

Good Morning Chairman Klemin and members of the House Judiciary Committee,

My name is Willow Hall, and I am here to ask you today for a "Do Pass" recommendation on HB1105. I am here as a professional in the field of lactation, to provide testimony in regards to the following:

First, the importance of early establishment of breastfeeding, and to provide context about how the current language of the North Dakota Century Code inhibits breastfeeding goals in our state.

Second, I would also like to provide the members with the national and international benchmarks of achieving healthy breastfeeding rates in the population.

Before I get into these points, I would like to give a quick background on my professional qualifications that I am drawing on to address you here today. I am a Certified Lactation Counselor, Birth Doula, and Certified Childbirth Educator. My role professionally is to support women during pregnancy, birth and the early postpartum period. I use my role to prepare women for breastfeeding, through prenatal education, as well as helping with early initiation of breastfeeding at birth, and in the weeks directly following birth. I have been intricately involved in the community that supports birth and breastfeeding choices and education since 2009 when my oldest child was born. I have the experience of over one hundred months of breastfeeding between my four children, and am currently still breastfeeding my youngest child. The entirety of my professional and personal breastfeeding experience has been in the state of North Dakota.

Medical and scientific literature has established the fact that a woman's body creates the perfect biological food. The American Association of Pediatrics recommends exclusive breastfeeding for the first six months of life where and when possible. This is supported by every other major medical community, including the Center for Disease Control and the World Health Organization.

While breastfeeding is natural, it does not come naturally to many women. Most women in the first few weeks and months after birth struggle to some extent with breastfeeding. There are changes in the woman's body, especially within the breasts, that can be uncomfortable and make feeding challenging.

There are many obstacles to the early establishment of breastfeeding. These obstacles include difficulty in the following: (1) accessing appropriate information; (2) obtaining support from peers and family; and (3) living in a society that supports breastfeeding. This last point, living in a society that supports breastfeeding, directly pertains to the proposed amendments before you today.

For a new mother, the first few outings with her new baby can be incredibly stressful. Often it seems that anything that can go wrong usually does. Specifically regarding breastfeeding, newborn babies often require patience to latch properly in order to nurse. In plain terms, a woman needs to be able to see the baby's mouth and her nipple to visually verify that the baby is latched properly to ensure proper milk transfer. This also confirms that the woman's nipple is not being actively damaged by a latch that is not ideal. A latch that is incorrectly formed between the baby and the mother can cause, but is not limited to the following:

- Poor milk transfer causing or contributing to babies suffering through low weight gain or failure to thrive
- Damage to the mother's breast tissue
- Increased risk of plugged milk ducts
- Increased risk of mastitis, which are infections to the mother that can cause serious medical emergencies
- Significant increase in pain
- Cracked or bleeding nipples

Each of these situations cause significant stress to new mothers who are often physically uncomfortable recovering from childbirth, not sleeping well, and now worried about the ability to feed their babies breastmilk.

From my professional experience, the language in North Dakota's current law regarding indecent exposure and breastfeeding without question causes unnecessary anxiety in women. They are already adjusting to a new baby and learning the ropes of infant feeding while facing laws that hinder their establishment of breastfeeding.

Under the current North Dakota law, the language "modest" and "discreet" is not clearly defined. What is modest? What is discreet? Defining these words frankly is an unfair burden for mothers to carry. This wording both is arbitrary and subjective and is unable to offer women a universal definition of acceptable breastfeeding. It also implies that the act of feeding your child is indecent, or that it has the potential to become so, which has no basis in medical or scientific literature. I strongly believe that this actively works to create barriers in establishing a strong and resilient breastfeeding culture.

The frequency and timing of feedings is the way that a woman produces an appropriate amount of milk for her baby. Additionally, discouraging breastfeeding in public may cause mothers not to nurse at all. This would create both short and long term negative health effects in women and their babies.

Members of this committee, consider what we are really discussing here. We are talking about mothers who want to do what is best for their children. They want to breastfeed where and when to establish breastfeeding. All of this happens while they operate on little sleep, have concerns about milk supply and monitor their babies' weight. Mothers do not want to expose themselves to the public, they want to feed their babies. It is the babies who decide when and where to feed, not the mothers.

Secondly, we are fortunate enough to have dedicated professionals who have conducted vast amounts of research over the years in a variety of countries and determined what public health approaches help us to reach and maintain ideal breastfeeding rates. These rates are beneficial not only to the specific mom and baby in question, but also in society at large. Higher breastfeeding rates have directly correlated with the rates of diabetes and heart disease most especially, and obesity, asthma, along with other long-term health conditions in lesser quantities.

Research has been done with individual women who have set breastfeeding goals of exclusive breastfeeding for six months. This is the recommendation both by the American Association of Pediatrics and the World Health Organization. This data shows that four main reasons exist why women struggle to meet their objectives. These reasons are as follows:

- Not enough milk
- The baby won't latch
- Breast pain, soreness
- Work/school/social concerns

Each of these are exacerbated in specific situations I have encountered over my years of working with women due to anxiety of public shaming or removal for breastfeeding. For these reasons, I am asking you to recommend this bill for passage. In doing this, you will send the message to North Dakota mothers that they are free and welcome to breastfeed without having to appease someone else's comfort level.

I ask you to consider and recommend a "Do Pass" on the proposed amendments.