESMMBreastfeedingGuideLowInk.pdf>

1. Illinois State Breastfeeding Task Force, Supporting Breastfeeding Students

<http://www.illinoisbreastfeeding.org/media/508a38b88af41eeaffff8043ffffe415.pdf>

1. Murtagh, L, & Moulton, A.D. (2011). *Working mothers, breast feeding, and the law*. American Journal of Public Health, 101(2), 217-223.
2. Ortiz, J, McGilligan K, & Kelly P. (2004). *Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program.* Pediatric Nursing, 30(2):111-119.
3. Paige Hall Smith, Sheryl L Coley, Miriam H Labbok, Susan Cupito, and Eva Nwokah. (2012). *Early breastfeeding experiences of adolescent mothers: a qualitative prospective study.* International Breastfeeding Journal, v7:13.
4. Ryan, A. S., Wenjun, Z., & Acosta, A. (2002). *Breastfeeding continues to increase into the new millennium.* Pediatrics, 110, 1103-1109.
5. Slavit, W.I. (Ed.). (2009). *Investing in workplace breastfeeding programs and policies: An employer’s toolkit.* Washington, DC: National Business Group on Health
6. South Dakota Department of Health, WIC Program [www.sdwic.org/breastfeeding/breastfeeding-information/](http://www.sdwic.org/breastfeeding/breastfeeding-information/)
7. United States Department of Health and Human Services, Office of Women’s Health, Business Care for Breastfeeding

<https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>

1. United States Department of Labor, Bureau of Labor Statistics <https://www.bls.gov/news.release/famee.t06.htm>
2. United States Department of Labor, Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision

<https://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btnm.htm>

1. United States Office of Personnel Management, Guide for Establishing a Federal Nursing Mother’s Program

<https://www.opm.gov/policy-data-oversight/worklife/reference-materials/nursing-mother-guide.pdf>

1. Vennemann, M.M., Bajanowski, T., et al. (2009). *Does breastfeeding reduce the risk of sudden infant death syndrome?* Pediatrics, 123(3), 406-410.

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