

Accommodations for breastfeeding mothers in Missouri schools



Executive Summary

The decision to initiate and continue breastfeeding often depends on several factors, including:

- whether or not the body produces a sufficient amount of breast milk
- general knowledge about the benefits of breastfeeding
- social support and cultural norms
- easy access to appropriate breastfeeding accommodations outside the home.¹

In order to meet the health and privacy needs of breastfeeding employees and students, three primary accommodations are typically recommended for workplaces and schools- *flexible milk expression breaks, a place to express milk, and a refrigerator to store the expressed milk*. Few states (LA, NE, VA, CA) have statutory protections specifically for employees and students who need to express breast milk during the school day. [House Bill 254](#) and [Senate Bill 76](#) would require Missouri's public school districts to establish a written policy that outlines their accommodations for lactating employees and students and specify that *the school employee/student is given a minimum of three opportunities (at two-hour intervals) to express breast milk or breastfeed*.

Highlights

- Breastfeeding is associated with several **maternal and infant health benefits**, and **decreases medical** (e.g., healthcare) **and non-medical** (e.g., work absences) **economic costs**. Lactating women who are not able to express breast milk at regular intervals can experience pain, clogged ducts, infection, and reduced milk production.
- Lactation-friendly workplaces can **improve employee productivity, morale and loyalty**, which can **increase the ability to attract and retain qualified employees**.
- Most of Missouri's teachers (78.6%) are women; approximately half are under 40 years old. While many breastfeeding teachers try to coordinate pumping with regularly scheduled breaks, **teachers may have additional responsibilities** (e.g., recess supervisor, student supervision, meetings) during these periods **or may not have a private space available**.
- **Student mothers** who want to breastfeed may be **discouraged from missing class or directed to a special school for "at-risk" youth**. In many cases, these nontraditional schools are less academically rigorous and have fewer class/activity offerings.
- **Title IX prohibits discrimination based on pregnancy/childbirth** and schools must make reasonable accommodations to the same degree that they would for students with temporary medical conditions.

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- Although the **federal Fair Labor Standards Act (FLSA)** requires many employers to provide reasonable accommodations for breastfeeding mothers, **teachers and other salaried employees are not currently covered** by the FLSA due to a legal technicality.

Limitations

- Inadequate breastfeeding accommodations are likely underreported in cases where teachers/students are unaware of their rights or have a fear of retaliation (e.g., job loss, poor recommendations).
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Research Background

What are the benefits of breastfeeding?

Improved infant & maternal health: The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics recommend breast milk as the best source of nutrition for most babies, particularly during their first year.^{2,3} Infants who consume breast milk also have a reduced risk of several illnesses and diseases, including asthma, ear infections, obesity, eczema, and lower respiratory tract infections (e.g., bronchitis, pneumonia), as well as higher survival rates for necrotizing enterocolitis, which primarily impacts preterm babies.^{4,5} In addition to infant benefits, there is strong evidence that women who breastfeed have a lower risk for breast and ovarian cancer. Other reported maternal health benefits of breastfeeding include a lower incidence of postpartum bleeding, type 2 diabetes, and metabolic syndrome.^{3,5}

Positive economic/societal impact: One study estimates that U.S. families could save a minimum of \$3.6 billion a year by reducing childhood illnesses (e.g., ear infections, diarrhea/vomiting) if half of the mothers that give birth were able to breastfeed their babies.⁶ Another model estimates that \$3.0 billion in direct healthcare costs and 3,340 maternal and infants' lives would be saved each year if 90% of all infants in the U.S. were breastfed their first 6 months of life.⁷ In addition to direct medical costs, mothers who breastfeed are less likely to be absent from work due to infant illness.

How does work/school impact the decision to breastfeed?

Although a majority of U.S. mothers initiate breastfeeding, the return to work has frequently been cited as a component of whether or not a mother decides to continue breastfeeding. Further, breastfeeding rates decrease after mothers return to work. In addition to concerns about where to express and store breast milk, women may believe that they do not have sufficient time throughout the day to express breast milk.⁸⁻¹¹

Women who are unable to express breast milk at appropriate intervals can experience pain/engorgement, plugged ducts and/or infection, and may experience reduced milk supply that makes it difficult to continue breastfeeding.¹² Young mothers may also lack the knowledge and peer support for breastfeeding which may be available in the home. Accessibility of

breastfeeding accommodations is particularly important for minoritized populations (e.g., Black, Hispanic) who are less likely to breastfeed than White individuals, which may result in infant health disparities.¹³

Teachers & staff: There have been several high-profile examples of teachers being fired for needing to take breaks to express breast milk. Approximately half of Missouri's teachers are between 20-39 years old; 78.6% of teachers in the state are women.¹⁴ Missouri has recorded long-term challenges in teacher recruitment and retention, which may be improved by workplace accommodations for breastfeeding mothers.¹⁵ To date, however, there is not sufficient evidence to determine how often a lack of sufficient breastfeeding accommodations leads to teachers burning out or leaving their positions.

Students: Among females aged 15-19, Missouri has a teenage birth rate of 20.3 births per 1,000 females (#13 in the United States), which is highest among teenagers in Missouri's rural counties.¹⁶ In 2019, there were 3,851 births to mothers between the ages of 15-19 years old.¹⁷ Teenage pregnancy is associated with increased dropout rates for a variety of reasons.¹⁸ Administrators may discourage students from taking regular breaks to breastfeed, citing missed class time, loss of credits and possible reductions in grades. Alternatively, some students are sent to schools for "at-risk" students, which may have better accommodations but tend to be less rigorous academically. It is not clear to what extent, if any, appropriate breastfeeding accommodations would affect dropout rates but may have other academic, physical and mental health benefits for students who choose to remain in school after giving birth.

What accommodations are needed to support breastfeeding/pumping outside the home?

Time- Lactation breaks: Typically, women who breastfeed need to express milk every 3-4 hours. During work hours, employees often express breast milk during their normal breaks (e.g., lunch). If additional time is needed, some employees may need to use unpaid time-off or negotiate alternative arrangements with their supervisors.

In schools: School days often include several break periods of non-instructional time (e.g., recess, lunch, before/after school). However, the time between these breaks may not line up with physical needs and breaks may be periods where there are other expectations (e.g., meetings, lesson prep, student supervision). The need for teachers to leave the classroom to express breast milk has raised concerns about who will be responsible for students when the teacher steps out. Some schools have addressed this need by hiring a "floater" teacher or substitute to fill in during breastfeeding breaks.

Space- Adequate location & milk storage: Employees who need to express milk during the work day should have a clean and private space (not a restroom) for breastfeeding/pumping. Appropriate spaces are expected to have a comfortable seat, be located near a sink with running

water (for washing hands and rinsing out breast pump parts), have an electrical outlet, and a refrigerator to store the expressed milk.

In schools: Some Missouri school districts already provide lactation rooms in many of their school buildings. In Columbia Public Schools, for example, a majority of school buildings are outfitted with lactation room(s) containing a comfortable chair, table, refrigerator and medical grade breast-feeding pump.¹⁹ In buildings without a dedicated lactation space, teachers have reported pumping in restrooms, school nurse offices and classrooms. Smaller and/or older school buildings may not have the space for a permanent lactation space that fits these criteria. One approach is to utilize existing spaces (e.g., dividing portion of conference room off using shade/curtain; setting up accommodations in teacher workroom)

How do federal and state policies influence breastfeeding accommodations for teachers and students?

Federal accommodations for employees: According to the Patient Protection and Affordable Care Act (PPACA), and the Fair Labor Standards Act (FLSA), employers of overtime-eligible employees must provide reasonable break time and a private place, other than the bathroom, for nursing mothers to express breast milk during the day. The federal law does not specify the amount of break time, or the frequency of the breaks. If an establishment has fewer than 50 employees and the breaks constitute a “hardship” to the employer, the requirements can be waived. If state laws provide greater protections for employees, however, employers must follow the (state or federal) laws with the greater protections to the nursing persons.

Federal accommodations for students: Title IX (34 C.F.R. § 106.40(b)(1)) prohibits discrimination based on pregnancy and childbirth. Schools are responsible for accommodating pregnant students to the same degree as other students with temporary medical conditions.²¹

Missouri: As in all 50 states, Missouri law allows mothers to breastfeed their children in any public or private location where the mother is otherwise authorized to be (Missouri’s state law: R.S.Mo. § 191.915, § 191.918). In collaboration with the [Missouri Breastfeeding Coalition](#), the Missouri Department of Health and Senior Services has developed the “[Breastfeeding Friendly Worksite Program](#)” (BFWP) to educate employers about the importance of lactation support in the workplace. In addition to the cost savings discussed above, the BFWP also highlights that lactation-friendly workplaces can improve employee productivity, morale and loyalty, which can increase the ability to attract and retain qualified employees.

Other states:

To date, 32 states, the District of Columbia and Puerto Rico, have laws related to breastfeeding in the workplace.²⁰ Examples include *Georgia* (*O.C.G.A. § 34-1-6*), *Illinois* (*Ill. Rev. Stat. Ch. 820 § 260*), *Indiana* and *Tennessee* who require employers to make “reasonable effort” to provide paid lactation breaks and a private (non-bathroom) location to express breast milk. **Illinois** (*Ill.*

Rev. Stat. ch. 105 § 5/10-20.60, § 5/34-18.53 and 5/27A-5), **Louisiana** (La. Rev. Stat. Ann. § 17:81), **Nebraska** (LB 427), **Virginia** (Va. Code § 22.1-79.6) and **California** (Education Code, Section 222) have statutory protections for employees and students who need to express breast milk during the school day. For a more comprehensive comparison of state-level breastfeeding protections in workplaces and schools, please see [Supplementary Table 1](#).

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