

## Lactation Rooms and Programs FAQs

<b>1. General Lactation Room Questions.....</b>	<b>3</b>
a. Do you have lactation spaces on your campus? If so, how many? .....	3
b. Please describe briefly about the space (e.g., dispersed around campus, overseen by who, are they all the same size, etc.).....	3
c. What marketing materials/ mechanisms have you used to communicate about the spaces? ...	5
d. What advice would you give me as we create campus space?.....	5
<b>2. Available Supports for Breastfeeding Mothers.....</b>	<b>6</b>
Brown University.....	6
Columbia University .....	6
Massachusetts Institute of Technology .....	7
New York University .....	7
Oregon State University .....	7
The University of Rhode Island.....	7
University of California, Berkeley.....	7
University of Iowa .....	8
University of Michigan .....	8
University of Pennsylvania.....	8
Oregon State University .....	10
The Pennsylvania State University .....	10
<b>3. Lactation Room Program Costs .....</b>	<b>11</b>
Duke University.....	12
University of Iowa .....	12
University of Washington .....	13
<b>4. Lactation and Travel.....</b>	<b>14</b>
Georgia Institute of Technology .....	14
Harvard University.....	14
<b>5. Lactation Rooms for Medical Needs.....</b>	<b>16</b>
Harvard University.....	16

University of California Berkeley.....	16
University of California Davis.....	17
University of California San Francisco.....	17
University of Michigan.....	17
University of Iowa.....	17
University of Washington.....	17
Virginia Tech.....	18
Yale University.....	18
<b>6. Lactation Space and Dual Purposes.....</b>	<b>19</b>
California Institute of Technology.....	20
University of Iowa.....	20
University of California.....	20
University of California Berkeley.....	21
University of Michigan.....	21
<b>7. Lactation and Breastfeeding Laws.....</b>	<b>22</b>
Duke University.....	22
Michigan Institute of Technology.....	23
New York University.....	23
University of California San Diego.....	23
University of Massachusetts Medical School.....	24
Massachusetts Institute of Technology.....	25
Pennsylvania State University.....	26
<b>8. Measure Success for Lactation Programs.....</b>	<b>26</b>
Columbia University.....	26
Oregon State University.....	26

## 1. General Lactation Room Questions

### Original Question:

If you could respond to this I would really appreciate it.

**Contact and Credentials:** Shari Mickey-Boggs, Director of Work Life, Office of Human Resources

**University:** Ohio State University

**Reference #:** 000760

**Date:** April 7<sup>th</sup>, 2005

### a. Do you have lactation spaces on your campus? If so, how many?

#### University of California Davis

University of California Davis began a Breastfeeding Support Program in 1995 with four sites around core campus. We now have 19 sites across campus and five sites at the medical center. –Barbara A. Ashby, Child Care and Family Services

#### Georgia Institute of Technology

We have three lactation stations on campus with a fourth one to be located in a building currently being constructed. –Dr. Mary Lynn Realff, Associate Professor and Director of Undergraduate Affairs

#### University of Iowa

Yes, 20. Several years ago, Facilities Management agreed to include a lactation space in all new buildings. For others, departments have contacted me asking for a room. –Jane Holland

#### Virginia Tech

In another few weeks, Virginia Tech will have 7 lactation rooms. We started the development process about 5 years ago in conjunction with the Women's Center and office of the Provost. –Cathy Jacobs, Work/Life Resources

### b. Please describe briefly about the space (e.g., dispersed around campus, overseen by who, are they all the same size, etc.)

#### University of California

In 2003 the campus adopted an initiative to include a lactation site as a design criterion in all new construction and to “backfill” existing real estate so that there is a site within a five minute walk of any classroom/lab/administrative building. Space and set up is comparable, with variations depending upon location. Key components are a hospital-grade pump, comfortable chair, table, bulletin board, mirror, clock, and artwork. Registration and orientation is required. Participants sign in/out and we

track usage monthly which has been instrumental in obtaining funding. –Barbara A. Ashy, Child Care and Family Services

### **Georgia Institute of Technology**

They are dispersed around the campus and are all accessible via combination lock. The spaces are all approximately the same size and have the same equipment in them (comfortable chair, professional grade pump, a small table, books, pictures on the wall, and lighting). The rooms are overseen by the GT-NSF Advance office. People who want to use them are trained and then given the combination to the room. They sign up for times to use the room. –Dr. Mary Lynn Realff, Associate Professor and Director of Undergraduate Affairs

### **University of Iowa**

My office is primarily responsible for the sites. Most sites have multi-user pumps. If a pump is needed we will supply the pump. All rooms have countertops, chair, mirror, etc. If bathroom is adjacent, the sink will be in bathroom. If bathroom is not adjacent, the sink is placed in lactation room. We do not include a refrigerator due to hygiene issues and safety. See <http://www.uiowa.edu/hr/oe/worklife/famserv/lactationFacilities.shtml> -Jane Holland

### **Virginia Tech**

My office currently oversees the spaces. Users register with me, and receive a pass code. A scheduling book allows sign up for daily slots preventing overlap. There is a building contact for immediate issues.

We initially worked with the architect and a campus map divided into zones, which would ideally have a room within a 5 minute walk of any woman. We then used building blueprints, general knowledge of campus, and various supporters of our cause to determine where there might be adaptable spaces. Creativity helps and none are the same. The first 3 involved conversion of lounges adjacent to restrooms; the fourth was the addition of two walls in a sort of corner space in the library creating a room where there was none; 5 and 6 are in brand new buildings. The most recent is enhancement of a stall for handicapped use which now contains a fold-down table, small counter, chair and locked cabinet space (for storage of pump). The space is still large enough to meet ADA requirements as a bathroom stall. We had partial financial support from our local hospital for creation of the first 2, as well as donation of a pump. Other funding has come from several sources including the Provost, Human Resources, and Dean of Engineering (for a pump). Standards for all new construction now include lactation rooms. –Cathy Jacobs, Work/Life Resources,

**c. What marketing materials/ mechanisms have you used to communicate about the spaces?**

**Georgia Institute of Technology**

We have had ads in the student newspaper and in the faculty/staff newspaper to publicize the space. We have also had the Women's Resource Center help publicize it. There are links to information about the lactation rooms on the ADVANCE website and the Women's Resource Center web site. –Dr. Mary Lynn Realff, Associate Professor and Director of Undergraduate Affairs

**University of California**

Marketing is through websites, list serves, newsletters, child care referral packets, posters, payroll statements, orientations (new employee and benefits), fairs, word of mouth... and any avenue we can find. Website: <http://www.hr.ucdavis.edu/childcare/bfeed.htm> –Barbara A. Ashy, Child Care and Family Services

**University of Iowa**

- \* A letter is sent to women 20 to 35 every 2 to 3 years advertising rooms
  - \* All employees adding a newborn to health insurance receives a letter identifying the rooms.
  - \* HR reps know about rooms
  - All hospitals and lactation specialists know of rooms and have hand-outs.
  - \* This year we want to reach out to OB/GYNs in the area
  - \* A brochure is created and distributed at employee health fairs, etc.
- Jane Holland

**Virginia Tech**

We have a website, and paper brochure which is made available in various venues, as well as a partnership with the local hospital lactation specialists. We offer a yearly lunchtime program on the subject and periodically send information to local OBs and pediatricians. -Cathy Jacobs, Work/Life Resources

**d. What advice would you give me as we create campus space?**

**Georgia Institute of Technology**

Definitely disperse them around your campus; if you are building a new building on campus-try to get them to design in a place for a new station; if you find out how many people would potentially use the room, it helps with getting the funds to build them. –Dr. Mary Lynn Realff, Associate Professor and Director of Undergraduate Affairs

## **University of Iowa**

Work with your architects and designers. –Jane Holland

## **2. Available Supports for Breastfeeding Mothers**

### **Original Question:**

I was wondering if you'd be willing to share what programs, policies, and resources you have in place to support breastfeeding employees. We are looking at introducing an initiative at GW to better support breastfeeding mothers and the more ideas we can gather and hopefully implement the better.

**Contact and Credentials:** Erica Hayton, Director, Benefits Strategy Human Resources

**University:** The George Washington University

**Reference #:** 004689

**Date:** December 2<sup>nd</sup>, 2011

### **Responses:**

#### **Brown University**

**Contact and Credentials:** Michele Wise

At Brown, we now have three designated "Privacy Rooms" on campus for nursing mothers to express breast milk and an additional three that are hospital based. Human Resources received a small grant from the RI Department of Health Breastfeeding Coalition which enabled us to renovate an existing space. The renovation was completed in October, 2011. The link provided will give you a glimpse of what the rooms look like and their locations.

#### **Columbia University**

**Contact and Credentials:** Carolyn Sachs Singer, School and Child Care Search Service, Office of Work/Life

The Columbia University Breastfeeding program includes:

1. Eleven private rooms, most of which are equipped with sinks and running water. All have Medela Symphony hospital-grade pumps and are stocked with disinfectant cleaner, paper towels and hand sanitizer.
2. The sale of breast pump accessories for lactation room users at a discounted rate

3. A workshop given by a lactation consultant once a semester to help women prepare for return to work and school
4. Information on finding lactation consultants, plus local and national support groups
5. The Work/Life website [www.worklife.columbia.edu](http://www.worklife.columbia.edu) has a section on the breastfeeding program, inclusive of materials on childbirth and lactation
6. A policy in campus facilities that no new building can be constructed without a lactation room.

### **Massachusetts Institute of Technology**

**Contact and Credentials:** Kathy Simmons, MIT Work-Life Center

MIT also has a breastfeeding support program, about 14 campus lactation rooms, and guidelines for supervisors and room coordinators. For info, go to:

<http://hrweb.mit.edu/worklife/child-care-parenting/breastfeeding-support>

### **New York University**

**Contact and Credentials:** Joyce A. Rittenburg, NYU Family Care, Office of Faculty Resources, Office of the Provost

The Breastfeeding webinar is available on the CUWFA website. (A coding error has been corrected.) Sign-in and select Webinar from the left table. Stephanie's Lactation document is posted under the FAQ tab.

### **Oregon State University**

**Contact and Credentials:** Childcare and Family Resources

Oregon State University currently has fourteen lactation rooms on campus. All rooms are equipped with seating, tables, outlets and sinks within the room or within close proximity. Additionally, most rooms include one or more of the following: keypad entry, refrigeration, lockers or storage, dimmable lighting, lamp, and a changing table. For more information, visit [oregonstate.edu/childcare/breastfeeding](http://oregonstate.edu/childcare/breastfeeding).

### **The University of Rhode Island**

**Contact and Credentials:** Barb Silver, Ph.D., Research Coordinator

Schmidt Labor Research Center

The University of Rhode Island has also produced a lactation program handbook for colleges and universities: *College and University Lactation Programs: Some Additional Considerations*, which I'm attaching here.

Our lactation policy and program can be found at:

<http://www.uri.edu/worklife/family/family%20pages/lactation.html>

### **University of California, Berkeley**

**Contact and Credentials:** Wendy Nishikawa, Work/Life Program Manager

UC Berkeley has a Breastfeeding Support Program which serves faculty, staff, students, and their spouses/domestic partners who choose to continue breastfeeding after returning

to work or school. This program offers breastfeeding classes facilitated by a certified lactation consultant; sales of personal, electric breast pumps and personal kits at a discounted price; and lactation rooms on campus.

<http://www.uhs.berkeley.edu/facstaff/healthmatters/breastfeeding.shtml>>/

### **University of Iowa**

**Contact and Credentials:** Nicole Studt, Manager, UI Family Services/Health Coach, Organizational Effectiveness a Unit of Human Resources

At The University of Iowa we have 34 on campus lactation rooms, most of which have a hospital grade pump in the room. My office sells the parts that work with these pumps at cost to our employees and students so they don't have to bring their pumps to campus every day. We keep the rooms stocked with disinfectant spray, paper towels and information for employees and students.

We post a list of the lactation rooms on our web site, including a campus map of where the rooms are located. <http://www.uiowa.edu/hr/famserv/lactation.html>. When a new building is built on campus or a major renovation takes place on campus, a lactation room is put into the building plans. Our web site also has a list of local and national resources for breastfeeding/lactation support.

### **University of Michigan**

**Contact and Credentials:** Jennie McAlpine, Director, Work/Life Programs

Our campus is still working toward clearer policies on lactation, but we do have about 35 dedicated sites right now with another 12 coming on line with the opening of our new Children's and Women's Hospital (Sounds like a lot but with 500 buildings, it is not adequate). And they are in various shapes of acceptability/compliance with new HC regs – so we've implemented a star system to let people know more about what to expect.

This is a big area of effort for us this year!

Here is our link on supporting breastfeeding.

<http://hr.umich.edu/worklife/parenting/lactation.html>

### **University of Pennsylvania**

**Contact and Credentials:** Marilyn K. Kraut, Human Resources Director, Quality of Worklife Programs

In September we rolled out a formal Penn Nursing Mothers Program in response to the Fair Labor Standards Act's (FLSA) Lactation Amendment. Details at

<http://www.hr.upenn.edu/Policy/Policies/415.aspx>. We exceeded the mandates of the Lactation Amendment through leadership's support to allow this to apply to all of our faculty and staff, rather than just our hourly workers, i.e., those "non-exempt from the FLSA." We also require supervisors to pay our hourly workers for these break times, another thing not required by the Act.

Since the Amendment was established for immediate application as part of the March 2010 Health Care Reform Act, we contacted all our schools and centers early on to



educate them on their responsibility to 1) find and set up space for our nursing mothers that meets the mandates of the act (not necessarily permanent space), and 2) assure that these mothers have unpressured break times for lactation tasks. We worked closely with organizations that needed help with figuring out how to do this, such as our Medical School, with 1/3 of our employees and 1/2 of our faculty and spread out over numerous buildings on campus.

Then we worked on creating a formal policy, working with several groups, including our Provost's Office, a workplace lactation expert on our Nursing School's faculty, members from our Facilities and Real Estate group, and other obvious interesting parties (equity committee folks, and other parts of HR – compensation, staff relations, etc.). The Provost's Office and faculty expert pushed us to be less Human Resource like about the requirement to notify your supervisor in advance about exactly how many breaks you'll need, when you'll need them, and how long you may choose to express your milk. The Provost's Office thought this would be disrespectful especially towards our faculty. We made sure to respond to the faculty member's key concerns since we didn't want to risk having her complain publicly that Penn wasn't doing what was "right" towards these women. We helped the Facilities and Real Estate folks figure out how to support school and center requests for permanent lactation spaces. And we gave advanced review opportunities to our administrators, who we knew would want more concrete requirements and limits. With that advanced work, we were able to negotiate compromises that seemed to work for all. But it took many months more than expected to reach final text and concepts. Early informal work with schools and centers gave us the leeway to work out these formal details with more time.

We've asked for copies of the Nursing Mothers Plan Document (how mothers request/notify their office that they will need lactation space and breaks when they return to work after having a baby). No copies to me to date. So I'm going back out to our key contacts to find out what's going on. We have a very decentralized environment at Penn. Getting the word out is hard. Getting back information from the troops is even harder. But we'll keep trying and expect to find out more over time.

We also had an interesting experience with anger from our grad/professional student advocates who couldn't understand why our faculty/staff policy couldn't apply universally. We don't operate that way here. I wonder if other campuses do?? We ended up providing behind the scenes encouragement for permanent lactation spaces prioritized for our students since they don't have legal mandates for support with this issue, they cluster and move around differently than our faculty/staff. This part of the issue is still on-going.

**Original Question:**

As I've mentioned in previous posts, we've introduced a policy listing existing lactation spaces and instructing offices to find an appropriate (private, not bathroom, etc.) space for any faculty or staff member needing these resources. But our policy doesn't mention students because our policies can't apply to students. They are specifically for faculty and staff.

Do you have any policies that list a set of expectations students can rely upon if they need these types of resources? If so, could you please let me know and provide a link or information to understand what you have for your campus?

**Contact and Credentials:** Marilyn K. Kraut, Human Resources Director, Quality of Worklife Programs Division of Human Resources

**University:** University of Pennsylvania

**Reference #:** 004724

**Date:** December 16th, 2011

### **Responses:**

#### **Oregon State University**

**Contact and Credentials:** Stephanie Duckett, Director Childcare and Family Resources  
At OSU, our policy too applies to employees only INCLUDING student employees. For students who aren't working, we felt that they likely had the ability to arrange their schedules to accommodate their pumping needs, and our office advises students to keep that in mind as they are registering. You can find the HR policy and more information here: <http://oregonstate.edu/childcare/breastfeeding>

As my office is primarily student fee funded, and the initial funding for the creation of the lactation rooms was funneled through our office, we work to ensure that students have equal access to lactation rooms on campus; it is inherent in what we do and who we are, so an explicit policy has never been necessary. As it pertains to information and resources, students are given the same level of care and support as employees from our office, and we keep track of room usage by student/employee. Generally speaking, the rooms are used equally by students and employees, but it varies by building.

There was at one time work around guidelines for what should go into rooms, but that died on the road somewhere. When a department contacts us about wanting to install a lactation room we give them the minimum legal requirements, what we strongly recommend above and beyond that (A SINK), and offer up our assistance along the way. You can certainly tell a difference between the rooms we have consulted on, and the rooms where input was unsought or ignored.

#### **The Pennsylvania State University**

**Contact and Credentials:** Marilyn K. Kraut, Human Resources Director, Quality of Worklife Programs Division of Human Resources

Here is a link for faculty, staff and students at Penn State University.

<http://ohr.psu.edu/work-life/breastfeeding-support>

### **3. Lactation Room Program Costs**

**Original Question:**

I wonder if anyone could give me a broad understanding of what a lactation space may cost to create (assuming starting with a room in existence and retrofitting is all that is required) and for an equipment lending program? I've been asked to plug some numbers into a discussion I'm having tomorrow, and hoped I could get some global help before having the time to research this more closely. I realize this might be too broad a request. To help explain where I'm going with this, I'm imagining a model similar to the one at UMichigan (<http://www.umich.edu/~hrra/worklife/lactation.shtml> thanks for sharing UMich). Any insights will be appreciated.

**Contact and Credentials:** Marilyn K. Kraut, Human Resources Director  
**University:** University of Pennsylvania

**Reference #:** 001458  
**Date:** August 7<sup>th</sup>, 2006

## **Responses:**

### **Duke University**

**Contact and Credentials:** Monica Pallett, Human Resources Manager, Staff and Family Programs

You need a space that is ideally at least 10X15, if you are going to have more than one pump you need privacy curtains, you need a sink with hot and cold running water, comfortable chairs and pumps and end tables for placing reading material or other things. We have our pumps provided free by Medela and you could probably work out the same arrangement. Women then purchase their own attachments, which we sell at our hospital gift shops. At SAS Institute they have calming music available with headphones (nice touch but not necessary). Upon request, we have added freezers to the two lactation rooms in the hospitals for long-shift residents who need to freeze their cooler packs in order to keep their milk cold enough during long shifts. It is not permitted to store breast milk in these freezers or any other/fridge freezer shared by users as there is the risk of spreading infections. We have found the total cost for getting a room ready for use runs around \$12,000.

One particular challenge we have had is keeping these rooms clean. Cleaning crews require special access as the rooms are operated on a swipe card system using people's IDs once they are registered as a user. Abbott Laboratories makes Similac formula - they provide us with free cooler bags and lactation books.

### **University of Iowa**

**Contact and Credentials:** Jane Holland.

We have over 20 rooms at the University of Iowa. The way we approach it is as follows-

1. All new buildings and major renovations include a lactation room. The cost of the room is relatively small in comparison to the overall cost of the building. Our architects told me it is the same as the cost of a square foot. The rooms are connected to a bathroom so there is a sink and restroom. As part of the building design cost, shelving, chair, mirror, soft lighting, coat hook, etc. are included.
2. For departments that want to add/provide a room, the cost varies. For example, one project the cost is \$6,000 to build an enclosed space; in another it was small since we simply reassigned a lounge space contiguous to a women's restroom. I often work with department to locate a space in a building that can be re-assigned. When reassigning a space, other cost may be door, lock, mirror, chair, shelving/table, lighting, coat hook, etc. The department often pays for this cost.  
I have found that in situations in which a department pursues having a room, the ownership for that room is greater.
3. My office provides a multi-user pump which costs \$600, pump parts, books and magazine, wall strips to hang pictures of the children, and other design features. The cost to my office is about \$750 per room. Because UI health insurance covers a personal electric pump, most moms never use our multi-user pump; I am buying

fewer and fewer pumps. If a pump is not being used, I remove it from the room and will loan the pump out.

We have had great support for on-campus lactation rooms. The cost has been shared among the University as an entity, a department and my office.

### **University of Washington**

**Contact and Credentials:** Randi Shapiro, Assistant Director of Benefits and Work/ Life

At the University of Washington we've been able to develop lactation stations with the highest cost being facility improvements which will vary from institution to institution.

All of the lactation rooms have the following features in common:

Locked door for privacy (keyed or key pad)

Medela pump (new or used)

Trolley to hold pump

Locking device to attach pump/trolley to wall

Comfortable chair(s)

Soft lighting

Wesco dyne cleaning fluid

Paper towels

When possible sinks are also included in the rooms, but that is not always feasible.

Include information of where the nearest sink is located. Other desirable, but not required features are privacy screens, soft music, bulletin boards for posting pictures of the babies and washable pillows. We found good savings on the pumps by working with the Medela Rep who had a long standing relationship with the UW Medical Centers NICU.

Here is the link to our lactation page:

<http://www.washington.edu/admin/hr/benefits/wellness/lactationsvc.html>

#### 4. Lactation and Travel

**Original Question:**

A lactating mom & Elec. Engineering faculty member contacted me with a question for which I have no easy answer. I am wondering if any of you have faced the same question, and came up with any innovative solutions. She will be taking a day-long business trip with her (male) boss and will need to pump several times during the trip. There will be time to stop for this, and she is not comfortable pumping in the car with him. She can take another car, but would have to pay the travel expenses out-of-pocket as the University will cover only one vehicle. She wondered if there were any policies here through which she might be able to justify reimbursement for her costs, or any alternate angles from which to view the situation that might make it possible. None are coming to my mind. Your thoughts would be appreciated.

**Contact and Credentials:** Cathy Jacobs, Director of Work/Life Resources

**University:** Virginia Tech

**Reference #:** 000427

**Date:** October 13<sup>th</sup>, 2004

**Responses:**

**Georgia Institute of Technology**

**Contact and Credentials:** Dr. Mary Lynn Realff, Associate Professor and Director of Undergraduate Affairs

To my knowledge this has not come up at Georgia Tech. However, I cannot imagine pumping while driving, so she will have to stop to do this. I would suggest that she ask her boss to make a choice, leave a little earlier to make sure that there is time to stop for her to pump or cover his own expenses so that he will be able to drive himself and not be inconvenienced. If she is not comfortable about talking to her boss about this, I am not sure what to advise her to do.

**Harvard University**

**Contact and Credentials:** Nancy Costikyan

We do not have any policies to guide me, but I have two thoughts: first, if this is a matter of pumping while on the road and she is driving a second car, she will indeed have to stop to pump. So a big question is where on the road could she do this? I wonder if there might be some medical facility or health club en route that would be willing to accommodate her. As for expenses, if they were staying the night, they would certainly

be reimbursed for two hotel rooms due to privacy needs. As a lactating woman, it might appear discriminatory if she were prohibited from joining her boss on the trip because her medical/privacy needs were not accommodated. Further, if you have a lactation room at work, then you have established this as an environmental accommodation that the college is willing to pay for. Would the car be considered an extension of the workplace? A bit of a stretch, all this, but we sort of have to make it up as we go, don't we??

## 5. Lactation Rooms for Medical Needs

### **Original Question:**

Here at UT Austin we are working on developing lactation rooms across campus. We are encouraging departments to also make these rooms available for persons with non-contagious medical conditions who need rest time during the day. Some departments here have been reluctant to include the medical needs function, perhaps due to privacy concerns or the length of use for medical needs. Interested if anyone else has dual purpose rooms like these and what your experience has been.

**Contact and Credentials:** Jeff Stellmach, Clinical Social Worker

**University:** University of Texas Austin

**Reference #:** 003310

**Date:** August 5<sup>th</sup>, 2009

### **Responses:**

#### **Harvard University**

**Contact and Credentials:** Nancy Costikyan

At Harvard, we make an exclusive commitment to nursing mothers, and do not permit other uses of our lactation rooms. Aside from the important statement about supporting working mothers, we really, really don't want to get into making determinations about the nature of the medical need. For example, what if someone needs to "rest," has an medical emergency, and no one realizes that they are there? How would we ascertain and document that the condition is "non-contagious"? Who maintains that highly sensitive medical documentation? Who manages HIPAA requirements? What if a condition is non-contagious, but involves a procedure like...changing a colostomy bag? Changing a dressing on a wound? Self-injection? What if something goes wrong with something that is performed in a non-sterile environment? What are the liability issues? What if someone wants to store medication in the fridge? What sort of liability do you incur if something goes wrong with the medication? What if that person must be turned away due to full utilization of the room by nursing mothers? As the employer, are you now failing to consistently provide a "reasonable accommodation", and what ADA issues do you trigger?

One could argue that only "resting" could be allowed, but I would still ask this: how do we make our working mothers feel when yet another small corner of the world that is ostensibly reserved for them in recognition of their unique needs is co-opted by someone else's needs? How safe would they feel? How supported?

#### **University of California Berkeley**

**Contacts and Credentials:** Wendy Nishikawa, M.F.T., Work/Life Program Manager

According to Trish Ratto, program manager of our campus wellness program Health\* Matters which runs the lactation program, the program is viewed more favorably when the rooms are dual purpose and are promoted within the department as "Women's Lactation and Resting Room". It is communicated that priority goes to the nursing mom. Each room has a sign in sheet and users are asked to work around each other's needs. So



far, there has only been one problem with an employee napping for an hour. The solution was to develop a schedule that worked for her and the nursing moms.

### **University of California Davis**

**Contacts and Credentials:** Barbara Ashby, Manager, Work Life

UC Davis has a similar approach to our sister campus, although we still sign and publicize the rooms as “designated lactation sites”. We coordinate with Disability Management Services regarding shared use for medical accommodations. Very rarely have there been problems.

### **University of California San Francisco**

**Contacts and Credentials:** David Bell, Associate Mediation Officer

The policy at UCSF is that the rooms are for exclusive use of nursing mothers for a variety of reasons, most of which are already stated here. Incidentally, we are currently seeking funding (slowly but successfully) for upgrades to the rooms at each of our sites.

### **University of Michigan**

**Contacts and Credentials:** Jennie McAlpine

The University of Michigan has about 17 lactation rooms around campus (that we know of). Some are a designated, private part of a women’s restroom – equipped with comfortable chair, table, electrical outlet, privacy screening. Some are totally separate rooms with similar equipment. We do not coordinate their use. This is up to the building administration where they are located. For some rooms, you need to obtain access with a key, in others they are available without. We do not have reports of them being used for other personal needs, but it is possible that they are

Some of our newer buildings have been built with “Personal Care Rooms” – intended for multiple purposes including breast feeding or pumping. Even though these were developed without the clear purpose of lactation space, we are adding them to our list as additional options for moms. Again, the management and use of these rooms is pretty hands off. We have not received complaints about conflicting uses, unsanitary conditions, etc. so at this point will assume the mixed purpose is working for those using them.

One thing that we do to keep up with all this is to have some of our nursing students do an inventory of lactation/personal use rooms annually and visit each of our buildings to see if new ones are being developed. They also check for ease of access, cleanliness, need for repairs or equipment and make recommendations for upgrades as needed.

### **University of Iowa**

**Contact and Credentials:** Jane Holland

The priority is given to moms who need to express their milk. However, we have sought to accommodate women who may have a health related illness or disability such as migraines or back problems.

We respond on a case by case basis and usually short-term. I do not think it really has caught on since the needs of both may not be adequately and reliably addressed.

### **University of Washington**

**Contact and Credentials:** Ellen Blizinsky, Work Life

At the UW, we have discussed the possibility of multi-use rooms – rest and lactation; we have consistently veered away from creating the dual purpose because a) ‘rest’ is usually longer than the 20 to 30 minutes scheduled for lactation use and could therefore interrupt the scheduled lactation utilization and b) if someone is resting due to illness we don’t want to contaminate the area that is being used by nursing mothers. It might be best to have smaller lactation stations and then use the larger areas for the ‘rest’ areas.

### **Virginia Tech**

**Contact and Credentials:** Cathy Jacobs, Work/ Life Resources

At Virginia Tech, we made the decision to limit the use of the lactation facilities to nursing moms... Several factors came into play:

We may have as many as 3 women using a room (2- 3 times daily) which requires careful scheduling. Additional, unexpected users could present a challenge.

How would ‘non-contagious’ be defined and guaranteed? (E.g. How do I know the headache I have today isn’t the first sign of the flu?)

We encourage moms to make the rooms ‘their own’ which means they can store personal things such as pump attachments, cleaning supplies, etc. We state that doing so is at their own risk, but I think they feel relatively safe about it when the only users are nursing moms.

Most of our rooms are accessed by a key pad with a code only given to women who register with us. We strongly encourage that they not share the code as it would be quite easy for it to get into the hands of others, who might use it for storage or other things.

### **Yale University**

**Contact and Credentials:** Susan Abramson, Manager, Work Life and Childcare

We have our first “wellness/lactation” room, that has been available for about 4 weeks...right now it is called the Wellness Room...I am adding Lactation to the title and have included it our list of Lactation rooms...it has a sink and a comfortable chair, plus a refrigerator...the thought around this was for people who may need to give themselves an injection and do not have a private space...however, the question around a contagious illness had not come up...

The sign on the door indicates that the room needs to be reserved. My office manages the room! We did have someone use it last week...she had her chiropractor come with a table and had a full treatment...not exactly what we expected...

## **6. Lactation Space and Dual Purposes**

**Original Question:**

Are any of you familiar with a dual-purpose lactation space? For example a space that may also have a shower for staff after they exercise, bike to work, or for someone who perhaps needs to use a room to inject insulin, etc....If yes, can you share your experience about it..Thanks!

**Contact and Credentials:** Susan Abramson, Manager, Work Life and Childcare

**University:** Yale University

**Reference #:** 002658

**Date:** August 20<sup>th</sup>, 2008

**Original Question:**

If, based on your experience, you could send a testimonial to support the importance of a lactation room being for the exclusive use of nursing mothers or if you have read an article that supports that and could recommend the source of the article, I would greatly appreciate it. We need this to bolster the position of the committee that is working on a lactation room for our campus (yes, our first one) which believes that this room should be for the exclusive use of breastfeeding mothers in our negotiations with others (in the facilities department and elsewhere) who disagree and think it should be open to anyone and that it should be lockable from the inside only. I'm just sure that I have read articles (though I apparently didn't keep them because I can't find in my file) talking about the trouble that some have had when the room is open to all and lockable only from the inside. Some of the problems I remember reading about are non-nursing people using the room as their own personal nap space, couples using it as a personal rendezvous space, etc. This makes the room unavailable for the nursing mother and, to me, leads to more potential for a soiled couch, etc. Since we will only have one room, the lack of availability when non-nursing people use it would be especially critical. If we were providing a refrigerator I would, of course, be concerned about a host of other potential problems, but we will not be providing a refrigerator at this point.

**Contact and Credentials:** Maggie Stimming IUPUI Work Life Balance Human Resources Administration

**University:**

**Reference #:** 001778

**Date:** March 20<sup>th</sup>, 2007

## **Responses:**

### **California Institute of Technology**

**Contact and Credentials:** Linda Krippner, Assistant Director, Staff and Faculty Consultation Center

Our women's center library doubles as our lactation station. There are locking doors for storage and privacy and a refrigerator.

### **University of Iowa**

**Contact and Credentials:** Jane Holland

We have a few like that but usually the 2<sup>nd</sup> purpose is very ancillary, such as a rest area for women who may be ill or showering very infrequently.

### **University of California**

**Contact and Credentials:** Barbara Ashby, Manager, Work Life

Over the years we have made accommodations for other uses of the designated lactation sites. This has usually, and preferably, been arranged in collaboration with the Disability Management counselors. We have also established sites in shower/locker rooms when no other space has been available in a building. It's definitely a compromise, but better than not being able to offer a site. The key is a locking door to assure privacy.

## **University of California Berkeley**

**Contact and Credentials:** Trish Ratto, Manager, Health Matters

At UC Berkeley, our lactation rooms are dual purpose with nursing moms being the priority and those wanting to use it for resting being secondary. Our signage is how we deal with it. Also, the resting portion is only for female faculty/staff who work in the building with the room, while the nursing moms can be any campus member. I think it would be hard to share with a shower room because a lot more people exercise, than nurse or need to rest.

## **University of Michigan**

**Contact and Credentials:** Beth Sullivan

The University of Michigan experience is certainly a different one, but hopefully insightful nonetheless. Thanks largely to the work of Leslie de Pietro who used to lead our Work/Life Resource Center here, UM already had a number of lactation rooms dotted across campus when we made a push around 2004 to get more. In asking that each of three student union spaces be renovated to include a nursing room, we ran into road blocks from our facilities people too. Partly they objected to the simplified (i.e., cheap and quick to do) request that we were making for simple storage closets or lounge areas of bathrooms to have a curtain and electrical outlet installed around a chair and table for the nursing mom's pump and other items. They wanted everything to be up to code and handicap accessible, etc., for which I can't blame them.

After agreeing with them on the standards for creating the rooms (which also meant we'd get fewer rooms less quickly), came the issue of exclusivity. Because space is at a premium and there were various constituencies desiring an officially sanctioned "personal room," we ended up in discussions with staff from our Office of Lesbian, Gay, Bisexual and Transgender Affairs and the Office for Students with Disabilities. In order to handle the awkwardness many transgendered people experience when using either a bathroom for males or females, many in the transgendered community were using UM's handicapped single-user (labeled as "unisex") bathrooms. The suggestion that these bathrooms be relabeled as "nursing nooks," threatened to exclude both transgendered and handicapped bathroom users from using these facilities. So in the end, we decided to label these rooms "personal rooms," but to continue to also use the icons for men and women. In addition, we added the icon that Leslie's office & our HR dept. designed for lactation use.

## 7. Lactation and Breastfeeding Laws

### **Original Question:**

The Indiana state legislature has enacted a law requiring all employers with 25+ employees to accommodate employees' needs to pump and store breast milk at work. This law goes into effect July 1, 2008. It requires that the space be private (and not a bathroom stall!) and sanitary. Optimal space would include (but not required by law) an electrical outlet, small table/shelf, a comfortable chair, an inside lock and proximity to a water source. I know from previous postings that many of your campuses are ahead of us in providing lactation rooms. Would you please share with me how your campuses have provided these spaces, how many are provided, their configurations, what they contain, and the level of satisfaction among your employees? What obstacles did you face in implementing them? We are a relatively small campus (~900 faculty and staff; 20 non-residential buildings) spread over 290 acres. Any information and suggestions you have would be greatly appreciated.

**Contact and Credentials:** Lisa Bynum, Human Resources Management and Development

**University:** Butler University

**Reference #:** 002574

**Date:** June 24<sup>th</sup>, 2008

### **Responses:**

#### **Duke University**

**Contact and Credentials:** Karen Riches, Employee Services Representative Staff and Family Programs

The easiest way to respond is to provide our website link:

<http://www.hr.duke.edu/lactation/>.

Duke established the first 5 rooms as a pilot program in the health system with a central funding source. The response was overwhelmingly positive and we are now in the process of expanding rooms across the university and health system. We have 9 rooms open and several more under development at this time. The lactation room program has had tremendous support from the Office of the President at Duke. Duke's architectural guidelines provide that there will be space allocated for a lactation room in buildings of a certain size. We are also looking at ways to retrofit spaces across the campus so that

eventually there will be a lactation room available within an approximate ten minute walk for most potential users.

User surveys and anecdotal information show that people feel very positive toward Duke as an employer because of the availability of this program-giving ample support and reward for this investment.

### **Michigan Institute of Technology**

**Contact and Credentials:** Kathy Simons

MIT has three nursing mothers' rooms on campus (we could use two more to provide convenient access), each described on-line at:

<http://hrweb.mit.edu/worklife/breastfeeding.html>

Equipment varies – only one of the rooms has a hospital-type breast pump, but the health plan subsidizes pump rentals and most moms have their own good quality pump. All have privacy, outlets, a shelf, comfortable chair, table, inside lock, proximity to water. The pediatric nurse practitioner on campus is also a certified lactation consultant; we have partnered with Medical to develop, oversee, and publicize the rooms, and they have offered lactation support including (in the past) a group for nursing moms that has offered great post-partum and new parent support generally.

I am currently working on time-off policies for hourly employees – some of our peers have clear and supportive guidelines to provide pay for this time. It hasn't been much of an issue, but the lack of consistent policy has made it confusing for a couple new moms.

### **New York University**

**Contact and Credentials:** Joyce Rittenburg

Last year New York State passed similar legislation amending the labor law. For information about NYU's response, see

<http://www.nyu.edu/family.care/parenting/lactation.html>

On February 2008 we opened three private spaces: one with a passcode and one with open access to accommodate the needs of students. Each space has a glider, table, and electrical outlet. Like UMass we decided not to provide refrigerators because people do not work in the same building. We are however offering insulated bags upon request for all women using the nursing mother / lactation rooms. We have up to 8 people using the spaces at any one time and have heard only \*very\* positive reactions from across campus.

### **University of California San Diego**

**Contact and Credentials:** Amanda Chavez, Work Life Program Coordinator

The information about UC San Diego's program is available at the links below.

Lactation Accommodation <http://blink.ucsd.edu/go/lactation>

Lactation Facilities (list of facilities and equipment in each)

<http://blink.ucsd.edu/Blink/External/Topics/Policy/0,1162,18483,00.html>

Spaces for the locations are typically donated by Facilities Management (former facility closets) or departments. We are currently looking into adding additional spaces to serve the campus and beginning in fall 2007 creating space for a lactation room must be considered when creating a new building on campus. We currently have 5 Campus rooms and 2 Med Center rooms; however, there is a need for additional rooms.

Employees seem happy with the rooms; however, there are frustrations about the fact that there are not enough rooms. We have had a problem with one room being propped open and people using it as a break room.

### **University of Massachusetts Medical School**

**Contact and Credentials:** Janet Hirsch, Work Life Manager

UMMS has about 6000 employees. Last year we submitted a proposal for three “Mothers’ Rooms” and it was greeted with enthusiasm. We have two rooms with hospital grade pumps. Moms bring their own accessories. Each room has a comfortable chair and footstool, a small table with a lamp and a bulletin board for Mother’s to put pictures of their babies. There are no sinks in the rooms but there are rest rooms nearby. We also chose not to have refrigerators. Not all the women who use the rooms work in the buildings and breast milk can easily be stored in coolers. We have a third room that has a comfortable chair and privacy but no pump.

I have had women relate incredible stories about pumping in stalls with their previous children and how wonderful it is to have these rooms. They are sooo grateful!

### **Original Question:**

Last week, I discovered that the Lactation Amendment only applied to FLSA non-exempt employees. Was I the last to know (once again)? I found this out at an award ceremony for “Breastfeeding Friendly Philadelphia” (love the name). A representative from the DOL Women’s Bureau spoke about the lactation amendment and its benefit to nursing mothers. She finished describing the facets of the legislation by saying “and this only applies to non-exempt employees.” I was shocked. I recalled several guidelines from experts but none that outlined this limitation to the legislation, such as the SHRM description of the legislation at

<http://www.shrm.org/Publications/HRNews/Pages/NursingMothersLaw.aspx>).

I spoke to the DOL rep and shared my concern that this could create difficulty in the workplace. I planned to follow up with her. Before I did, I looked online for more information. Sure enough, I found the Dept. of Labor’s July 2010 Fact Sheet #73. That confirmed the information, but it also made me realize that I might not have known about this because the fact sheet came out months after I’d done my initial research. It says:

#### **Coverage and Compensation**

Only employees who are not exempt from the FLSA’s overtime pay requirements are entitled to breaks to express milk. While employers are not required under the FLSA to provide breaks to nursing mothers who are exempt from the overtime pay requirements of Section 7, they may be obligated to provide such breaks under State laws.

(Pennsylvania doesn’t have any laws for this, so I’m particularly sensitive about this.)

I would like to hear what’s going on out there and your thoughts about all this. Would you please let me know the following:



1. Were you aware that the Lactation Amendment applied only to non-exempt staff?
2. Do any of you share my concern about problems that could arise if lactation spaces are created for non-exempts only? (I have this vision of exempt women having to sneak around or disguise themselves to get into a lactation room for non-exempts only without risking having their "true identities" discovered.)

I'm looking forward to hearing from you all. If I really have the wrong idea about this, it will be helpful to hear this from you, too.

BTW, I was drafting this message to you when I received a CUPA survey asking how the lactation amendment was being handled by us. I provided the following comments: I was very surprised and concerned to discover the limitations of the Lactation Amendment, as described in the DOL's July 2010 Fact Sheet #73: "Only employees who are not exempt from the FLSA's overtime pay requirements are entitled to breaks to express milk. While employers are not required under the FLSA to provide breaks to nursing mothers who are exempt from the overtime pay requirements of Section 7, they may be obligated to provide such breaks under State laws."

Early expert descriptions about the implications of this legislation did not describe this limitation of the legislation (see SHRM's ). In a state without lactation laws (such as Pennsylvania where we are located), I anticipate complaints and other difficult workplace challenges if an organization creates enough space for non-exempt nursing mothers in order to comply with the legislation and the exempt women are left out in the cold, literally as well as figuratively.

I hope that CUPA-HR will advocate for an extension of the Lactation Amendment to cover exempt women in the workplace in order to resolve this conflict.

And I hope I don't sound offensive when I explain that I understood the focus of the FLSA, but thought the "Lactation Amendment of the Health Care Reform Act" had two components - 1) directing employers to provide space and time for nursing mothers and also creating an amendment to the FLSA re treatment of break times for non-exempt women. It's quite disappointing to find out about the narrow scope of the legislation.

**Contacts and Credentials:** Marilyn Kraut, Human Resources Director, Quality of Work Life Programs

**University:** University of Pennsylvania

**Reference #:** 004125

**Date:** October 8<sup>th</sup>, 2010

## **Responses:**

### **Massachusetts Institute of Technology**

**Contact and Credentials:** Kathy L. Simmons

I understood that the federal requirement applied to non-exempt employees as a revision to federal wage and hour law. This made sense to me, given that a key component of the mandate is the provision of adequate break time. It's also the case that non-exempt employees are much less likely to have private offices, but that's perhaps less consistent. While presenting the case for more lactation rooms and new lactation policies, I've made it clear to MIT leadership that the federal mandate applies only to hourly employees, but

I've gotten quick support for universal solutions because of concern for the health of children and mothers, and understanding of all the ways that work-life is allied with diversity and helps the bottom line. I've collected and shared a range of stories from senior women from years back about expressing milk in bathrooms, on a fire escape, in a theater dressing room, etc., and there seems to be just a really powerful sense that "it's finally time." No arguments.

### **Pennsylvania State University**

#### **Contact and Credentials: Linda Pierce**

Sorry, Marilyn, I knew about the applicable to nonexempt positions thing. I strongly advocated that Penn State be all inclusive, and our new Breastfeeding Support policy is (<http://guru.psu.edu/policies/OHR/hr20.html>).

I am guessing that the reason the amendment applies only to women on nonexempt positions is because those are the only positions guided by the FLSA. The rest of us work until the work is done (in which case, I will never retire).

## **8. Measure Success for Lactation Programs**

### **Original Question:**

Is there anyone out there that has a survey that you used for the lactation program or how has other universities measured the success of the program. Can you share your survey with me if you have one?

**Contact and Credentials:** Barbara Willkomm, Human Resources Department

**University:** UW-Milwaukee

**Reference #:** 003888

**Date:** May 13<sup>th</sup>, 2010

### **Responses:**

#### **Columbia University**

**Contact and Credentials:** Erin Tolton, Associate Director, Work/Life

At Columbia, we are currently working on a survey to send to women who use our breastfeeding support program. The following is a draft of the survey:

<http://www.surveymonkey.com/s/S6PYS38>. I don't think you have to complete it to browse through the survey. I will definitely be reviewing the other surveys that were sent around to see if there are any changes or additions that I should make prior to implementing this.

#### **Oregon State University**

**Contact and Credentials:** Stephanie Duckett, Childcare and Family Resources

Monthly we collect this form from our three rooms to help us meet the needs of the users. (For example, after feedback from one round we started leaving sanitation wipes in the space). We currently do not have a “program” just spaces. We are in the process of developing program however, so am interested in the information you collect. Also, the HSRA (of the US department of Health and Human Services) has a feedback you can use: <http://www.womenshealth.gov/breastfeeding/programs/business-case/lactation-feedback-form-employees.pdf>