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2003 HOUSE INDUSTRY, BUSINESS AND LABOR
HB 1464

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10/16/03
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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 1464

House Industry, Business and Labor Committee

☐ Conference Committee

Hearing Date February 3, 2003

Tape Number	Side A	Side B	Meter #
3		X	981-3370
Committee Clerk Signature <i>Elizabeth R. Feier</i>			

Minutes: **Chair Keiser** opened hearing on HB 1464

Rep. Niemeier Supports with written testimony

Rep. Johnson: Concerning lines 14 and 15, will the Dept. of Labor have penalties? Rep.

Niemeier said penalties will cause problems for employers. Some just do not have the facilities and employers will do what they can.

Rep. Keiser questioned the "shall," and "reasonable" language and how we define "reasonable."

Rep. Niemeier noted this is an ongoing problem with legislation because it is not cut and dried. It really depends on the situation.

Rep. Keiser questioned the WIC survey on the written testimony and Rep. Niemeier cautioned that the numbers only reflect WIC participants, not everyone.

Karen Ehrens (Licensed Registered Dietitian): Supports with written testimony. In addition, she mentioned that 76% of mothers in ND with children under 5 work.

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10/16/03
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House Industry, Business and Labor Committee

Bill/Resolution Number 1464

Hearing Date February 3, 2003

Carol Two Eagles (citizen): Supports the bill. She has been able to offer this to her employees and believes this promotes healthy living.

Jill Leppert (WIC): Supports with written testimony.

Chair Keiser closed hearing on HB 1464.

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To Costa Rickford
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10/6/03
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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 1464

House Industry, Business and Labor Committee

☐ Conference Committee

Hearing Date February 10, 2003

Tape Number	Side A	Side B	Meter #
1		X	5080-end
2	X		0-750
Committee Clerk Signature <i>Elizabeth R. Feier</i>			

Minutes: **Chair Keiser:** Opened discussion on HB 1464.

Rep. Klein moved DNP on HB 1464. Seconded by Rep. Ruby

Rep. Ekstrom: Most women with children are in the work force. It's a statement to make ND worker-friendly.

Rep. Ruby: This does not apply to young mothers going to school. This looks at image, but is it one of mandate or just family friendly.

Rep. Johnson believes this is just a message because there is no penalty.

Rep. Keiser: Does not like the "unpaid break time" language because it suggests not paying the women while they are pumping. It is, however, sending a message and reports can be sent to the Labor Commission.

Rep. Froseth sees the point of being employee friendly, but we can't regulate every employer/employee relationship. Employers can have something like this in their employee handbook.

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Page 2

House Industry, Business and Labor Committee

Bill/Resolution Number 1464

Hearing Date February 10, 2003

Rep. Zaiser agrees that there are inconsistencies in the language. Does not believe this is a litmus test for people moving to ND because we are worker-friendly.

Rep. Ekstrom: This bill is permissive. Mothers will not always ask for the provisions. We should want to promote healthy lifestyles.

Rep. Thorpe: Supports bill because it adds legitimacy for the employee not getting terminated.

Rep. Nottestad: Supports bill because it encourages the employee to ask. Right now they may not ask because they had to ask for time off during the pregnancy and for the birth.

Vote: 10 Yes 4 No 0 Absent and not voting Carrier: Rep. Tieman

IR

Date: 2/ /03
Roll Call Vote #:

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1464

House INDUSTRY BUSINESS & LABOR Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DNP

Motion Made By Klein Seconded By Ruby

Representatives	Yes	No	Representatives	Yes	No
Chairman Keiser	✓		Boe	✓	
Vice-Chair Severson	✓		Ekstrom		✓
Dosch	✓		Thorpe		✓
Froseth	✓		Zaiser	✓	
Johnson		✓			
Kasper	✓				
Klein	✓				
Nottestad		✓			
Ruby	✓				
Tieman	✓				

Total (Yes) 10 No 4

Absent _____

Floor Assignment Tieman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 10, 2003 11:10 a.m.

REPORT OF STANDING COMMITTEE
HB 1464: Industry, Business and Labor Committee (Rep. Keiser, Chairman)
recommends DO NOT PASS (10 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING).
HB 1464 was placed on the Eleventh order on the calendar.

Module No: HR-25-2099
Carrier: Tieman
Insert LC: . Title: .

(2) DESK, (3) COMM

Page No. 1

HR-25-2099

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Yolanda Richardson
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2003 TESTIMONY

HB 1464

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10/16/03
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North Dakota Dietetic Association

February 3, 2003

Testimony for HB 1464

Chairman Keiser and Members of the House Industry, Business and Labor Committee:

Good afternoon, my name is Karen Ehrens. I am a Licensed, Registered Dietitian (LRD) and appear before you today on behalf of the North Dakota Dietetic Association asking for your favorable consideration of HB 1464.

It is agreed by major medical associations including the American Academy of Pediatrics and the American Dietetic Association and government agencies including the US Centers for Disease Control and Prevention (CDC) and the US Department of Agriculture (USDA) that human breast milk is the preferred food for infants. Breastfeeding benefits both the physical and emotional health of mothers and infants.

Recent research indicates that people who were breastfed for several months as infants have a lower risk of developing diabetes, obesity and cancer. In North Dakota, 5.2 % of the population has been diagnosed with diabetes and 60.4% of the adult population is overweight or obese. Effort put forth today to increase the rate of breastfeeding can positively impact future rates of diabetes and obesity. This will be translated into future improved health and quality of life and reductions in healthcare and health insurance costs.

In addition to health benefits, breastfeeding provides benefits to society. Mothers who breastfeed experience reduced absenteeism from the workplace and reduced healthcare costs. The 298 members of the North Dakota Dietetic Association strongly support HB 1464 that encourages employers to support and enable mothers in their decision to provide breast milk for their children. Both mothers and employers will benefit from this legislation. Employers who support a mother and child will gain employee loyalty and good will. The reduced absenteeism and improved morale can result in increased productivity.

Even more than providing support to their immediate employees and their families, such legislation can be a tool to support economic development. Legislation such as this sends a message to young families we are so desperately trying to hold on to and to those we are trying to attract. Legislation such as this says the leaders in the North Dakota State Legislature and employers in North Dakota care about young families. This is another benefit that North Dakota can present to potential employers and employees when selling the quality of life we know exists in our state.

Efforts to increase the rate and duration of breastfeeding are needed in several areas. Education of mothers and healthcare workers needs to continue along with efforts to break down societal barriers. Passage of this bill will be an excellent boost to ongoing efforts in North Dakota in both of these areas.

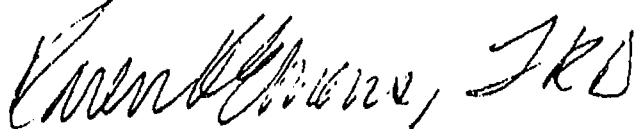
Karen Ehrens
Operator's Signature

10/16/03
Date

North Dakota Dietetic Association Testimony Regarding House Bill 1464, page 2

We encourage the legislators of North Dakota to pass this legislation in recognition of the importance of breastfeeding to the current and future health of the state of North Dakota and its citizens.

Writing for the Board of the North Dakota Dietetic Association,



Karen K. Ehrens, LRD

References

American Academy of Pediatrics Policy Statement on Breastfeeding, "Breastfeeding and the Use of Human Milk", *Pediatrics*, Volume 100, Number 6, pp. 1035-1039, 1997.

American College of Nurse-Midwives Research Summary posted on the website
<http://www.gotmom.org/news/research.htm>, accessed 02/02/03.

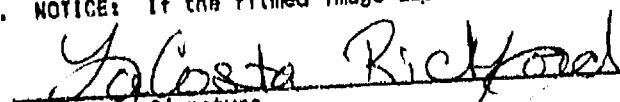
American Dietetic Association Position Papers on the Promotion of Breastfeeding, *Journal of the American Dietetic Association*, Volume 97, pp. 662-666, 1997 and Volume 101, p. 1213, 2001.

Cohen R., Mrtek MB, Mrtek RG. Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. *American Journal of Health Promotion*, 1995;10:148-53.

Glenn AC, Faden RR, O'Campo P, Brown CH, Paige DM. Maternal employment during the early postpartum period: effects on initiation and continuation of breastfeeding. *Pediatrics*. 1991; 87:298-305.

North Dakota Behavioral Risk Factor Surveillance System, 2002.

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FAMILY FRIENDLY POLICIES IN THE WORKSITES OF NORTH DAKOTA

In September and October 2001, 1110 North Dakota employers with 5 or more employees responded to a survey regarding wellness-related policies practices and interests. The survey included the question: *Does your worksite have any policies or practices regarding women who choose to breastfeed their babies?*

- **Less than one of every ten respondents (7.2%)** recognize that their worksite has practices or policies regarding women who choose to breastfeed their babies.

Those who responded "yes" to this question were to indicate which policies or practices were in place. Despite the instructions to skip this section of the survey if responding negatively to the question, more respondents chose to indicate policies or practices. Therefore, the results imply that the proportion of employers that have family-friendly practices or policies is higher than 7.2%. These responses have been extrapolated to estimate that in North Dakota:

- ☐ 8.3% to 10.2% of employers allow employees to share jobs or "jobshare."
- ☐ 12.3% to 17.1% of employers allow flexible scheduling for mothers who want to express breast milk or breastfeed their babies.
- ☐ 10.5% to 15.5% of employers provide a private area where mothers can express breast milk or breastfeed their babies.
- ☐ 0.7% to 1.2% of employers provide electric pumps for expressing milk.
- ☐ 3.0% to 4.1% of employers allow parents to bring their babies to work.

Establishing policies or programs in the workplace can improve the health of employees. Healthy employees have lower health insurance costs, better morale, fewer sick days and are more productive.

- **Over 80% of employers** responding to the survey expressed belief in the benefits of worksite wellness.

From *Health and Wellness in the Worksites of North Dakota*, Benchmark Worksite Wellness Survey, completed October 2002, North Dakota Department of Health, Division of Health Promotion. The study's purpose was to establish a benchmark of health promotion activities offered by North Dakota employers to their employees. The survey was designed and administered in the fall of 2001 by Winkelman Consulting, Fargo, ND. Many of the questions come from *Heart Check: Assessing Worksite Support for a Heart Healthy Lifestyle*, Version 4.1, New York State Department of Health, Healthy Heart Program.

From a sample of 2,447 surveys mailed to North Dakota employers, 1,110 questionnaires were completed, a rate of 45.4%. Data was collected through the use of Internet surveys, mail surveys, and telephone interviews. The data was weighted, by both human service region and organization size (based on employees), to ensure that final results are representative of all North Dakota organizations with five or more employees.

For more information about worksite wellness programs in North Dakota, contact Kelly Carlson, LRD. Public Health Liaison, North Dakota Department of Health, Jamestown, ND, 701.252.8130, kcarlson@pioneer.state.nd.us

SUMMARY WRITTEN BY MARK WINKELMAN
AND ADAPTED BY KAREN K. EHRENS, LRD 2/03

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10/16/03
Date

KAREN K EHRENS

From: <HBusig@grandforksgov.com>
To: <dkehrens@msn.com>
<BBenda-Moe@grandforksgov.com>; <DSwanson@grandforksgov.com>
Monday, January 27, 2003 11:21 AM
Subject: Breastfeeding support
Hi Karen,

I wanted to give you my statement on how the support of my workplace has helped in my breastfeeding my daughters. My first daughter was born in August, 2000. I knew that I wanted to breastfeed, and had always planned on doing so. My supervisor allowed some flexible scheduling so that I could go to her daycare in order to nurse her during my lunch break. I was also able to bring my baby to the office with me on occasion, especially in the early months. I nursed her at all kinds of meetings, and brought her with me when my job required that I go out of town. Pumping breastmilk was a bit of a barrier initially, as I had to go to the County Commissioner to get permission to put up a curtain the window on the door to my office. I went with my supervisor, and with her full support.

I believe that if I had not been lucky enough to have a work environment supportive of breastfeeding, I would have probably quit before my baby reached 3 months of age. As it was, I nursed my first daughter until she was 23 months old. I have recently given birth to my second daughter, who has accompanied me to work much of the last 3 weeks. There was not an opening at her daycare when I needed to return to work (infant care is very difficult to find in Grand Forks). She will start daycare on her two month birthday, and I plan to join her for lunch, like I did her older sister.

Being able to nurse my children has meant that I am a happier employee, that I have missed very few days of work due to ill children. I go to work every day knowing that my children are receiving and have received the best nutritional start possible, something that only I can give them.

Please let me know if you have any questions.

Sincerely,

Heather Busig

Heather T. Busig, RN
151 S. 4th Street, Suite N301
Grand Forks, ND 58201
(701)787-8140

02/03/2003

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INTRODUCTION OF HB 1464 INDUSTRY, BUSINESS & LABOR COMM.
REP. CAROL A. NIEMEIER, BUXTON, DIST. 20 FEB. 3, 2003

Women with infants and toddlers are the fastest growing segment of today's labor force. At least 50% of women who are employed when they become pregnant return to the work force by the time their children are 3 months old. The American Academy of Pediatrics recommends breastfeeding for at least the first 12 months of a child's life. The academy also recommends that arrangements be made to provide expressed breastmilk if the mother and child must separate. This counsel is an important factor in the bill's intent.

Breastfeeding legislation has been enacted in more than 30 states. Initially, the legislation concerned itself with breastfeeding in public issues, clarifying a mother's right to breastfeed where she goes with her baby. More recently, just as many are looking at the problems employed breastfeeding mothers encounter, and have enacted legislation either encouraging or requiring employers to accommodate these employees. HB 1464 was modeled after Minnesota Chapter Law 369 passed unanimously in 1998.

North Dakota has provided this advantage for public employees and this should make a strong statement to the private sector to consider this as a health choice. We look at this as the best way to encourage mothers to keep breastfeeding when they return to work, as it benefits not only the individual mother and baby, but the employer as well. Studies indicate that women who continue to breastfeed while on the job miss less time from work because of baby-related illnesses, and have shorter absences when they do miss work. Other positive results for the employer include high productivity, high company loyalty, high employee morale, and lower health care costs.

Women who wish to continue breastfeeding after returning to work have relatively few needs, some of which they may provide themselves. An efficient breast pump, electric or manual; milk containers and a cold storage bag to temporarily keep the product. The employer shall provide a clean, comfortable place, which in a small facility, could be as simple as a screened off chair in a private area and the opportunity for the employee to pump frequently enough to maintain lactation.

Breastmilk contains all the nutrients a child needs for ideal growth and development, promotes closeness between mother and child, and is easy to digest.

Breast milk is the first line of immunization defense and enhances the effectiveness of vaccines given to children. I'm sure you are all aware of the many benefits in terms of life-long protections to good health.

The United States has one of the lowest breastfeeding rates of all industrialized nations and one of the highest rates of infant mortality. But more and more in our society are realizing the medical and economic benefits to society if breastfeeding is promoted. Hundreds of millions of dollars continue to be spent by the US government to purchase artificial baby milk. Think of the money that could be saved if more women made the healthy choice. This is just one reason why laws have been passed that protect the right to breastfeed, or guarantee that breastfeeding mothers are treated fairly. And legislation has been introduced in several states and in Congress offering incentives to employers who would accommodate this custom.

Breastfeeding legal problems are often solved by education about the importance of this practice. Legislation is one way of showing how important society now views this health choice. Employers and employees have an equal stake in encouraging that which provides for stronger families and a healthier work force for our state.

I ask for a favorable vote from the committee and would be pleased to answer your questions.

2002 NORTH DAKOTA WIC SURVEY

7. Many breastfeeding women quit breastfeeding because of school or work. Which of these statements apply to your work place? My work place (please check all that apply):

40.6% I don't work outside my home

The following percentages are based on the 284 respondents who are assumed to work outside the home, because they did not check answer #1. I don't work outside my home

- 3.2% Allows breastfeeding at work (the baby comes to where I work)
- 9.5% Allows pumping breastmilk at work
- 5.6% Provides a private space for breastfeeding or pumping at work, but not a bathroom
- 10.6% Provides a refrigerator for storing breastmilk at work
- 9.6% Allows time during the day, such as breaks or lunch time, to make breastfeeding easier
- 2.8% Does not allow breastfeeding or pumping breastmilk at work
- 19.0% I don't know, but I would feel comfortable asking if I could breastfeed or pump at work
- 15.8% I don't know, and I would never ask if I could breastfeed or pump at work

at all. 76.4% Since more than one answer could be checked by respondents, it is obvious that many women did not answer this question

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10/16/03
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Testimony on House Bill 1464, IBL Committee, Feb. 3, 2003

My name is Maren Niemeier, and I'm employed at the University of North Dakota. I'm also the mother of a 4 1/2 month old baby girl named Stella. It is not easy to be away from my girl every day, but I love my job and the ability that it gives me to contribute to my family's income and to the work of the University. My employer has been very helpful in accomodating my need for a private, clean location to pump. There is a refrigerator for storing the milk and a sink for washing the pump. My returning to work after Stella's birth would have been a much harder decision without those accomodations. It is very important to me that I give my daughter the best, healthiest start I can. It seems like every month a new study comes out showing the benefits of breastmilk over formula -- less frequent illness, higher intelligence, less risk of obesity later in life -- the list goes on and on. Every child deserves the benefit of nursing for as long as the mother can do that. Being in a workplace where I have the ability to express milk has made it possible for me to continue to nurse my baby. I can go to work and focus on my career, knowing that my little girl is still getting the best, because she deserves nothing less!

Maren Niemeier

Lead Information Specialist, Rural Assistance Center
Center for Rural Health, University of North Dakota
P.O. Box 9037, Grand Forks, ND 58202-9037
701-777-6025
mniemeier@medicine.nodak.edu

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Breastfeeding and Employment

The 1996 New Mothers' Survey and previous surveys of the North Dakota WIC population have shown that many women either do not initiate breastfeeding or stop breastfeeding early because they are going back to work or school. Although, in the 1999 survey, women were not asked about reasons for not initiating or for quitting early, a question was asked about current employment status. At the time of the survey, when their

infants were 3 to 4 months of age, 61 percent of the respondents were employed. A higher percentage of currently employed women did not initiate breastfeeding (32%) compared to unemployed women (25%). Employed women stopped breastfeeding early – only 32 percent breastfed for more than 12 weeks, compared to 47 percent of unemployed women.

Breastfeeding (BF) and Employment Status at Time of Survey

	Unemployed	Employed	Total
Did not breastfeed	25%	32%	30%
BF < 8 weeks	25%	27%	26%
BF > 8, < 12 weeks	3%	8%	6%
BF > 12 weeks	47%	32%	38%

Supporting Breastfeeding in the Workplace

Employers play a big role in helping mothers be successful at breastfeeding. The workplace environment should enable mothers to continue to breastfeed as long as the mother and baby desire. Supporting employee efforts to breastfeed can require very little space or expense. Work-site programs that support a breastfeeding mother and her infant may include:

- Providing a private space. This could be as elaborate as a separate room with a rocking chair or as simple as a partition in a storage area. Or, it could be something as simple as allowing a mother to close her office door.
- Allowing adequate breaks for a mother to pump (with a good electric pump a mom

can finish pumping in 15 to 20 minutes). Where possible, flexible work hours, job sharing or part-time work is also helpful.

- Purchasing a hospital - grade electric pump for the workplace that mothers could share (average cost: \$550).
- Providing a small refrigerator for safe storage of milk.
- Developing a written personnel policy that supports a breastfeeding mother. Such a policy shows that a company is committed to promoting and supporting this important health benefit. While many companies don't have a policy against breastfeeding, a written policy supporting breastfeeding is a powerful tool.

What Gives These Companies a Competitive Edge?

Worksite Support for Breastfeeding Employees



healthy mothers, healthy babies

Amoco

The Dow Chemical
Company, USA

Los Angeles Department
of Water and Power

National Security Agency

U.S. Department of
Agriculture

U.S. Department
of Health and Human
Services

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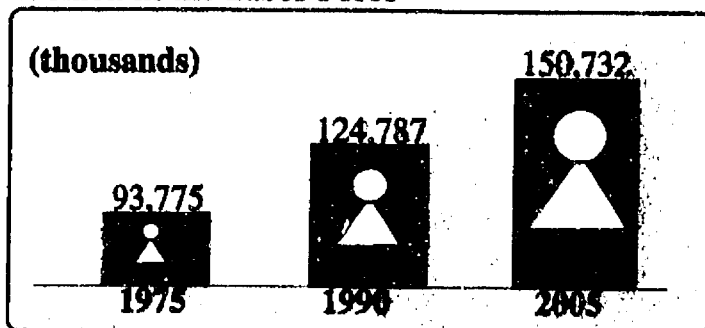


Why should employers be concerned about breastfeeding working mothers?

Breastfeeding support at the workplace can positively impact the bottom line by lowering healthcare costs, enhancing productivity, improving employee satisfaction, increasing retention and improving corporate image.

The workforce is changing dramatically. Growth will be slow over the next decade, but two-thirds of new workers will be women starting or returning to work.

Women in the Labor Force*



* U.S. Department of Labor Statistics

Although 55% of working mothers try breastfeeding, only 24% of part-time and 12.5% of full-time working mothers actually continue breastfeeding for five to six months. Women in professional positions are more likely to breastfeed, but a supportive work environment can have a positive influence on any breastfeeding mother as she decides if and when to return to work.

Employers benefit from supporting breastfeeding women.

In a recently completed two-year study, 93% of formula-fed infants fell ill versus only 59% of breastfed infants during the study period. The resulting lower absence rates among breastfeeding mothers translated into significant savings for the company. *

An absence of just one day costs the Los Angeles Department of Water and Power an average \$360 (for a \$15-per-hour employee). And it takes one and one-half days to have someone else do that employee's work.

Some women resign if they are unable to continue breastfeeding. When that happens, the costs are even greater. For a non-management employee, the national average for recruitment and training is \$2,250. For a management professional, the cost is at least \$25,000.

*Cohen, R., Mink, R. "Benefits of Corporate Lactation Program". Unpublished manuscript in review.

Breastfeeding: The Bottom-Line Benefits

- Reduced staff turnover and loss of skilled workers after the birth of a child
- Reduced sick time/personal leave for breastfeeding women because their infants are more resistant to illness
- Lower healthcare costs associated with healthier, breastfed infants
- Higher job productivity, employee satisfaction and morale
- Added recruitment incentive for women
- Enhanced reputation as a company concerned for the welfare of its employees and their families
- A healthier workforce for the future

Healthy mothers, healthy babies

Evidence is increasing as to the benefits of breastfeeding for both mother and baby. In fact, national health goals for the year 2000 call for 75% of newborns to be breastfed, with 50% of babies continuing breastfeeding until 6 months of age.

Breastfeeding . . .

- Facilitates the mother's postpartum recovery
- Reduces the incidence and severity of allergies and of ear and respiratory infections in infants
- Provides the most complete, easily digested, convenient and economical source of nourishment for infants
- Creates a special closeness between mother and infant
- Enhances the mother's self-esteem and confidence
- May lessen the risk of breast cancer

How can you help the breastfeeding employee?

To maintain her supply of breastmilk, a nursing woman must be able to express her milk regularly. This simple process can be made more efficient with the investment of a small amount of time, equipment and space.

Create a supportive work environment by:

- Allowing breaks, flexible work hours, and part-time work or job sharing so that women can pump their milk or breastfeed their infants
- Providing breastfeeding mothers with a private area that is clean and comfortable so that they can express their milk during work hours
- Renting or purchasing an electric breastpump to shorten the time employees need to express their breastmilk
- Providing a maternity-leave policy that enables mothers to establish a breastfeeding routine and milk supply before returning to work

For additional information . . .



With their employers' help, many women can successfully combine work with breastfeeding. Listed here are some employers who support breastfeeding women and some resources that can be useful to assist companies initiating similar programs in the workplace.

Private Employers

Amoco

Corporate headquarters provides lactation services including room, refrigerator and pumps for on-site, travel and early postpartum home use as well as lactation consultation service. Consideration is being given to expansion to other sites.

Amoco Corporation
Medical Department
200 East Randolph Drive
Chicago, IL 60601
Contact: Dr. Cynthia Manfredi (708) 420-5880

The DOW Chemical Company, USA

Corporation provides on-site private space, electric breast pumps, individual pumping kits and support. It works in partnership with a local hospital lactation support program to help mothers successfully combine work and breastfeeding at DOW.

Corporate Communications
Midland, MI 48674
Contact: Lynne Mischley, Family Issues Coordinator (517) 636-2253

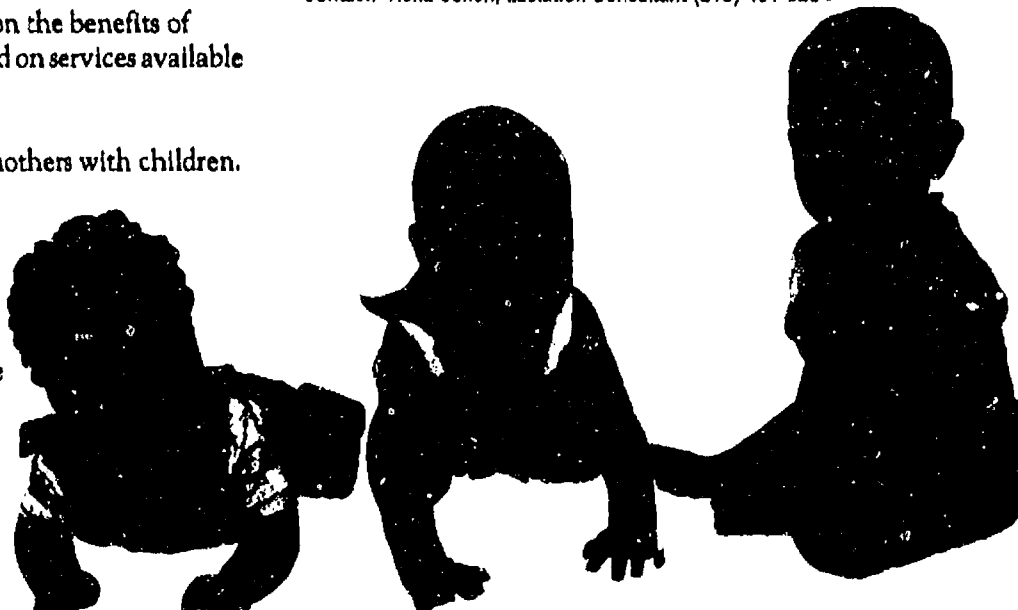
Los Angeles Department of Water and Power

Department of Water and Power (DWP) successfully implemented a corporate breastfeeding program that provides on-site prenatal breastfeeding education and counseling, as well as phone counseling seven days a week to all male and female employees by a lactation professional. It provides breast pumps to all employees for home and DWP work site use as well as partner's work site if other than DWP. It also has conducted research on the cost effectiveness of the corporate lactation program.

111 North Hope Street
Family CARE L-43
Los Angeles, CA 90012
Contact: Rona Cohen, Lactation Consultant (213) 481-6253

Companies That Care . . .

- Provide a small refrigerator for safe storage of breastmilk.
- Develop/coordinate with on-site or near-site child-care programs so that infants can be breastfed during the day.
- Provide information to all employees on the benefits of breastfeeding, on company policies and on services available to support breastfeeding women.
- Develop support groups for working mothers with children.
- Educate other personnel about why their breastfeeding co-workers need support.
- Provide a lactation professional on-site to give breastfeeding education, counseling and support during pregnancy, after delivery and when the mother returns to work.



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Sal Costa Richardson
Operator's Signature

10/16/03
Date



Government Agencies

National Security Agency

Agency successfully implemented a service for breastfeeding mothers to pump and store their breastmilk while at work.

Contact: Marta Benitez in Health Services (301) 884-7305

U.S. Department of Agriculture, Food and Nutrition Service

Agency procured a private room, pump, refrigerator and resource materials for breastfeeding mothers. It also conducted a survey of employee attitudes regarding support of breastfeeding in the workplace.

3101 Park Center Drive Room 540
Alexandria, VA 22302
Contact: Francesca Bravo (703) 305-2730

U.S. Department of Health and Human Services

Maternal and Child Health Bureau in coordination with Federal Occupational Health has developed a lactation support program that includes a pregnancy orientation program, postpartum consultation and access to electric pumps, private space and refrigerator as well as medical monitoring and referrals as needed.

Federal Occupational Health
Parklawn Building, Room 5B-16
5600 Fishers Lane
Rockville, MD 20857
Contact: Caritta Merritt (301) 443-1238

Resources for Breastfeeding Education, Management and Support

American Academy of Pediatrics (AAP)

AAP supports breastfeeding through its employee lactation program, the network of State Breastfeeding Coordinators and a variety of national efforts.

141 Northwest Point Road
P.O. Box 927
Elk Grove Village, IL 60009-0927
Contact: Mary Claire Walsh (708) 981-7933

American Society of Psychoprophylaxis in Obstetrics, Inc. (ASPO/LAMAZE)

Society supports breastfeeding as a part of its educational curriculum for ASPO-certified childbirth educators. Through its toll-free line, it serves as a resource to parents on childbirth classes, pregnancy and parenting.

1101 Connecticut Avenue, NW, Suite 700
Washington, D.C. 20036
(800) 368-4404

International Lactation Consultant Association

An international organization representing lactation consultants.

201 Brown Avenue
Evanston, IL 60202
Contact: Jan Barger (708) 260-8874

La Leche League International

An international organization recognized as an authority on breastfeeding. It offers a toll-free help line, professional and lay publications and mother-to-mother support groups in many communities.

9616 Minneapolis Avenue
Franklin Park, IL 60131
Contact: Marjane McEwan (708) 455-7730

National Center for Education in Maternal and Child Health

A national resource which provides information and educational sources as well as technical assistance to organizations, agencies, and individuals with maternal/child health interests.

2000 15th Street North, Suite 701
Arlington, VA 22201
Contact: Nutrition Specialist (703) 524-7802

National Healthy Mothers, Healthy Babies Coalition

A national maternal and child health organization which seeks to help reduce infant mortality and low birth weight by promoting public awareness and education in preventive health habits.

409 12th Street SW
Washington, DC 20024
Contact: Lori Cooper (202) 863-2458

Washington Business Group on Health (WBGH) National Business Partnership to Improve Family Health

WBGH is an organization of Fortune 500 employers working to improve health care financing and delivery. National Business Partnership to Improve Family Health is a major five-year initiative of WBGH funded by the Maternal and Child Health Bureau, DHHS, and the private sector to improve maternal and child health status, benefits, policies and programs.

777 N. Capitol Street, NW, Suite 800
Washington, DC 20002
Contact: Miriam Jacobson, Director
(202) 408-9320

Wellstart

An educational organization that promotes breastfeeding including on-site training of health professionals in lactation management, the San Diego Lactation Program, and the Expanded Promotion of Breastfeeding (EPB) Program which offers technical assistance and support to global breastfeeding efforts and initiatives.

P.O. Box 87549
San Diego, CA 92138
(619) 295-5192

EPB Program
3333 K Street, NW, Suite 701
Washington, D.C. 20007 (202) 298-7979

Companies which rent and sell electric and hand-operated pumps:

Ameda/Egnell
765 Industrial Drive
Cary, IL 60013
(800) 323-8750

Medela
P.O. Box 660
McHenry, IL 60051
(800) 435-8318

Also offers Sanvita Corporate Lactation Program that provides a turn-key package program to support nursing families in the workplace and trains lactation professionals to manage the corporate lactation program.
Contact: Rona Cohen, Program Manager,
(800) 822-8888

White River
23010 Lake Forest Drive #310
Laguna Hills, CA 92653
(800) 824-6351

For More Information in Your Locality

To get more copies of this brochure, please
contact: Lori Cooper (202) 863-2458
National Healthy Mothers, Healthy
Babies Coalition
409 12th Street SW
Washington, DC 20024

Developed by the Breastfeeding Promotion Committee of Healthy Mothers, Healthy Babies

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Yolanda Richardson

Date

10/6/03

Testimony

House Bill 1464

House Industry, Business and Labor Committee

February 3, 2003

2:00 p.m.

North Dakota Department of Health

Representative Kelser and members of the Committee, my name is Jill Leppert and I am the breastfeeding coordinator for the North Dakota Department of Health's Special Nutrition Program for Women Infants and Children, more commonly called the WIC Program. I am here to provide neutral testimony on House Bill 1464 and information about nursing mothers in the workplace.

Many health organizations promote the health benefits of breastfeeding for both babies and their mothers. According to studies endorsed by the American Academy of Pediatrics, breastfed babies have lower rates of obesity, cancer, respiratory illness, ear infection and other childhood diseases, as well as death. In addition, breastfeeding may raise a baby's IQ. Breastfeeding can protect mothers from osteoporosis, breast cancer and other cancers. Furthermore, breastfeeding can save money. Families who breastfeed have fewer health care claims.

Healthy People 2010, the national program that establishes public health objectives, has set a national goal of achieving a breastfeeding rate of 75 percent, with 50 percent still breastfeeding at 6 months of age. In North Dakota, the breastfeeding rate increased from 50 percent in 1993 to 60.5 percent in 1998 and has increased only slightly since. In the North Dakota WIC population, there is a 20 percent drop in breastfeeding rates at 2 months, just about the time moms return to school or work. By 6 months, only 22 percent of WIC moms are breastfeeding.

According to the 2000 Census, 76 percent of North Dakota mothers of preschool children are in the labor force, compared to 67 percent nationally. In 1996, a Department of Health survey of new mothers showed that one of the main reasons women gave for not starting breastfeeding was that they were planning to return to work or school.

Although expressing breast milk at work may pose some concerns to employers and may not be possible in every job, studies have shown benefits for the employer, including:

- Reduced staff turnover and loss of skilled workers after the birth of a child.
- Reduced sick time/personal leave for breastfeeding women because their infants are more resistant to illness.
- Lower health care costs associated with healthier breastfed babies.
- Higher job productivity, employee satisfaction and morale.
- Added recruitment incentives for women.
- Lower insurance costs for breastfeeding babies than for formula-fed babies.

Two concerns employers may have in implementing House Bill 1464 are the time it takes an employee to express breast milk and a space for her to do so. Advances in electronic breast pump technology have reduced the time it takes for the process. In fact, an experienced woman can express breast milk in about 15 minutes with an electric pump. Expressing milk with a manual pump generally takes a little longer. With regard to space, the biggest issue for a nursing mother is privacy. A mother's room does not need to be a large space, and privacy can be achieved in any temporarily vacated office or room with a do-not-disturb sign on the door. An electrical outlet may be needed, but because expressed breast milk can be stored safely in a portable cooler with ice packs, a refrigerator at the worksite is not a necessity.

Chairman Keiser, this completes my formal testimony. I am pleased to answer any questions you or members of the Committee may have.

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Yolanda Richardson
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