

Testimony for House and Human Services Committee
 RE: HB 2284

I am Libby Rosen, RN, Internationally Board Certified Lactation Consultant representing the Kaw Area Breastfeeding Coalition. This coalition is a partnership of the local health department, both community hospitals, Parents As Teachers, Part C Infant and Toddler Services and La Leche League. Our group is a community collaboration of parents and health care providers whose mission is to provide breastfeeding support and information to the community. I have been an obstetrical nurse in the Topeka Community for 31 years, attending over 2,000 births. Currently I supervise the breastfeeding and follow up clinic at Stormont-Vail Regional Health Center, a free community service that provides over 600 visits a month to families during their baby's first year. I am also a graduate student at Kansas University in the PhD program, focusing on research and higher education.

As a health care provider, I must stress the tremendous health benefits of breastfeeding to mother and baby. I do this with the same passion that I support the immunization program and use of car seats. Human milk reduces morbidity and mortality rates. Current studies show less obesity in children who are breastfed. There is also well-documented research showing positive maternal-infant interaction as a result of breastfeeding, leading to a lower incidence of child abuse. This speaks to why this legislation is so important.

The Healthy People 2010 objectives have as a goal for at least 75% of all moms to initiate breastfeeding and at least 50% to still be breastfeeding at 6 months. Current 2003 statistics for Kansas and nationally are:

Location	Any breastfeeding at hospital discharge	Any breastfeeding at 6 months	Any breastfeeding at 1 year	Exclusive breastfeeding at 3 months	Exclusive breastfeeding at 6 months
Kansas	65 +5.1	73 +5.6	72 +4.0	34 +5.8	6.1 +4.1
National	69 +0.8	62 +0.8	72 +0.7	11 +0.9	4.2 +0.6

The initiation rates in Kansas meet the goal, however the six-month goal lacks by a range of 7.1-18.3%. This continuation of breastfeeding is where the focus is needed. Ball and Wright (1999) reported breastfeeding saved \$341 to \$475 in **health care costs alone** during the first year of the babies' life. This does not include the approximately \$2,500 per year in savings realized by not buying formula, and if those mothers are WIC participants, that saves us as taxpayers. Babies all around the world have improved morbidity and mortality rates due to the consumption of their mother's milk (Cunningham et al., 1991). Formulas fed babies have more hospitalizations, respiratory tract infections, otitis media, diarrhea, pneumonia, urinary tract infections, necrotizing enterocolitis, and invasive bacterial infections. Mothers who can and do choose to breastfeed are afforded better health as well, showing a reduction in postpartum bleeding, reduced risk of ovarian cancer and premenopausal breast cancer as well as an earlier return to pre-pregnancy weight (<http://www.cdc.gov/breastfeeding/report->

[blueprint.htm](#))

Bill 2284 would support breastfeeding and has the potential to improve the rates of breastfeeding in our state, consequently assisting in lowered insurance premiums, as well as less ill time on the job. Babies that are healthier have parents able to be present at work. Passing this bill would show nursing families that the state recognizes and supports their right to nurse as well as the health benefits for both the mother and baby.

Even though we are doing well in Kansas with the initiation rate, meeting that goal, the benefits of breastfeeding are proportionally related to the duration of breastfeeding and the Kansas 6 months statistics drop to 37% and that is any breastfeeding, not exclusively human milk, exclusive breastfeeding is at 16.1%. If a mother does not feel supported to nurse in public, she might choose to offer human milk substitutes (formula).

Two studies express ways to improve the duration of breastfeeding: McLeod et al. (2002) discussed potential ways to improve rates are:

- Creating realistic expectations about breastfeeding,
- Ensuring access to consistent information,
- Ensuring quality ongoing support from partners, family friends, professionals, **and the community.**

A second study by Heinig and Farley (2001) "*Development of effective strategies to support breastfeeding*" found that **social support efforts** by health care providers and combined information, guidance, support that are long-term and intensive are two of the factors that support ongoing breastfeeding.

I have heard many stories from women who are my patients about how hard it is to feel supported about continued breastfeeding. Including, where can they nurse their babies or pump their milk? Comments are made even if they are subtly nursing their baby's in public, showing much less skin than a Victoria's Secret ad. Would you eat your lunch in a public restroom stall? Why would we ask mothers to do that!

Bottom line is that human milk is for human babies, serving to promote and support the baby. It provides warm ready milk any time, anywhere, even in the event of a natural disaster like a tornado or power outage. It provides babies with literally millions of antibodies and live cells that promote brain growth and development and overall good health. Seeing other women nurse in public introduces its normalcy, it provides the next generation with role modeling. Breastfeeding assures maternal infant contact, as a state we want connected solid relationships, resulting in less child abuse and neglect.

Please support this bill, help us to help moms who have decided to nurse their babies to receive the confirmation they need from the State of Kansas to promote family values at their roots: warmth, health, security and with the best benefits available.

References

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