

Testimony Concerning
Bill-11-22 Lactation Rooms in County Buildings
July 12, 2022
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Thank you for giving me the opportunity to speak with you today in support of Bill-11-22 Lactation Rooms in County Buildings. My name is Dr. Jane Balkam. I am a Professor at the School of Nursing of Notre Dame of Maryland University, a Board-Certified Pediatric Nurse Practitioner, and a Board-Certified Lactation Consultant. I have had a Lactation Consulting Practice in Montgomery County for many years focused on support for breastfeeding women in the workplace. In the past I was also a working breastfeeding mother of four sons at a time before the Patient Protection and Affordable Care Act of 2010 set requirements for employers to provide time and space for milk expression for working mothers. I know firsthand what it is like when there is no support for breastfeeding mothers and no place at work to go and safely collect milk for your baby. For the past 25 years, I have worked with several employers, including a large federal government agency located in Montgomery County, to assist them in providing a comprehensive Workplace Lactation Program for their employees so that both the employee and the organization can experience the health benefits to mothers and babies from breastfeeding.

There is much scientific evidence that human milk is the best food for human infants, and that babies who receive breastmilk are healthier than their formula fed counterparts. There is also much scientific evidence that mothers who breastfeed their infants receive many health benefits for themselves. That is why the American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life with continuation of breastfeeding while solid foods are added to the infant's diet in the second six months of life. Recently, after reviewing current research, the AAP has gone so far as to recommend breastfeeding until the baby is two years of age. However, continued breastfeeding can only occur if the mother's breasts are being emptied on a regular basis. Physiologically, after the

first week of life, the human breast continues to make milk based on how frequently the breasts are emptied and how thoroughly the breasts are emptied. Missing even one feeding or milk expression session can result in a serious decrease in milk supply for the mother. Although it is possible to regain milk supply through increased feeding and/ or pumping sessions, it can be difficult and time consuming for the mother. Many women end up losing their milk supply when they are not able to express milk while working. In this time when infant formula is in short supply, it is especially important for organizations to do all they can to provide the time and space that new mothers need for milk expression while at work.

Mothers who wish to continue breastfeeding after returning to work have relatively few and simple needs. They need a clean and private place near their workstation where they can express their milk when separated from their baby at work, and they need two or three short breaks during the workday. They also need a measure of organizational support so that they feel comfortable taking the time they need for milk expression. Although I do not hear these stories as often now as I did in the past, I still find women who are needing to use toilet stalls, the back seat of their car, or to beg a coworker or boss for the use of a private office for milk expression. Major obstacles in the worksite can include inflexible work schedules, non-supportive supervisors, and restrictive organizational policies regarding the use of the employee's break time. These restrictions fall more heavily on female employees who do not have a private office where they can close the door and do what they need to do. That is why I worked with other breastfeeding advocates before the PPACA was passed in 2010 to obtain the protection of the law for milk expression at work, and that is why I am encouraging you today to pass Bill 11-22.

The good news is that since breastfed babies are half as likely to have any illness in their first year of life, and much less likely to become seriously ill, the employer reaps the benefits of lower health care costs and fewer employee absences to care for a sick child. One study showed a 35.7% reduction in

health care claims for infants who were breastfed during the first year of life and a 27.3% lower rate of absence by the mothers of breastfed babies. This can mean big savings for the organization.

In closing, I support Bill 11-22 to provide lactation rooms in county buildings for the use of mothers who are county employees. I would also encourage you to provide separate lactation rooms or “lactation pods” that could be used by visitors to county buildings. As a county resident and expert in support for breastfeeding women in the workplace, I would also offer to provide technical support to the county as this law is implemented. Thank you.

Cohen, R., Mrtek, M.B. (1994) The impact of two corporate lactation programs on the incidence and duration of breastfeeding by employed mothers. *American Journal of Health Promotion*. 8 (6), 436-441.