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Employed Mothers' Satisfaction with the Breastfeeding Provisions in the Patient Protection and Affordable Care Act in Two Northwestern U.S. hospitals

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Employed Mothers' Satisfaction with the Breastfeeding Provisions in the Patient
Protection and Affordable Care Act in Two Northwestern U.S. hospitals.

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Learning Objectives

- Identify key components of the Breastfeeding Provisions in the PPACA
- Describe the sample in this study and their overall experiences
- Discuss areas of future research

Outline

Purpose/Aims

Background/Significance

Conceptual Model

Methods

Results

Limitations

Implications

Conclusions

Purpose/Aims

The purpose of this study was to determine the extent to which employed mothers perceived satisfaction in their breastfeeding experiences after enactment of the PPACA provisions for breastfeeding in two Northwestern U.S. Hospitals.

A major aim was to determine (from self-reported breastfeeding initiation, duration and pumping experiences) the extent to which the health policy allows employed women in this sample to combine breastfeeding and employment since the law was enacted.

Background/Significance

Literature Review

- Three Sections
 - Part One: Sociological, Political, Economic and History of Breastfeeding in the U.S.
 - Part Two: The Systematic Literature Review
 - Part Three: The Conceptual Model for Nursing and Health Policy framework

Systematic Literature Review

Search Terms: return to work and breastfeeding, breastfeeding and employment and breastfeeding and Affordable Care Act

Systematic Review Themes

Themes from the Literature	Number of Articles (N)
Sociodemographic Factors	43
Individual Factors	4
Mitigating Factors	24
Breastfeeding and Affordable Care Act	7
Philosophy: Feminism	4
Total	82

Literature Review

Sociodemographic factors

Individual factors

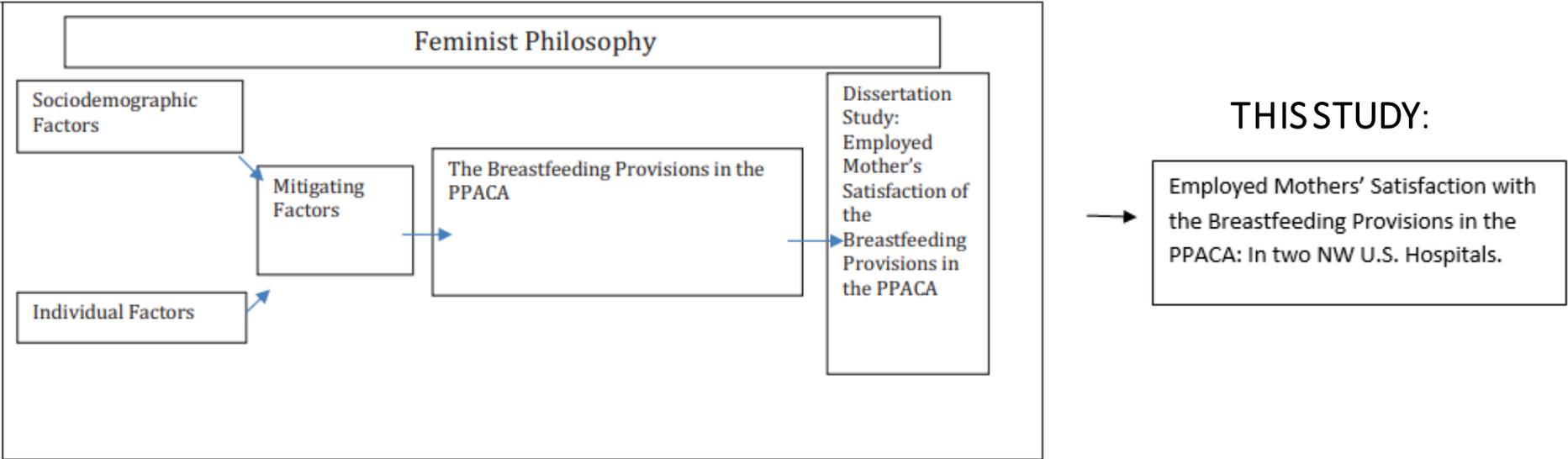
Mitigating factors

The Breastfeeding Provisions in the PPACA

Feministic Philosophy

Literature Review

Schematic diagram of literature review with an overarching theme of Feminist Philosophy and placed within the CMNHP Framework



Break Time for Nursing Mothers, March 23, 2010

The PPACA's, Breastfeeding Provisions Section states,

Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision[s] Effective March 23, 2010, the Patient Protection and Affordable Care Act amended the FLSA to require employers to provide a nursing mother reasonable break time to express breast milk after the birth of her child. The amendment also requires that employers provide a place for an employee to express breast milk.

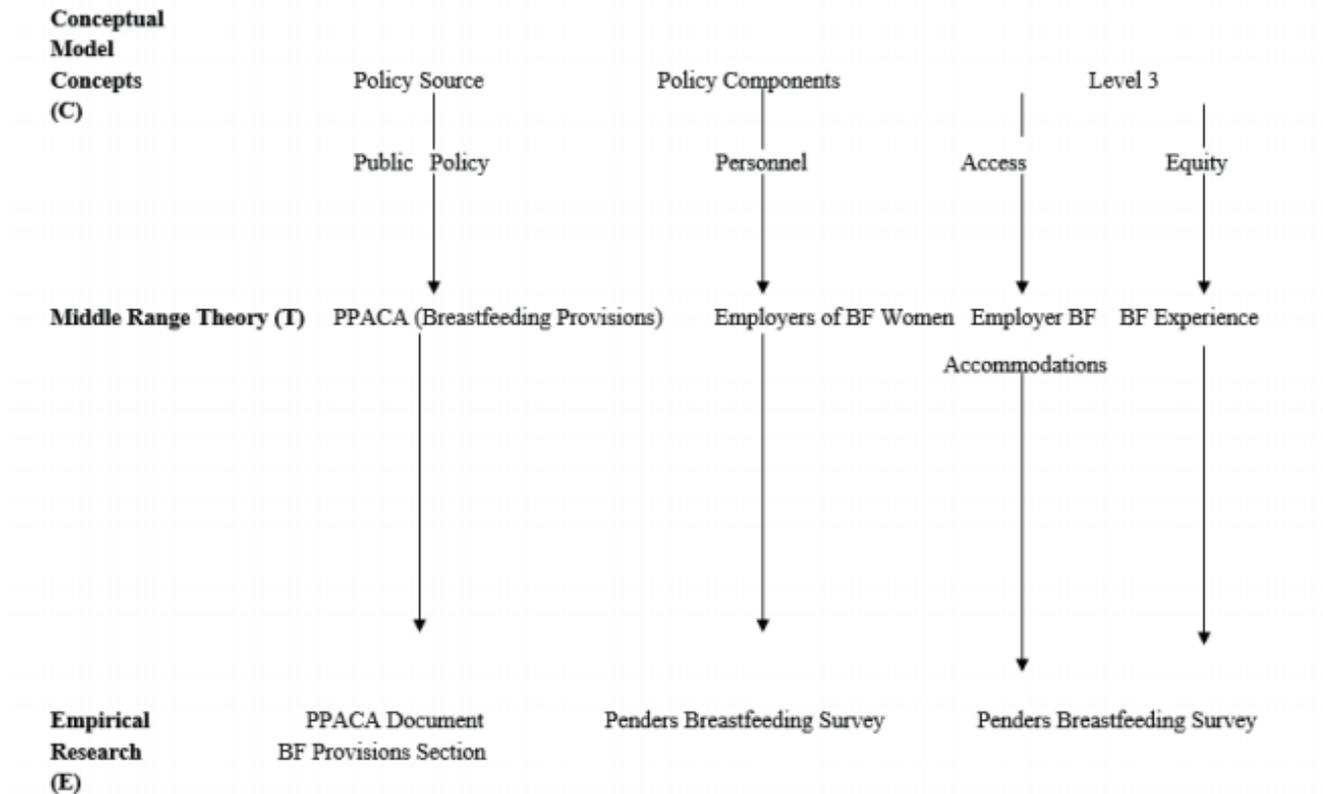
Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 207) is amended by adding at the end the following:

- (r)(1) An employer shall provide—
 - A. a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk; and
 - B. a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.
- (2) An employer shall not be required to compensate an employee receiving reasonable break time under paragraph (1) for any work time spent for such purpose.
- (3) An employer that employs less than 50 employees shall not be subject to the requirements of this subsection, if such requirements would impose an undue hardship by causing the employer significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer's business.
- (4) Nothing in this subsection shall preempt a State law that provides greater protections to employees than the protections provided for under this subsection.

U.S. Department of Labor, "Break Time for Nursing Mothers" 2020.

The Conceptual Model for Nursing and Health Policy

(Fawcett & Russell, 2001; Russell & Fawcett, 2005)



Selection: Inclusion/Exclusion

Target population: Employed women who birthed an infant following enactment of the PPACA in 2010 in two Northwestern Hospitals.

Inclusion:

- Women who completed 37 weeks gestation, delivered a single, live infant following the PPACA (March 23, 2010) Breastfeeding Provisions and who went back to work at least 20 hours or more per week following the birth of that infant.

Other considerations:

- Take once
- Last birth
- Baby's age
- Both salaried and hourly

Exclusion criteria:

- Multiple infants
- Infant death or delivery prior to 37 completed weeks
- Infants with facial abnormalities that may have interfered with breastfeeding

Sample

- 1- medium hospital (100-499 beds)
- 1-large hospital (500 or more beds)
- N=215 participants
 - represented a variety of areas: administrate (non-clinical), clinical pharmacy, food service/dietary (other), phlebotomy/ other lab, EKG/other licensed techs, sterile processing, switchboard/ other communications and **most participants were from nursing**



Methods

All research training was completed, and IRB was obtained.

Study design: exploratory and descriptive

Target population: Employed women who birthed an infant following enactment of the PPACA in 2010 in two Northwestern Hospitals.

Convenience sample consisted of volunteer participants

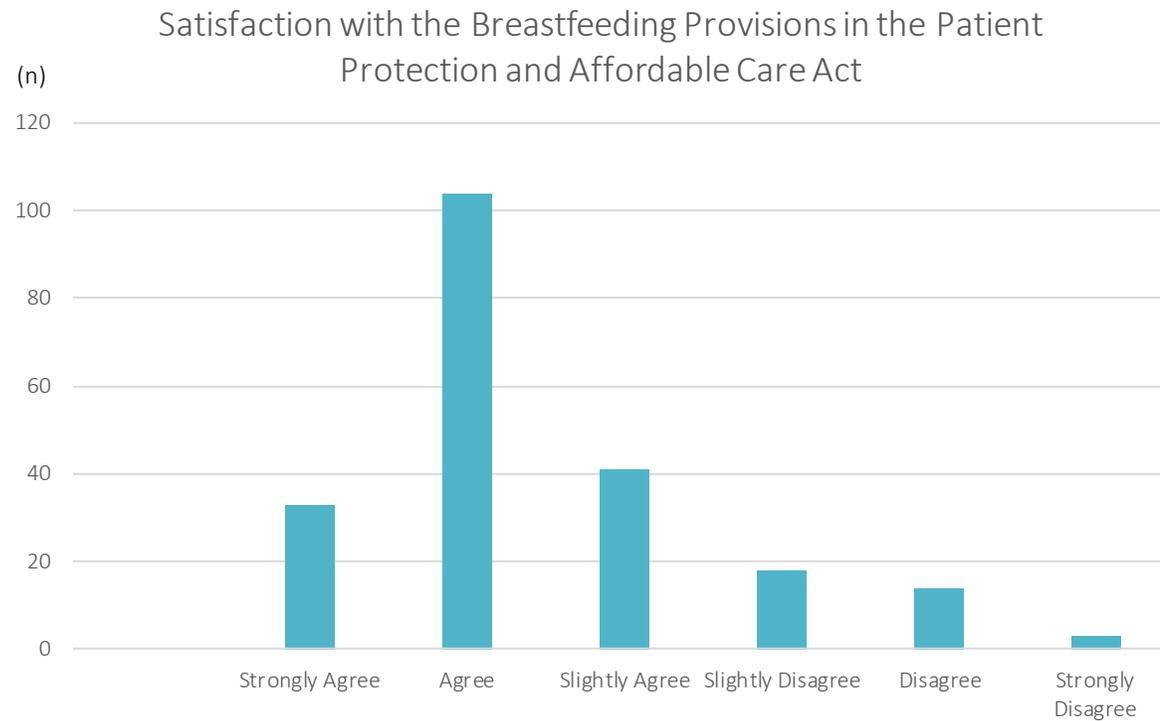
Both quantitative and qualitative data collected

- The Penders Breastfeeding Survey, 43-items
- Employer items: bring baby to work option, breast pump, cold packs or fridge, Lactation Support Program
- Satisfaction (6- point Likert scale; Strongly Agree to Strongly Disagree): PPACA, Break Time, Place to Pump, Duration, Exclusivity
- Why did you stop Breastfeeding or Pumping?
- Anything else you want to add?
- Demographic questions (marital status, delivery type, income, number in household, race/ethnicity, job/occupation, hours worked, time off work, paid time off and others)

Instrument: Survey, utilized REDCap, survey was open for 3 weeks in July 2020.

Data analysis: descriptive statistics and Pearson Correlation Coefficients and Thematic Content Analysis

Results



Results

It meets all of my needs.

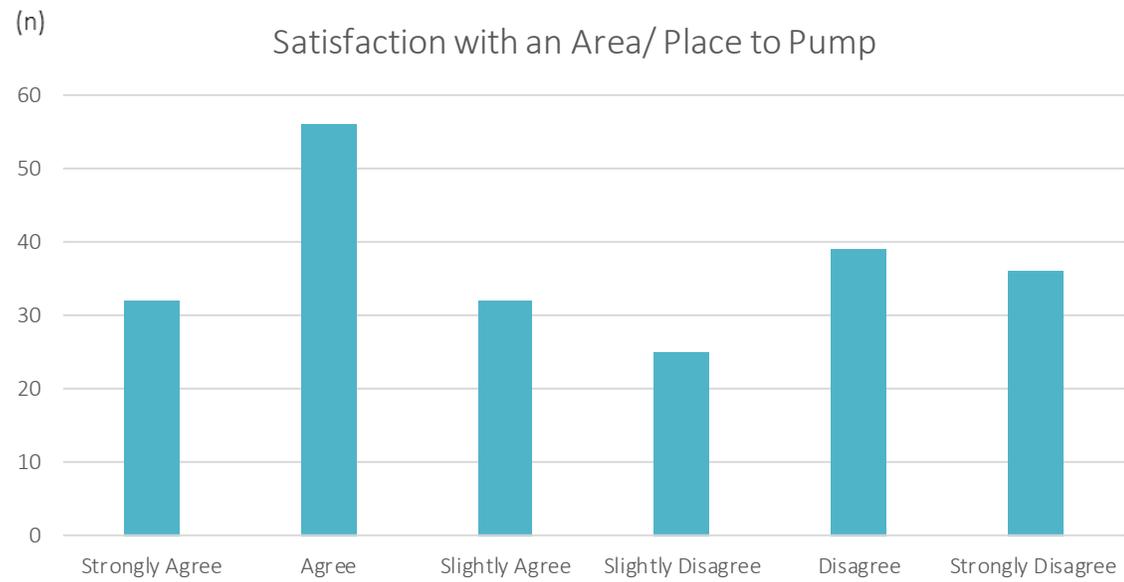
I am satisfied with the provisions in the law.

My department did not honor this, I was treated poorly by staff if I took longer to pump.

I had no issues or concerns with working with my leadership team to accommodate my needs for pumping.

It was great having a pump provided to me at work and having a nice place to pump.

Results



Results

Our floor had a designated room. This made it quick and easy to pump at work. If I worked in another area, it would have been more difficult and time consuming to travel to the lactation room.

I did not know where any rooms were at the time, so I pumped in the bathroom.

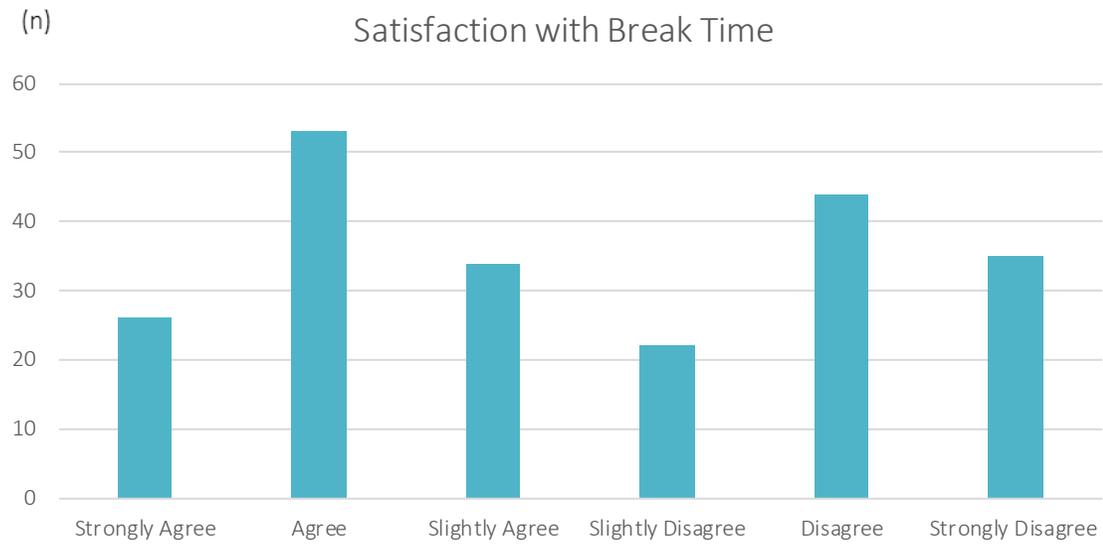
Our lactation room isn't the cleanest and there is no fridge.

Private room although does not lock so people have entered.

During orientation I had to use the bathroom to pump more than once which is terrible. Since then, I have found one pump room that has a sink for cleaning parts, is well lit and has comfortable seating.

Pumping area provided by divider in common area. I worry about someone poking their head around.

Results



Results

I never had difficulty getting breaks to pump.

My coworkers have been wonderful about helping me get off the unit to pump. My direct supervisor was very supportive of my break times.

[It is] too busy in the morning to get a break sometimes.

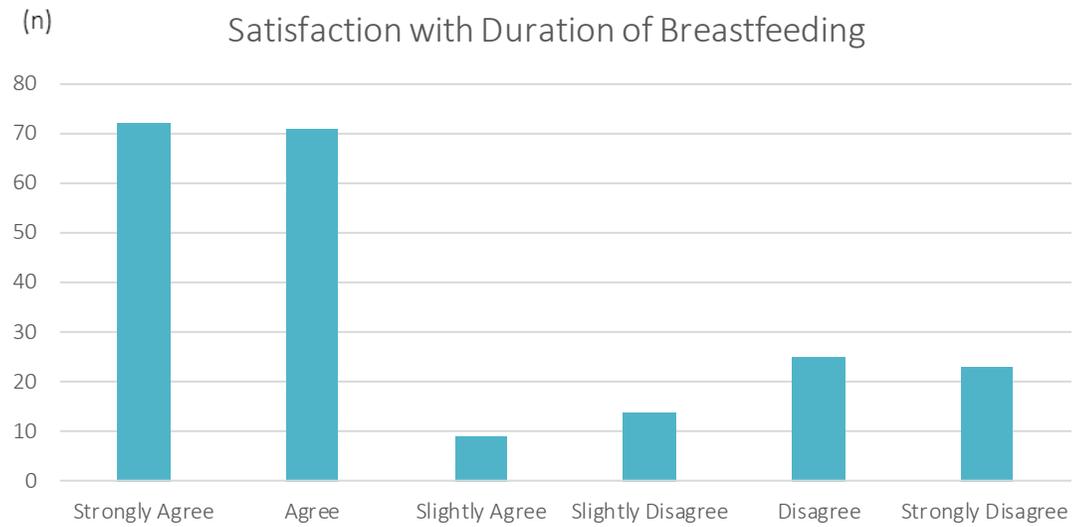
[T]his act allows breastfeeding mothers to take a break to express milk w/o negative repercussions affecting their job, however, being a nurse in a frequently short-staffed hospital, it is extremely hard to get away for several pump breaks a shift. There is no specific support staff to help with tasks that your patients need while you are gone. It is common for you to fall behind when you come back from your break because nothing was done for your patients while you were gone.

I was able to pump and have time to eat almost every day.

The amount of time and frequency of pumping is not possible [on our unit].

It would be nice if patient load was lowered for breastfeeding moms as it is difficult to find time to pump even if “allowed.”

Results



Results

I am still breastfeeding my child who is over 1 year old.

Yes, still breastfeeding at 1 yr.

I breastfed as long as my child wanted to. She completely weaned at 6-7 months, and I dried up right afterwards.

I am still currently breastfeeding/pumping at work so haven't hit my goal yet, but I am currently doing well and on track for meeting my goal.

I met my 6-month goal.

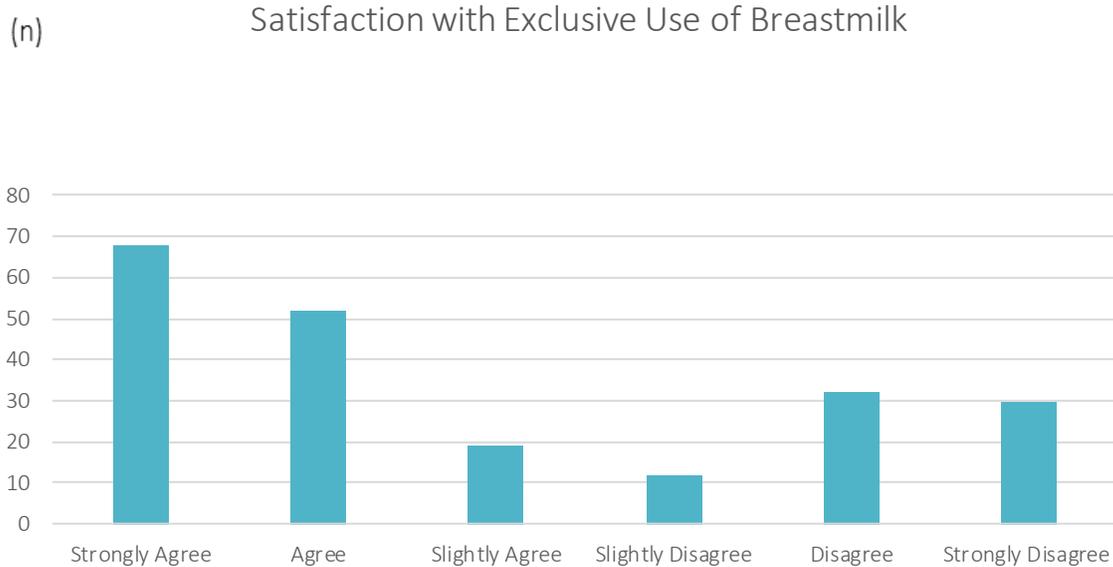
I was able to pump for a year which was my goal. I had to supplement a little.

I did not get to breastfeed my son as long as I would have liked. But that is not related to anything the hospital could have done.

The hassle at work to pump made me have to quit pumping before I had intended to.

My milk dried up due to coming back to work and not being able to pump regularly. I did not produce enough breastmilk and my son was almost re-admitted to the hospital as a failure to thrive until I started supplementing him with formula.

Results



Results

I had enough supply to use only breastmilk until weaning.

I ended up supplementing with formula but would have preferred not to.

I was able to breastfeed for a year.

I was not able to maintain my supply once I went back to work.

I did not have to supplement.

It took a great deal of determination on my part to be able to continue to breastfeeding for one year without need for supplements because pumping at work and trying to complete my duties was very stressful, uncomfortable and inconvenient.

Limitations

- Convenience sample of women
 - Two Northwestern U.S. hospitals
 - The results are not generalizable (U.S. population or to Hospitals)
 - Individual factors (knowledge, attitudes or beliefs)
- However, many women in this hospital sample group still had difficulty with pumping at work, in getting break time or place to pump. These responses suggest that combining breastfeeding and employment is still difficult after the enactment of the PPACA Breastfeeding Provisions.

Implications

• While efforts need to focus on many aspects of breastfeeding support, having the PPACA breastfeeding provisions may be critically important to combat this and other concerns. The Penders Breastfeeding Study was the first to address employed mothers' satisfaction with the PPACA Breastfeeding Provisions in a hospital setting and the results show a large variety of responses to satisfaction.

- Healthcare issue, this policy affects health in both the short and long term
- Access issue
- Health disparities issue
- Economic impact to the U.S
- It's a start
 - One of the striking findings is that while the law specifies break time and place to pump, many women said they had neither.
 - Success with a policy change is totally dependent on its implementation.

Policy and Future Research Recommendations

Support:

Women with advice and education on pursuing complaints to current PPACA
PUMP for Mothers Act (S. 3170 and H.R.5592)

Future building construction to include lactation spaces by changing building codes.

Future research should explore:

Paid Maternity Leave

On-site Daycare

Occupational Types

Salaried employees who are left out by the PPACA

A comparison of the option to bring baby into work versus women who pumped at work

Opinions or feasibility of tax deductions for businesses to provide better workplace accommodations

Ideal versus minimal milk expression times as some women noted they may need longer breaks for full milk expression

Best outcome measurement is by the employed mothers themselves.

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