

RCW 43.70.640 Workplace breastfeeding policies—Infant-friendly designation. (1) An employer may use the designation "infant-friendly" on its promotional materials if the employer has an approved workplace breastfeeding policy addressing at least the following:

(a) Flexible work scheduling, including scheduling breaks and permitting work patterns that provide time for expression of breast milk;

(b) A convenient, sanitary, safe, and private location, other than a restroom, allowing privacy for breastfeeding or expressing breast milk;

(c) A convenient clean and safe water source with facilities for washing hands and rinsing breast-pumping equipment located in the private location specified in (b) of this subsection; and

(d) A convenient hygienic refrigerator in the workplace for the mother's breast milk.

(2) Employers seeking approval of a workplace breastfeeding policy must submit the policy to the department of health. The department of health shall review and approve those policies that meet the requirements of this section. The department may directly develop and implement the criteria for "infant-friendly" employers, or contract with a vendor for this purpose.

(3) For the purposes of this section, "employer" includes those employers defined in RCW 49.12.005 and also includes the state, state institutions, state agencies, political subdivisions of the state, and municipal corporations or quasi-municipal corporations. [2001 c 88 s 3.]

Acknowledgment—Declaration—Findings—2001 c 88: "(1) The legislature acknowledges the surgeon general's summons to all sectors of society and government to help redress the low breastfeeding rates and duration in the United States, including the social and workplace factors that can make it difficult for women to breastfeed. The legislature also acknowledges the surgeon general's report on the health and economic importance of breastfeeding which concludes that:

(a) Breastfeeding is one of the most important contributors to infant health;

(b) Breastfeeding provides a range of benefits for the infant's growth, immunity, and development; and

(c) Breastfeeding improves maternal health and contributes economic benefits to the family, health care system, and workplace.

(2) The legislature declares that the achievement of optimal infant and child health, growth, and development requires protection and support for the practice of breastfeeding. The legislature finds that:

(a) The American academy of pediatrics recommends exclusive breastfeeding for the first six months of a child's life and breastfeeding with the addition of solid foods to continue for at least twelve months, and that arrangements be made to provide expressed breast milk if the mother and child must separate during the first year. Children should be breastfed or fed expressed breast milk when they show signs of need, rather than according to a set schedule or the location;

(b) Breast milk contains all the nutrients a child needs for optimal health, growth, and development, many of which can only be found in breast milk;

(c) Research in developed countries provides strong evidence that breastfeeding decreases the incidence and/or severity of diarrhea, lower respiratory tract infection, otitis media, bacteremia, bacterial meningitis, urinary tract infection, and necrotizing enterocolitis. In addition, a number of studies show a possible protective effect of breastfeeding against SIDS, Type 1 diabetes mellitus, Crohn's disease, lymphoma, ulcerative colitis, and allergic diseases;

(d) Studies also indicate health benefits in mothers who breastfeed. Breastfeeding is one of the few ways that mothers may be able to lower their risk of developing breast and ovarian cancer, with benefits proportional to the duration that they are able to breastfeed. In addition, the maternal hormonal changes stimulated by breastfeeding also help the uterus recover faster and minimize the amount of blood mothers lose after birth. Breastfeeding inhibits ovulation and menstrual bleeding, thereby decreasing the risk of anemia and a precipitous subsequent pregnancy. Breastfeeding women also have an earlier return to prepregnancy weight;

(e) Approximately two-thirds of women who are employed when they become pregnant return to the workforce by the time their children are six months old;

(f) Employers benefit when their employees breastfeed. Breastfed infants are sick less often; therefore, maternal absenteeism from work is lower in companies with established lactation programs. In addition, employee medical costs are lower and employee productivity is higher;

(g) According to a survey of mothers in Washington, most want to breastfeed but discontinue sooner than they hope, citing lack of societal and workplace support as key factors limiting their ability to breastfeed;

(h) Many mothers fear that they are not making enough breast milk and therefore decrease or discontinue breastfeeding. Frequency of breastfeeding or expressing breast milk is the main regulator of milk supply, such that forcing mothers to go prolonged periods without breastfeeding or expressing breast milk can undermine their ability to maintain breastfeeding; and

(i) Maternal stress can physiologically inhibit a mother's ability to produce and let down milk. Mothers report modifiable sources of stress related to breastfeeding, including lack of protection from harassment and difficulty finding time and an appropriate location to express milk while away from their babies.

(3) The legislature encourages state and local governmental agencies, and private and public sector businesses to consider the benefits of providing convenient, sanitary, safe, and private rooms for mothers to express breast milk." [2001 c 88 s 1.]