



Supporting Lactating Students

All pregnant and parenting youth (PPY) are a vulnerable population that deserve a comprehensive support network. Supporting PPY ensures there are fewer barriers for students to return to school and be successful in their academics. Teen birth rates are decreasing overall; however, disparities still exist by race and ethnicity, and across socioeconomic strata.¹ Many PPY are low income or live in racially segregated neighborhoods and face barriers to education achievement.²

Although the benefits of chest/breastfeeding are well documented, lactating parents still face numerous barriers to chest/breastfeeding their child. Overall, young parents between ages 13-19 have the lowest chest/breastfeeding rate in the United States.³

Inadequate access to lactation information, unsupportive work or school policies, and lack of family support are some of the reasons parents discontinue nursing.² For adolescent parents, family, peer and healthcare professional support, lack of confidence, and discomfort while nursing influence a teen parent's likelihood of chest/breast-feeding.³ In addition, teen parents may be faced with the added stigma related to adolescent pregnancy.

School staff can be advocates and a key support system as an adolescent navigates parenting and academics.

BENEFITS OF BREASTFEEDING

Benefits for Infants

- Prevent ear infections, eczema, diarrhea and vomiting.
- Chest/breastfed infants have a lower risk of asthma, obesity, type 2 diabetes, ear and respiratory infections, and Sudden Infant Death Syndrome (SIDS)⁵

Benefits for Birth Parent

- Can help lower the risk of heart disease, type 2 diabetes, ovarian and breast cancer for birthing parent⁴
- Chest/breastmilk is the best source of nutrition for most infants⁵
- Lactation spaces at school normalize lactation and may encourage the parent to return to school.

- Since nursing can help prevent an infant from getting sick, this means a lactating student may have fewer absences or less missed school work

Benefits for Schools

- Teaches that lactation is a normal part of life
- Fewer unexcused absences from school
- Benefits for Society
- Since chest/breastfed infants usually have fewer hospitalizations or sick care visits, medical costs may be lower for fully breastfed infants⁴
- If 90% of babies were chest/breastfed exclusively for six months, almost 1000 infant deaths could be prevented every year⁴

For more information visit www.CPS.edu/HealthyCPS

Questions? Email OSHW@cps.edu or call the **Healthy CPS Hotline 773-553-KIDS (5437)**.

LEGAL REQUIREMENTS

HB2369 - General

In January 2018, the School Code was amended to outline the required accommodations for nursing students in public schools. If a lactating student is enrolled, this legislation states that schools will:

- Provide access to a private and secure room that is not a restroom
- Grant permission to bring a pump and any other equipment used to express milk to school
- Provide a power source for pumping or other equipment used to express milk
- Provide space to store expressed milk safely
- If a student files a complaint due to noncompliance of HB2369 requirements, the public school will implement the grievance procedure of 23 Ill. Adm. Code 200, including appeals procedures.

HB2369- Reasonable Time

- Nursing students must be provided a reasonable amount of time to express breastmilk while at school.
- Lactating students cannot be penalized or incur an academic penalty for missed work related to time spent away from the classroom expressing milk. The student should be given the opportunity to make up for missed work.

Title IX

Title IX of the Education Amendments of 1972 states that:

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits or, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”

This includes discrimination due to pregnancy, childbirth, or parental status. Title IX prohibits pregnancy related harassment or sexual harassment, and requires schools to take prompt action if harassment is observed or reported. Under Title IX:

- Absences related to pregnancy or childbirth will be excused as long as the student's physician reports absences as medically necessary.
- Upon returning from medical leave, a student should be given the opportunity to make-up missed work and re-enter school at the same grade.
- School will provide reasonable accommodations to keep education accessible to pregnant youth (i.e. providing a larger desk, temporary access to an elevator, permitting frequent bathroom use).

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Lactation Spaces at School

Lactating students should never have to use a restroom to express milk. Restrooms are unsanitary and may not have appropriate electrical outlets or a space to comfortably operate a pump.

A room that is already allocated for chest/breastfeeding employees can be used for students as well. Other spaces that can be adapted into a lactation room:

- Unused or infrequently used office or classroom. Remember that any windows should be covered for privacy.
- Section off the corner of a quiet room with portable partition walls
- Avoid using a closet or furnace room as this does not show the same respect as a private room.
- See below for a range of accommodations that can be provided in a lactation room.

1. Centers for Disease Control and Prevention. (2017). *Breastfeeding: Facts*. Retrieved from: <https://www.cdc.gov/breastfeeding/data/facts.html>
2. Centers for Disease Control and Prevention. (2017). *Reproductive Health: Teen Pregnancy*. Retrieved from: <https://www.cdc.gov/teenpregnancy/about/index.htm>
3. Kanhadilok, S., McGrath, J.M. (2015). An Integrative Review of Factors Influencing Breastfeeding in Adolescent Mothers. *J Perinat Educ*, 24(2), 119-127. doi: [10.1891/1946-6560.24.2.119](https://doi.org/10.1891/1946-6560.24.2.119)
4. Office of Women's Health. (2018). *Breastfeeding*. Retrieved from <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed>
5. Eidelman, A.I., Schanler, R.J. (2012). Breastfeeding and the Use of Human Milk. *American Academy of Pediatrics*, 129(3), e827-e841. doi:10.1542/peds.2011-3552
6. US Dept. of Health and Human Services, HRSA, Maternal and Child Health Bureau. (2008). *The business case for breastfeeding*. Retrieved from: https://www.womenshealth.gov/files/documents/bcfb_business_case-for-breastfeeding-for-business-managers.pdf

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