

The Need for Lactation Support and Health Privacy Rooms at LANL

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Currently, the American Academy of Pediatrics strongly recommends that babies be breastfed until one year of age due to studies indicating that there is

“...strong evidence that human milk feeding decreases the incidence and/or severity of diarrhea, lower respiratory infection, otitis media, bacteremia, bacterial meningitis, botulism, urinary tract infection, and necrotizing enterocolitis. There are a number of studies that show a possible protective effect of human milk feeding against sudden death syndrome, insulin-dependent diabetes mellitus, Crohn's disease, ulcerative colitis, lymphoma, allergic diseases, and other chronic digestive diseases. Breastfeeding has also been related to possible enhancement of cognitive development.” [1]

Most working mothers develop their nursing techniques while on maternity leave, but after returning to work, many give up breastfeeding because of the lack of facilities, support, and equipment. Also, many women will stop lactating if milk is not expressed on a regular basis during the workday. As a result the child is deprived of the continued benefits associated with human breast milk at a time when it may be the most exposed to pathogens in the environment. Studies show that breastfed babies are sick less often than formula-fed babies, resulting in less sick leave for the parents [2]. Studies also show that nursing mothers in a supportive environment are generally not as stressed or depressed as non-nursing mothers and are better able to work productively [3].

As the public has become more informed of the benefits to breastfeeding many state and local governments have enacted breastfeeding legislation. Initially, legislation concerned itself with breastfeeding in public issues, clarifying that mothers have a right to breastfeed where they go with their baby. Since then, other issues have arisen, such as exempting breastfeeding mothers from jury duty, or protecting breastfeeding mothers when they return to work. The California Legislature in particular has been supportive by passing California Assembly Concurrent Resolution #155 in 1998 that encourages the State of California and California employers to strongly support and encourage the practice of breastfeeding by supplying breastfeeding mothers with adequate facilities in which to breastfeed or express milk. It went further in 2001 by passing **Cal. Lab. Code §1030, 1031, (2001)**:

“ 1030. Every employer, including the state and any political subdivision, shall provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child. The break time shall, if possible, run concurrently with any break time already provided to the employee. Break time for an employee that does not run concurrently with the rest time authorized for the employee by the applicable wage order of the Industrial Welfare Commission shall be unpaid.

1031. The employer shall make reasonable efforts to provide the employee with the use of a room or other location, other than a toilet stall, in close proximity to the employee's work area, for the employee to express milk in private. The room or location may include

the place where the employee normally works if it otherwise meets the requirements of this section.”

In summer of 2003, a new mother working at LANL asked a colleague who had recently had a child for help or information about using a breast pump during the day. The request resulted in a posting to the Los Alamos Women in Science (LAWIS) listserv at LANL (which at that time was a LANL sanctioned organization) asking for advice from other mothers about how they handled the problem of expressing milk. The new mother worked in a cubicle and did not have access to a private office. She wanted to know what other mothers in similar situations had done. The request for suggestions was also posted at the same time to the networking listserv wdwg-adhoc@lanl.gov of the Women's Diversity Working Group (WDWG). The replies indicated that many lactating women at LANL have been unable to locate a proper, private and clean place for expressing and storing breast milk. For example, some women have expressed milk in bathroom stalls (where there is the danger of E. Coli contamination) or their cars (which on hot days presents the danger of heat stroke if the windows are closed for privacy). This networking exchange on the LAWIS and WDWG listservers led to the safety ticket number 1372 being filed in the fall of 2003, expressing the concern that many women of childbearing age working at LANL do not have access to proper, private, and sanitary locations suitable for expressing milk.

The recommended action coming out of safety ticket 1372 was to compile a list of suitable locations other mothers have used, and to make it available to interested new mothers. Table I summarizes some of the best locations at LANL based on a survey conducted from 2003-2004 on the LAWIS and wdwg-adhoc listservers in a form suitable for internal distribution to working mothers. While safety ticket 1372 has been closed, it is possible to re-open it should the available locations not be found to be adequate. As seen in Table I, many facilities are not represented, and most locations are in or adjacent to bathrooms, where E. Coli may be in the air due to flushing toilets. Thus a LANL Lactation Support Program should be given serious consideration as there is precedent for this requirement at other NNSA laboratories. For instance, PNNL has a Lactation Support Program which:

- 1) provides a supportive environment for women returning from maternity leave who wish to continue nursing their babies,
- 2) act as advocates for mothers who wish to take breaks during the workday to pump, and
- 3) give nursing mothers access to commercial grade double-breast pumps at work and for business travel.

Reflecting on the more general question, it appears that there are many LANL employees who may have health-related need for clean, private space which is not in a bathroom: e.g., injecting insulin or adjusting a medical brace. Thus including 'health privacy rooms' when designing any new buildings at Los Alamos National Laboratory should be given serious consideration. These rooms should be required for larger buildings, especially if no adequate facilities are available in nearby buildings or when most offices will be at most semi-private.

References

[1] American Academy of Pediatrics, Work Group on Breastfeeding, "Breastfeeding and the Use of Human Milk", *Pediatrics*, Vol. 100 No. 6, December 1997

[2] Comparison of Maternal Absenteeism and Infant Illness Rates Among Breastfeeding and Formula-feeding Women in Two Corporations" by Rona Cohen, Marsha B. Mrtek, and Robert G. Mrtek, published in the *American Journal of Health Promotion* , Nov/Dec 1995, Vol. 10, No. 2.)

[3] "The Impact of Two Corporate Lactation Programs on the Incidence and Duration of Breast-Feeding by Employed Mothers" by Rona Cohen and Marsha B. Mrtek; *American Journal of Health Promotion*, July/August 1994, Vol. 8 No. 6

TABLE 1: Currently Available Pumping Areas at LANL.

TA & Bldg	Location	Clearance required	Access requirements?	Type of Room	Private?	Electric outlet?	Sink?	Seating?	Comments from suggester.
TA-3 Bldg 43	Women's bathroom, 3rd floor, B-wing	L	N/I	bathroom	semi	yes	yes, but water not very hot	couch	I used it regularly for two kids and found it to be adequate.
TA-48 Bldg 1	100 wing Ladies rm	no special training if remaining in the 100 wing	none	bathroom / changing / locker room	semi - lounge area with partition	yes	yes	couch	I used it 22 years ago for breast pumping!
TA: 55 Bldg: PF-39	bathroom	Q,L	special training	bathroom	semi	yes	yes	chair	N/I
TA: 3 Bldg: 29 (CMR Building)	Womens' change rooms in Wings 2,4,3,5,7	L	CMR building training is needed for unescorted access.	bathroom, changing room	semi: - small areas with a couch and curtains for privacy	Usually an outlet located near couch.	yes (and there is a large sink at the entrance to each wing if the bathroom sink not large enough.)	couch	(A)
TA: 3 Bldg: 40	bathroom: w-118 (really should be labeled w-99)	none	none	bathroom	minimal - shower and SMALL changing area with office type divider you can hide behind.	yes, the fuse blows often, so push the red button on the outlet if it doesn't work	yes, but not behind divider (out in open)	bench	(B)
TA: 00 Bldg: 1330	women's restroom (only one in the LANL occupied section)	none	none	shower and changing stall inside the women's restroom	semi-private (bathroom stall type of door)	yes	yes, but sink area isn't private	wooden bench	(C)
TA: 59 Bldg: 3	Room: 215A	none	badge reader	side room inside ladies restroom	completely - side room has a door that can be closed	yes	yes (in the adjoining bathroom)	chair	N/I
TA-59 OH-3	Ladies restroom on the 2nd floor	N/I	N/I	private lounge off restroom	"private lounge"	N/I	in restroom	lovely overstuffed leather recliner	This room should be very suitable.
TA 40 Bldg 1	ladies room	Q	N/I	ladies room	semi	yes	in restroom	chair	N/I
TA-46 bldg 24	ladies room	N/I	N/I	ladies room	semi - curtain	no	in restroom	couch	N/I
(generic)	small conference rooms	N/I	N/I	N/I	N/I	N/I	N/I	N/I	N/I
(generic)	clean side of change room	N/I	N/I	N/I	N/I	N/I	N/I	N/I	N/I

* N/I: no information provided

TABLE I, cont'd

(A) I used the lounge couch in the wing 7 women's change room when pumping for both my kids. There are refrigerators at the entrance of each wing in the CMR building so that storage of breast milk is easy. I found it fairly comfortable to use this space. Some of the older women thought it a bit odd, but I just chalked it up to a different generation....No one actually said anything. Enough of us have used these spaces in the last 5 years that the odd looks don't occur much anymore. Also, I must add that the facility operators are very helpful in finding space for me when I asked. A water leak shorted out the electrical sockets I used in the change room when my 2nd child was still nursing. They couldn't get it fixed in a relatively short time, so they put up blinds and a lock on my office door within 2 weeks. Which if you know how the lab works, is absolute record time for such things (most folks in the building have to wait 6+ months for locks and blinds). Also, the security requirements for the building have dropped since my first child. Folks no longer have to have Q clearances, just an L and you don't have to go through X-ray machines, metal detectors, and hand inspections of your equipment anymore.

(B) Curious people peak behind the divider to find out what the noise is. It really isn't a great spot, but until management gets serious about a lactation room, I think this is the best that there is. Good luck!

(C) a co-worker used this space, and she said it's not great as far as privacy and comfort go, but definitely adequate - much better than her car, where she had been doing it prior to an outlet being installed in the shower/ changing cubicle

Other Comments:

Wow! And I used to do it in my office or the shower stall in the ladies room...

concern re E Coli being spread to milk if pump in restroom, re another flushing a toilet while one is pumping, and so putting the bacterium in the air.

Re facilities funds to modify a location: David Rudolf, EEO, facilities accommodation funds; Tony Stanford, facilities: both remodel funds and locations (funding situation not encouraging).

group discretionary funds if inexpensive shower bar and curtain (\$20 at discount store?) can be used to partition area in bathroom

Re possibility of "wearable pumps": regular pumps are loud, so these probably are too. Would also need private place to change, wash, etc, and E Coli concern re using restroom to change, wash, etc.