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Awareness of United States' Law for Nursing Mothers among Employers in New Orleans, Louisiana

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A B S T R A C T

Background: The U.S. Federal Reasonable Break Time for Nursing Mothers Law to support breastfeeding employees was passed in 2010, as part of the Affordable Care Act. However, few data are available assessing employers' awareness of the law or its implementation.

Objectives: The study aims were to 1) describe New Orleans employers' awareness of the law, 2) determine the extent of the law implementation within workplaces, and 3) determine the associations between workplace characteristics and employers' awareness and implementation.

Methods: A cross-sectional survey was mailed to 652 workplaces with more than 50 employees in New Orleans, Louisiana, in the fall of 2013. A random sample of those who did not respond was called. The survey included questions about the industry category, number and type of employees, the employers' awareness of the law, if they had begun to implement the law, and their perceptions of barriers to implementation.

Results: The final sample included 182 workplaces (27.9% response rate). Eighty-seven participants (47.8%) reported having heard of the law. However, 52.7% of the participants ($n = 96$) responded that they had begun to implement the law. Large workplaces (≥ 100 employees) were more than four times as likely to be aware of the law compared with smaller workplaces (odds ratio, 4.23; 95% confidence interval, 1.69–10.59). The results were similar for beginning implementation.

Conclusions: The proportion of large workplaces who are aware of the law remains lower than it should be, even 3 years after the institution of the Affordable Care Act. Outreach to all workplaces, including smaller ones, is needed to inform employers about the law and give them tools for implementation.

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National and international health organizations recommend exclusive infant breastfeeding for 6 months after birth, with continued breastfeeding until the infant is at least 1 year age (Johnston, Landers, Noble, Szucs, & Viehmann, 2012; Kramer & Kakuma, 2012; World Health Organization, 2014). Empirical evidence has demonstrated the health, economic, and psychological benefits of breastfeeding for mothers, infants, and society

(Bartick, 2011; Binns, Lee & Low, 2016; Chowdhury et al., 2015; Victora et al., 2016; Ip, Chung, Raman, Trikalinos, & Lau, 2009). Mothers who breastfeed have a lesser risk of breast and ovarian cancers, and may have a lower risk of type 2 diabetes (Chowdhury et al., 2015). Additionally, breastfeeding helps to improve birth spacing (Victora et al., 2016). Despite the health risks of not breastfeeding, 21% of mothers in the United States do not initiate breastfeeding (Centers for Disease Control and Prevention [CDC], 2014). Approximately one-half of all infants (49%) are breastfed at 6 months and 27% are breastfed at 12 months (CDC, 2014).

Reasons why a woman breastfeeds her infant and for how long can be complex, depending on the environment in which she lives and works. Researchers have shown that returning to work within the first 3 months after giving birth is associated with a shorter duration of breastfeeding (McCarter-Spauling,

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Lucas & Gore, 2011; Ogbuanu, Glover, Probst, Hussey, & Liu, 2011a; Ogbuanu, Glover, Probst, Liu, & Hussey, 2011b). No randomized or quasirandomized studies have been published to date that assess the effectiveness of workplace interventions in assisting with the continuation of breastfeeding (Abdulwadud & Snow, 2012); however, researchers have reported that women who have access to some workplace accommodations for pumping their milk may have higher breastfeeding duration rates than the national average (Balkam, Cadwell & Fein, 2011; Cohen & Mrtek, 1994; Spatz, Kim & Froh, 2014).

Internationally, research has been conducted examining legislation regarding breastfeeding breaks for employees across countries. In 2014, 136 of 193 countries had laws providing mothers paid breastfeeding breaks during their workday, until the infant was at least 6 months of age. Additionally, seven countries had paid maternal leave for this postpartum time period (Atabay et al., 2015). The United States has neither of these provisions, which likely contributes to lower breastfeeding rates, and particularly short durations.

In March 2010, the Reasonable Break Time for Nursing Mothers Law, hereafter referred to as the Nursing Mothers Law, was passed by the U.S. Congress and signed into law effectively immediately (United States Breastfeeding Committee, 2010). It requires employers to provide support for breastfeeding employees. The Nursing Mothers Law requires employers to provide break time and a private space, other than a bathroom, for breastfeeding employees to pump breast milk for 1 year after their child's birth each time the employee has the need. Only nonexempt (ie, hourly, not salaried) employees are covered, and employers are not required to compensate employees for the break time unless it would be compensated in the same way that break time for other employees is compensated. Employers with fewer than 50 total employees are permitted to apply for an exemption to the law if compliance would impose an undue hardship for their business (United States Breastfeeding Committee, 2010).

Overall, limited research examining awareness of the Nursing Mothers Law or its implementation across the United States has occurred. One study was identified that assessed employers' level of awareness of the Nursing Mothers Law. The 2011 survey was conducted with a convenience sample ($n = 51$) of New Jersey hospitals and nonhospitals to measure lactation support and its functionality in the workplace (Bai, Gaits & Wunderlich, 2014). The researchers found that fewer than 50% of nonhospital employers in their sample were aware of the federal law (38.4% answered "none" and 46.2% answered "slight to somewhat" on the awareness level question). They also found the comprehensiveness of lactation support varied by type of employer, with hospitals more likely than nonhospitals to have more overall comprehensive lactation support, which was compiled as a lactation support amenity score. Additionally, they found that workplaces with a higher percentage of female employees were more likely to have policies that supported breastfeeding.

The state of Louisiana is one of the southernmost states in the United States. Louisiana has the lowest percentage of women initiating breastfeeding (56.9%) in the United States, as well as the third lowest percentage of women breastfeeding at 6 months (30.3%; CDC, 2014). Reasons for Louisiana's low rates are most likely complex, but data from the National Immunization Survey have shown that African American women, when compared with other races, and less educated women, when compared with those with more than a high school degree, both have lower rates of breastfeeding (CDC, 2016). Louisiana's population is 32.5%

African American, which is much higher than the U.S. average of 13.3%, and only 82.8% of the population of Louisiana has at least a high school degree, versus 86.3% of the U.S. in general (United States Census Bureau, 2016b). These demographic disparities could help to explain why Louisiana's breastfeeding rates fall well below national rates. Additionally, researchers in Louisiana have shown that one reason women do not breastfeed or continue breastfeeding is because they plan to go back to work after giving birth (Chin, Myers & Magnus, 2008).

We hypothesize that in states like Louisiana, where breastfeeding rates are low, efforts to increase breastfeeding support in the workplace are important to facilitate increasing breastfeeding duration rates. Before the Nursing Mothers Law was passed, no legislation addressed support for breastfeeding employees in Louisiana. In 2011, the Louisiana Workplace Breastfeeding Support Program (a partnership between Tulane University and the Louisiana Breastfeeding Coalition) was created to assist workplaces across Louisiana in complying with the Nursing Mothers Law. This support program provides technical assistance for employers around scheduling break time, finding space, and developing employee policies. To provide program direction, the study described in this paper was undertaken.

The study aims were to 1) describe New Orleans employers' awareness of the Nursing Mothers Law, 2) determine the extent of the Nursing Mothers Law implementation within workplaces, and 3) determine the associations between workplace characteristics and employers' awareness and implementation.

Methods

In the fall of 2013, a self-report cross-sectional survey of employers in New Orleans, Louisiana, was conducted to assess our aims. New Orleans is 169 square miles in land area and the entire city is included in Orleans Parish (county equivalent). There are approximately 389,600 residents, and 70.9% of women ages 20 to 64 are in the labor force (United States Census Bureau, 2016a; United States Census Bureau, 2016c). The study was approved by the Tulane University Institutional Review Board.

Description of the Survey

The quantitative survey included nine questions (Table 1). The survey was developed by the research team after they found no similar studies in the published literature. The research team developed the questions based on their knowledge of Nursing Mothers Law and the aims of the study. In their previous work assisting workplaces with lactation support, the team discovered a lack of awareness of the law among employers, leading to the development of this survey. Both face and content validity evaluations were conducted, with review by local breastfeeding experts and business owners. The survey had questions about the number of employees because, even though the overall business had more than 50 employees, the business may have multiple locations and the location of where the survey was sent could potentially have fewer employees.

In the mailed surveys, the Nursing Mothers Law, Section 4207 of the Fair Labor Standards Act, was printed on the survey between questions seven and eight. For the surveys conducted by phone, the law was read to the respondent between questions seven and eight. Respondents were asked if they had heard about the law before they read or heard the specifics of the legislation in an attempt to prevent any biased responses. After the law was read or heard, respondents were asked whether their workplace

Table 1
Survey Questions

1. About how many people currently work at your business location?
 - a. 0–50
 - b. 51–99
 - c. 100+
2. Please select your industry type:
 - a. Health care, including hospitals
 - b. Food/service industry
 - c. Business office
 - d. Outdoors
 - e. School/university
 - f. Manufacturing/distribution
3. Approximately what percent of the employees at your workplace are:
 - a. Salaried _____
 - b. Hourly _____
 - c. I don't know
4. Approximately what percent of the employees at your workplace are women?
 - a. 0–10
 - b. 11–50
 - c. 51–100
5. Please indicate the approximate number of female employees at your workplace who have had babies in the last 2 years:
 - a. 0
 - b. 1–10
 - c. 11+
 - d. I don't know
6. Currently does your workplace provide any of the following (circle all that apply):
 - a. A space, other than a restroom, where breast feeding women can pump breast milk
 - b. Work breaks every 3 hours or more often
 - c. A refrigerator where breast milk can be stored
 - d. None of the above
 - e. Other (please describe) _____
7. Have you heard about the new legislation passed in 2010 requiring employers in the U.S. to provide breast feeding employees a space and break time to pump their breast milk?
 - a. Yes
 - b. No

Section 4207: Reasonable Break time for Nursing Mothers
The Fair Labor Standards Act of 1938 was amended in 2010 by adding at the end the following:

An employer shall provide,

- 1) 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
 - 2) a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, which may be used by an employee to express breast milk.
8. Has your workplace begun to implement this law?
 - a. Yes
 - b. Not at this time
 - c. I don't know
 9. For what reasons would your workplace be unable to implement this law?
 - a. There are few or no females at my business
 - b. It is unwanted by employees
 - c. It would cost too much
 - d. There is a lack of adequate space
 - e. It is difficult to provide enough break time
 - f. Other: _____

had begun to implement the law. Owing to the sequencing of the questions, it is possible that respondents could answer that their workplace had begun to implement lactation support, but were unaware of the law until the time of the survey.

Sample

Employers within the specified geographic area were the target population; however, the decision was made to only survey workplaces with 50 or more employees. The rationale for this decision was 1) that the Nursing Mothers Law allows workplaces with fewer than 50 employees to apply for an exemption, if they show that they would incur significant hardship in compliance, and 2) because larger workplaces serve a greater number of women that could be affected by breastfeeding supports. The workplaces were identified using the InfoUSA database of North American Industry Classification System codes of contacts for all business establishments in Orleans Parish (the city of New Orleans and Orleans Parish have the same boundaries; [North American Industry Classification System, 2015](#)). Variables within this database included business name, address, phone number, and size. The target population was 652 workplaces.

The survey was mailed to the entire targeted population of workplaces via the US Postal Service, addressed to "Owner or Human Resources Manager." The workplace owner or human resources manager was asked to complete the survey and mail it back. Owing to a 15% ($n = 100$) response rate for the mailed surveys, an alternative sampling strategy was instituted. A random sample of workplaces who did not respond to the mailed survey were called and invited to take the survey by phone. The list of workplaces was divided into quartiles based on the size of the business and 25 workplaces were randomly selected within each quartile, using Excel's RANDBETWEEN function. The selected workplaces were called, and the caller requested that the survey questions be answered by either the owner, human resources manager, or the general manager. If a workplace could not be reached after three attempts, another workplace was selected randomly to be called. As an incentive for participating in the survey, respondents were invited to enter a raffle for a coffeemaker. The respondent's contact information for the raffle was never linked to his or her completed survey. As surveys were returned by mail or phone, they were entered into the database system, Questionnaire Development System 2.6 (QDS; NOVA Research Company, Silver Spring, MD).

Data Analyses

Survey data was exported from QDS into SAS 9.3 (SAS Institute, Cary, NC) and frequencies with percentages were computed for each question. Bivariate analyses were conducted to examine differences in awareness and implementation across workplace characteristics using Pearson's χ^2 test for categorical variables (industry type), the independent t test for continuous variables (percent hourly and salaried), or the Cochran-Armitage test for trend for variables that had a natural order (percent women, workplace size, and the number of women who had babies in the past 2 years). The Cochran-Armitage test for trend was used to ensure associations had a discernable pattern ([Agresti, 2002](#)). Additional bivariate analyses were conducted to examine implementation of the law by workplace provision of space and break time for employees. Respondents who said they did not know whether their workplace had begun to implement the Nursing Mothers Law ($n = 19$) were excluded from these analyses. These respondents did not differ from others on industry type, number of employees, percentage of employees who are

salaried versus hourly, percentage of employees who are female, and number of female employees who had babies in the past 2 years.

All variables from the bivariate analyses that showed significant relationships at a p values of less than .10 were included in logistic regression models to evaluate associations between workplace characteristics and awareness of the Nursing Mothers Law and law implementation. A less stringent p value of .10 was selected for model building to ensure potentially relevant factors were not missed. A p value of less than .05 was considered significant for all results. Using an α of 0.05, power of 0.80, and a detectable beta of 0.05, a total sample size of approximately 100 would be needed to detect differences based on key business characteristics such as the size and proportion of hourly employees (Demidenko, 2007).

Results

The research team encountered challenges making contact with individuals at the workplaces, and as a result, every workplace in the sample was contacted at least once. The final sample included 182 surveys (100 returned by mail and 82 by phone), resulting in a 27.9% response rate. Respondent characteristics are shown in Table 2.

Overall, 47.8% of workplaces ($n = 87$) had heard of the Nursing Mothers Law, and more than one-half of workplaces (52.7%, $n = 96$) reported that they had begun to implement the law. Associations that were shown to be significant between workplace characteristics and both awareness and implementation of the law are shown in Table 3, along with the results of the Cochran-Armitage test for trend for each characteristic. No relationships were found between awareness and implementation of the law and industry type, percent of hourly employees, or percent of salaried employees. We were not able to analyze fully the relationship between industry type and awareness and/or implementation of the law because of an inadequate sample size within each of the seven industry categories.

Multivariate associations between workplace characteristics and awareness of the Nursing Mothers Law and implementation are presented in Table 4. Respondents from large workplaces, compared with small workplaces, had a 4.23-fold greater odds of having heard about the Nursing Mothers Law (95% confidence interval, 1.69–10.59), controlling for the number of women in the workplace who had babies in the past 2 years. After adjustment for workplace size, the number of women having given birth in the past 2 years was no longer associated with knowledge of the law. Similarly, respondents from large workplaces had a 2.89-fold greater odds of beginning to implement the law compared with small workplaces (95% confidence interval, 1.03–8.06), after adjustment for percent of female employees and number of women who had babies in the past 2 years.

Of note, among workplaces reporting they had not begun to implement the law, 21.2% ($n = 14$) responded that they currently provide both space and break time for employees to pump, whereas an additional 45.5% ($n = 30$) responded that they provide at least one of those two supports (Table 5).

In response to the question of what barriers workplaces encounter in implementing the law, 44% ($n = 80$) reported there were no reasons why they would not be able to implement the law. Among those respondents who reported that their workplace had not implemented the law, 26.7% ($n = 16$) indicated that a barrier to implementation was “few or no females,” and the next most frequently reported barrier was “lack of space.” Very few

Table 2
Descriptive Statistics*

Respondent Characteristics ($n = 182$)	n (%)
Size of workplace (No. of people)	
Small (0–50 employees)	59 (32.4)
Medium (51–99 employees)	51 (28.0)
Large (≥ 100 employees)	71 (39.0)
Industry type	
Health care, including hospitals	20 (11.0)
Food/service industry	52 (28.6)
Business office	59 (32.4)
Outdoors	22 (12.1)
School/university	2 (1.1)
Manufacturing/distribution	8 (4.4)
Other	14 (7.7)
Percent salaried employees	
0–25	81 (44.5)
26–50	25 (13.7)
51–75	17 (9.3)
76–100	43 (23.6)
Percent hourly employees	
0–25	46 (25.3)
26–50	22 (12.1)
51–75	26 (14.3)
76–100	68 (37.4)
Percent female employees	
0–10	24 (13.2)
11–50	76 (41.8)
≥ 51	77 (42.3)
No. women given birth in past 2 years	
0	41 (22.5)
1–10	115 (63.2)
≥ 11	10 (5.5)
Workplace currently provides (can choose >1 answer):	
Space for pumping (not a bathroom)	103 (56.6)
Work breaks at least every 3 hours	127 (69.8)
Refrigerator where breast milk can be stored	156 (85.7)
None of the above	14 (7.7)
Barriers to implementation of the Nursing Mothers Law	
Workplace is able to implement the law	80 (44.0)
Few or no female employees	20 (11.0)
Lack of adequate space	19 (10.4)
Unwanted by employees	3 (1.6)
Difficult to provide enough break time	3 (1.6)
Other	10 (5.5)

* The proportion of missing data was 0.5% ($n = 1$) for size of workplace, 2.7% ($n = 5$) for industry type, 8.8% ($n = 16$) for percent salaried employees, 10.9% ($n = 20$) for percent hourly employees, 2.7% ($n = 5$) for percent female employees, 8.8% ($n = 16$) for number women given birth in past 2 years, 2.1% ($n = 4$) for workplace currently provides, and 25.8% ($n = 47$) for barriers to implementation.

respondents reported that implementing the law was “unwanted by employees” or that it is “difficult to provide enough break time,” and no respondents reported that it was “too costly” (Table 5).

To assess the degree of bias in that respondents may respond to items regarding support for lactation but without “implementing the law,” we conducted a sensitivity analysis where we recategorized companies indicating that they provide lactation support as complying with the law and compared the results with reported knowledge of the law and implementation. Results indicated that respondents who were aware of the law and reported their companies had begun to implement the law were more likely to actually be doing so, and outcomes were similar to those already presented herein.

Discussion

Overall, we observed fairly limited awareness of the Nursing Mothers employment law by New Orleans employers, with just

Table 3
Association between Workplace Characteristics and Awareness and Implementation of the Nursing Mothers Law

Workplace Characteristic	Heard About Nursing Mothers Law		Begun to Implement Nursing Mothers Law*	
	Yes, % (n = 87)	p Trend†	Yes, % (n = 96)	p Trend†
Size of workplace (no. of people)		<.01		<.01
Small (0–50)	33.3		41.5	
Medium (51–99)	41.2		61.4	
Large (≥100)	67.1		72.3	
Percent women		.57		.04
0–10	41.7		25.0	
11–50	50.0		64.8	
51–100	50.0		61.4	
No. women given birth (2 years)		.04		<.01
0	34.1		27.0	
1–10	52.6		70.2	
≥11	60.0		60.0	

* Respondents who answered “don’t know” were excluded from the analysis.

† The p value is for linear trend across categories.

less than one-half of participants (47.8%) aware of the law. A similar and, interestingly, higher proportion of workplaces (52.7%) were already implementing the law. As mentioned, this discrepancy could stem from the survey structure. The survey first asked whether the respondent had heard about the law, the law was then read to them, and then they were asked whether

Table 4
Workplace Characteristics and Awareness and Implementation of the Nursing Mothers Law, Results of Logistic Regression Modeling

Workplace Characteristic	aOR*	95% CI	p Value†
Heard About Nursing Mothers Law			
Size of workplace			.004
Small (0–50)	Ref.	–	
Medium (51–100)	1.36	0.57–3.29	
Large (100+)	4.23	1.69–10.59	
No. of women in the workplace who had babies in the past 2 years			.86
0	Ref.	–	
1–10	1.18	0.49–2.85	
≥11	0.89	0.18–4.44	
Begun to Implement Nursing Mothers Law			
Size of workplace			.03
Small (0–50)	Ref.	–	
Medium (51–100)	1.38	0.52–3.67	
Large (≥100)	2.89	1.03–8.06	
Percent of workplace that are women			.03
0–10	Ref.	–	
11–50	6.20	1.59–24.20	
≥50	4.66	1.21–17.96	
No. of women in the workplace who had babies in the past 2 years			.12
0	Ref.	–	
1–10	3.19	1.18–8.62	
≥11	1.17	0.21–6.62	

Abbreviations: aOR, adjusted odds ratio; CI, confidence interval; Ref., reference.

* Variables were adjusted for all other workplace characteristics under the subheading.

† The p value is based on Pearson's χ^2 (between categories).

Table 5
Law Implementation Status by Current Accommodations and Barriers to Implementation*

Workplace Characteristic	Has Your Workplace Begun to Implement Nursing Mothers Law?		
	Yes (n = 96)	Not at This Time (n = 67)	Don't Know (n = 19)
Workplace currently provides (can choose >1 answer)			
Both space for pumping and work breaks every 3 hours	70 (72.9)	14 (21.2)	1 (6.3)
Either space for pumping or work breaks	23 (24.0)	30 (45.5)	7 (43.8)
Neither of the above	3 (3.1)	22 (33.3)	8 (50.0)
Barriers to implementation of the Nursing Mothers Law			
Workplace is able to implement the law	49 (77.8)	23 (38.3)	8 (66.7)
Few or no female employees	2 (3.2)	16 (26.7)	2 (16.7)
Lack of adequate space	7 (11.1)	10 (16.7)	2 (16.7)
Unwanted by employees	1 (1.6)	2 (3.3)	0
Difficult to provide enough break time	1 (1.6)	2 (3.3)	0
Other	3 (4.8)	7 (11.7)	0

* Data are provided as n (%) unless otherwise noted.

their workplace had begun to implement it. Once hearing what the law entails, respondents may have realized that they were already complying with the law even if they had not heard of it. The fact that many workplaces already provide space and/or break time for employees to pump, but then report that they have not begun to implement the law, indicates a lack of awareness of the law and its requirements.

With respect to workplace characteristics and employers' awareness and implementation, as expected, we found that the size of the workplace and number of female employees were linked to both awareness and implementation, with larger workplaces and those with more female employees being more likely to indicate awareness and more likely to provide dedicated space for lactation support.

The research that was conducted in New Jersey in 2011 measuring lactation support and its functionality in the workplace found that workplaces with a higher percentage of female employees were more likely to have policies that supported breastfeeding (Bai et al., 2014). Our findings support this conclusion; we found that workplaces with a higher percentage of female employees had a greater odds of having begun to implement the law. One explanation is that, if there are more females, there is a greater likelihood that there have been breastfeeding employees who have advocated for appropriate accommodations at the workplace.

In the study by Bai et al. (2014), the investigators asked the employers that they sampled about their awareness of the federal law; 38.4% of nonhospital employers and 16.7% of hospital employers answered “none.” In New Orleans, we found that the percentage of employers that had no awareness of the law was a little higher, at 50.5% (n = 92).

“Few or no females” and “lack of space” were found to be the greatest barriers to implementing the law in workplaces. In addition to advocacy and outreach, technical assistance given to workplaces may help them to find creative solutions for space for employees to pump. For example, meeting with employers and guiding them through what would work for breastfeeding employees in their specific work space can be helpful, as well as pointing them to the Office of Women's Health's online support,

“Supporting Nursing Moms At Work.” This comprehensive website features pictures and videos of space solutions that employers across various industries have found useful (U.S. Department of Health and Human Services, 2015).

Because only 30.1% of workplaces ($n = 55$) in our sample reported any barriers to implementing the law and providing breastfeeding support for employees, workplaces may need reminders and/or an incentive to set up formal support. Researchers who assessed workplace compliance with a city no-smoking law found that reminders to businesses are necessary to maintain awareness and compliance of a self-enforcing/self-compliance law over time (Rigotti, Stoto, & Schelling, 1994). The Louisiana Workplace Breastfeeding Support Program attempts to provide an incentive to businesses to comply with and maintain their awareness of the law by designating workplaces that comply with the law as “Breastfeeding-Friendly Workplaces.” Workplaces that go a step further and establish an official company policy to support employees who breastfeed are designated as “Breastfeeding-Friendly Workplace Champions.” Workplaces that would like to be designated fill out a short application online at http://womenshealth.tulane.edu/go/bfw_app. Several other states, including Florida, Oregon, Rhode Island, South Carolina, and Texas, have similar programs.

This study is limited by its small sample size, recruitment method, and self-reported data. Our aim was to survey all of the businesses in our sample, but owing to a low response rate, we randomly sampled those who had not responded, which left a much smaller sample than originally anticipated, potentially introducing selection bias. The use of two methods for survey completion—phone and mailing—may have also introduced potential selection and misclassification bias; however, given the low response rate, multiple methods among the random sample were used in an attempt to improve response. Similarly, exclusion of respondents who did not know their status on breastfeeding support may have introduced selection bias. Although our low response rate may have also introduced selection bias, based on North American Industry Classification System data, these organizations did not differ based on the total number of employees. Additionally, there was the possibility for social desirability bias, because respondents may have been more likely to respond that their workplaces had begun to implement breastfeeding support once they realized that it was a law (i.e., after reading respondents the law) and did not wish to seem to be in violation. Finally, external generalizability is a limitation as findings may not generalize to New Orleans as a whole, to other cities, to the state, or to smaller businesses.

Last, 32.4% of those surveyed ($n = 59$) reported that fewer than 50 employees worked at their business location. Further research is needed to assess the level of awareness and implementation of the law among employers of small workplaces, who may have different barriers to implementation.

Conclusions

In our sample of New Orleans workplaces, larger workplaces had a greater odds of hearing about the Nursing Mothers law and of beginning to implement it. Many workplaces already have the space, break time, and even refrigerator accommodations available for employees, but state that they have not begun to implement the law. Changing the context for breastfeeding support in the workplace may go a long way in supporting women and families and increasing breastfeeding rates in the United States.

Implications for Practice and/or Policy

Outreach to smaller workplaces is needed to inform employers about the law and to give them tools for implementation. Assistance in designating space for pumping should be offered to all workplaces. Researchers have reported that the presence of comfortable space in which women can pump breast milk in the workplace significantly increases women's duration of breastfeeding (Bai et al., 2014; Tsai, 2013). Therefore, assisting workplaces in finding solutions to space barriers is important to help mothers breastfeed for the recommended duration. Reminders or incentives to implement the law and set up formal breastfeeding support may be helpful for employers, and additional work must be done to determine whether employees are aware of accommodations that already exist and if employers are supportive of employees taking advantage of the accommodations.

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