



American Academy of Nursing on Policy

Call for improved military policy to support breastfeeding among U.S. armed forces



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Expert Panel on Breastfeeding

Executive Summary

Human milk saves lives, reduces health care costs, and improves the health of both mother and infant. For a small investment to support breastfeeding among active-duty women, the payoff for the U.S. military would be significant: retention of loyal and well-trained service personnel, improved health of women, and a reduction in Tricare costs. Providing breastfeeding support can help the U.S. armed forces retain valued servicewomen after childbirth. A model policy to support breastfeeding women would include on-site lactation support services and peer support, suitable areas available for milk expression and storage, reasonable break time, and a leave policy that incentivizes breastfeeding.

Background

Military families may face unique challenges when breastfeeding because of the need for combat readiness, deployment separations, fear about potential exposure to hazardous materials, and duty requirements. However, with optimal support and resources, women in the military can successfully provide breast milk for their infants throughout the first year of life (Martin, Drake, Yoder, Gibson, & Litke, 2015).

In the United States, overall breastfeeding initiation rates have improved to 81% (Centers for Disease Control and Prevention, 2016). However, disparities and inequities exist; minorities, younger age, less maternal education, and lower incomes levels are all characteristics associated with lower breastfeeding rates (U.S. Department of Health and Human Services, 2011). Although initiation rates have improved, this is overshadowed by a persistent and rapid decline in breastfeeding rates measured at 6 and 12 months. The World Health Organization (WHO) and the American

Academy of Pediatrics (AAP) recommend exclusive breastfeeding for at least 6 months and continued breastfeeding for at least a year (AAP, 2012; WHO, 2003). Currently, only 22% of infants are still receiving breast milk exclusively at 6 months, and we are far from meeting national health goals (Centers for Disease Control and Prevention, 2016). We know that women frequently wean the infant as they are going back to work.

It has been estimated that if women in the United States breastfeed according to the recommended levels, the total cost savings to the United States would be \$3.6 billion annually (Bartick & Reinhold, 2010). For organizations, the case for breastfeeding is clear, and the potential payoff is significant: more satisfied, loyal employees, and cost savings to the employer. These savings are seen in retention of experienced employees, reduction in sick time taken by both moms and dads for children's illnesses, and lower health care and insurance costs (U.S. Department of Health and Human Services, 2008). Thus, the cost of providing breastfeeding support is minimal, and the return on investment is high.

Breastfeeding Support in the Military

Recently, progress has been made in support for military women who choose to breastfeed. The Army was the last branch of the armed forces to develop a policy regarding breastfeeding (2015–2016). These important policies and directives serve to protect breastfeeding women and to assure adequate facilities and work breaks for women who need to express milk for their babies. Policy analysis comparing the policies of other branches of the military (Air force, Navy, Marines, and Coast Guard) along with the U.S. Department of Labor/Fair Labor Standards Act requirements intended to protect all U.S. workers, suggests that some variation in these policies exists (Abdulwadud & Snow, 2012; Bai & Wunderlich, 2013; Froh & Spatz, 2013; Murtagh &

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Moulton, 2011; Smith-Gagen, Hollen, Tashiro, Cook, & Yang, 2014; U.S. Department of Labor: Wage and Hour Division, 2013). Previous research involving military women has highlighted the need for further support (Bales, Washburn, & Bales, 2012; Bell & Ritchie, 2003a, 2003b; Buckler, 2011; Haas et al., 2006; Martin et al., 2015; Rishel & Sweeney, 2005; Sleutel, 2012; Stevens & Janke, 2003; Uriell, Perry, Kee, & Burress, 2009). Further research, as well as tracking of breastfeeding duration and exclusivity for infants of active-duty female personnel for comparison across branches, is recommended.

Responses and Policy Options

More than 15% of the U.S. military comprises female service members. This issue has the potential to affect more than 200,000 women who are working in a male-dominated field. Without clear policy and policy enforcement, it is left up to the discretion of commanders and unit supervisors to provide lactation accommodations as they see fit for female military members under their supervision. Enlisted personnel, especially junior enlisted and minority women, are particularly vulnerable.

Based on growing evidence concerning the health and financial benefits of breastfeeding for both mother and child, the Department of Defense (DoD) has taken steps to promote breastfeeding among active-duty mothers in the past decade. However, the lack of uniformity and specificity of some military lactation policies may lead to discrepancies and confusion. The *Surgeon General's Call to Action to Support Breastfeeding* (2011) and the American Academy of Family Physicians (AAFP) have encouraged the DoD to develop and implement lactation policies and statements in support of breastfeeding (AAFP, 2015; U.S. Department of Health and Human Services, 2011).

In addition, military family medical leave policies and flexible work schedules in line with the national family act could incentivize continued breastfeeding (Association of Women's Health, Obstetric and Neonatal Nurses, 2015). Six months of paid leave and flexible work/duty schedules during the next 6 months would be ideal. In the Coast Guard, male or female members have had the option of taking a one-time 2-year unpaid separation from active duty to care for a newborn with return to the same pay grade and benefits.

The Academy's Position

The American Academy of Nursing recognizes the health benefits of breastfeeding for women, infants, and families and supports active-duty women who are breastfeeding in the military. These women comprise a

select population of the workforce that commands particular attention with regard to breastfeeding support. The academy supports efforts to strengthen military policy to protect breastfeeding women at all ranks and in all branches of the uniformed services.

Recommendations

- Tricare should enhance its coverage for breastfeeding mothers to include coverage for supplies, pumps, and lactation care provider services.
- The U.S. DoD and Tricare should collaborate to track breastfeeding duration and exclusivity for infants of active-duty female personnel for comparison across branches and to promote consistency throughout the branches.

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