

12118

HOUSE HESS

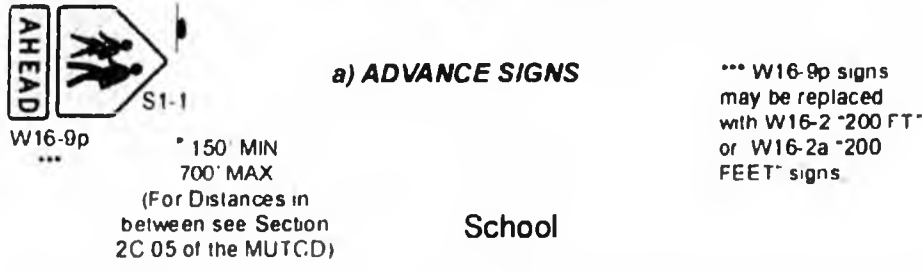
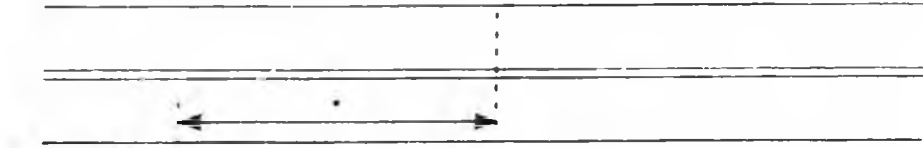
**Table 7A-101
Urban School Zone Traffic Control**

Urban School Zone Traffic Control Guidelines												
<small>(Applies Only to Roads Abutting School Property and Non-Abutting Roads at Designated School Crossings)</small>												
Grade Level (Lowest Grade Taught at School)	Students Required to Cross Road At Grade											Students Not Required to Cross Road At Grade (Could be grade-separated or just no crossing) Completely Fenced? (1) Yes No
	Traffic Signal at Crossing		No Traffic Signal at Crossing									
			STOP Controlled Crossing	Crossing not STOP-Controlled						Grade Separation	Ped Signal (if warranted) (3)	
	Sufficient Gaps (2)			Insufficient Gaps (2) <small>Address by re-routing students, busing students, or one of the following</small>								
	Existing Speed Limit <=20	Existing Speed Limit >20		Existing Speed Limit <=20	Existing Speed Limit >20	Crossing Guard (5) (6) Ex Spd Limit <=20 Ex Spd Limit >20						
9-12	C <input type="checkbox"/>	C	C (major streets only) <input type="checkbox"/>	C	C	n/a	n/a	See Students Not Required to Cross Road At-Grade	See Students Required to Cross Road At-Grade / Traffic Signal at Crossing	If refuge provides sufficient gaps. See Cross At-Grade / No Signal/ No STOP/ Sufficient Gaps. If not, choose another solution	<input type="checkbox"/>	
5-8	C	CG?	C (major streets only) G? <input type="checkbox"/>	C	CG?	CG	CG				<input type="checkbox"/>	
K-4	CG?	CG?	C (major streets only) G? <input type="checkbox"/>	CG?	CG?	CG	CG				<input type="checkbox"/>	

LEGEND	
n/a	Does not apply - Crossing Guards should not be used for high school students
<input type="checkbox"/>	No School Signs
	Advance School Sign (S1-1 and W16-9p) Only
	Advance (S1-1 and W16-9p) and Crossing (S1-1 and W16-7p) School Signs - Overhead illuminated S1-1 sign optional
	Advance and Crossing School Signs + 20 MPH When Flashing (S5-1) with flasher, or 20 MPH School Speed Limit Assemblies (with S4-1, S4-2, S4-4 or S4-6 plates). Overhead illuminated S1-1 sign optional
C	Marked Crosswalk - install at nearest intersection, if within 400 ft. If there is already a crosswalk within 400 feet, use it as the school crosswalk. Use school crosswalk signs at mid-block locations if within a school zone.
G	Crossing Guard
G?	School districts should consider crossing guards at major street crossings

Note. Signs are shown for one direction only. Signs for the other direction mirror those shown

School Grounds



X Advance warning distance in feet (See MUTCD Table 2C-4 - Use Condition B)

** 300' (see 13 AAC 02 325) from crosswalk, if there is one or 100' from school ground boundary or frequently-used crossing areas (see 7B 11)

Locate the R2-1 directly across from the S5-1 for the other direction

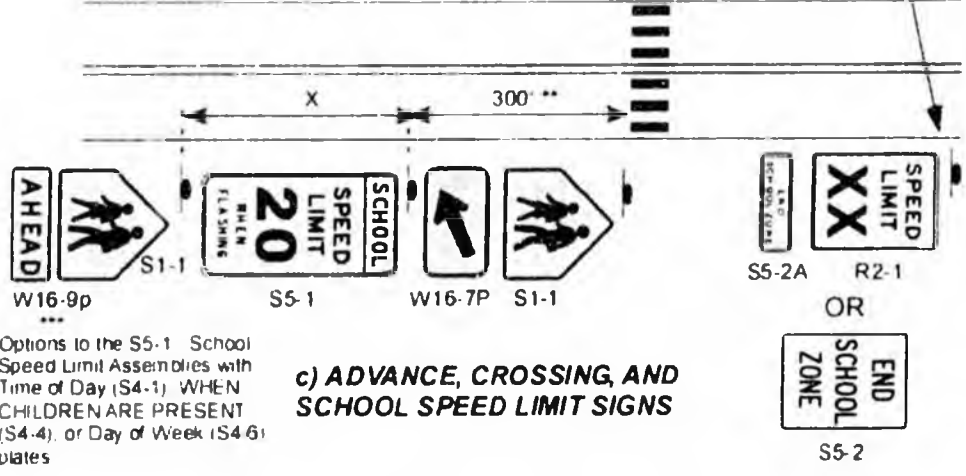


Figure 7B-100
School Traffic Control



13 AAC 02.325. Special speed limitations

(a) No person may drive a motor-driven cycle when lights are required to be turned on as prescribed under 13 AAC 04.010 at a speed greater than allowed by the intensity of the headlights as provided by 13 AAC 04.320.

(b) No person may drive a vehicle which is towing a mobile home at a speed greater than 45 miles per hour.

(c) No person may drive a vehicle equipped with lighted headlights described in 13 AAC 04.020(g) at a speed greater than is reasonable and prudent under the conditions specified in 13 AAC 04.010.

(d) No person may drive a vehicle at a speed in excess of 20 miles per hour when passing a marked public school or playground crosswalk that is posted with an official school, school crossing or speed-control sign. The speed zone at the crosswalk extends 300 feet in either direction from the marked crosswalk.

(e) No person may drive a vehicle passing a school bus displaying alternately flashing yellow lights as provided in 13 AAC 04.097(b) at a speed greater than 20 miles per hour.

(f) No person may drive a vehicle or a combination of vehicles over a bridge or other elevated structure or through a tunnel or underpass constituting a part of a highway, ferry facility or city street at a rate of speed or with a gross weight or of a size which is greater than the maximum speed or maximum weight or size designated by an official traffic-control device.

History: In effect before 7/28/59; am 12/15/61, Register 3; am 8/10/66, Register 22; am 12/31/69, Register 31; am 6/28/79, Register 70; am 10/2/92, Register 123

Authority: AS 28.05.011

13 AAC 02.330. Racing on highways

(a) No person may participate in a race between motor vehicles upon a public highway, except as provided in AS 05.90.001.

(b) As used in this section, "race" means the use of one or more vehicles in attempting to outgain or outdistance another vehicle or while comparing or contesting relative speeds or powers of acceleration of the vehicles over a specified or unspecified distance or route, whether or not the speed exceeds the maximum prescribed by law.

History: Eff. 12/31/69, Register 31; am 6/28/79, Register 70; am 10/2/92, Register 123

Authority: AS 28.05.011

Article 8



⊕ **13 AAC 03.325. Special speed limitations**

⊕ (a) Reserved.

(b) A person may not drive a commercial motor vehicle that is towing a mobile home at a speed greater than 45 miles per hour.

(c) A person may not drive a commercial motor vehicle equipped with lighted headlights described in 13 AAC 04.020(g) at a speed greater than 20 miles per hour.

(d) A person may not drive a commercial motor vehicle at a speed in excess of 20 miles per hour when passing a marked public school or playground crosswalk that is posted with an official school, school crossing or speed-control sign. A speed zone extends 300 feet in either direction from a marked school playground crosswalk.

(e) A person driving a commercial motor vehicle that is passing a school bus displaying alternately flashing yellow lights in accordance with 13 AAC 04.097(b) may not exceed a speed of 20 miles per hour.

(f) A person may not drive a commercial motor vehicle or a combination of vehicles over a bridge or other elevated structure or through a tunnel or underpass constituting a part of a highway, ferry facility, or city street at a rate of speed, with a gross weight, or of a size that is greater than the maximum speed, weight, or size identified by an official traffic-control device.

⊕ **History:** Eff. 3/14/93, Register 125

⊕ **Authority:** AS 28.05.011



STATUTE/REGULATION	OFFENSE	BAIL OR CATEGORY*	POINTS	PROCESSING CODE	PENALTY SECTION
AS 28.35.182(a)	Failure to Stop at Direction of Peace Officer - First Degree	Mand/Cr	10	U01	AS 28.35.182(e) C felony
AS 28.35.182(b)	Failure to Stop at Direction of Peace Officer - Second Degree	Mand/Cr	10	U01	AS 28.35.182(e) A misd.
AS 28.35.185	Overtaking and Passing a Parked Emergency Vehicle - (b)(1) if personal injury results - (b)(2) if no personal injury	Mand/Cr 150	2 2	M70 M70	AS 28.35.185(b)(1) A misd AS 28.90.010(c) inf **
AS 28.35.235	Unauthorized Use of Parking Reserved For Persons With Disabilities - First Offense - Second or More Offenses	125 250	0 0	AS 28.35.235(b) F33 F33	/28.90.010(c) inf ** Note: Statute sets minimums
AS 28.35.235	Unauthorized Use Of Parking Reserved For Persons With Disabilities While Displaying Special License Plate Or Permit - First Offense - Second or More Offense	250 500	0 0	F33 F33	AS 28.35.235(b) /28.40.050(c) inf ** Note: Statute sets minimums
AS 28.35.251	Contained or Confined Loads	300	0	F10	AS 28.35.255 inf **
AS 28.35.253	Anti-Spray Devices Required	Corr/60	0	E30	AS 28.35.255 inf ***
AS 28.35.261(b)	Operating Low-Speed Vehicle Highway	Mand/Cr	2	M60	AS 28.90.010(a-b) misd
AS 28.35.280	Minor Operating Vehicle After Consuming Alcohol	Mand/Inf	6	A60	AS 28.35.280(d) inf
AS 28.35.285	Minor's Refusal to Submit to Chemical Test	Mand/Inf	10	A12	AS 28.35.285(d) inf
AS 28.35.290	Minor Driving During 24 Hours After Being Cited for Alcohol or Breath Test Offense	Mand/Inf	6	B27	AS 28.35.290(b) inf
AS 28.39.010	Operating An Unregistered Snowmobile	50	0	B53	AS 28.39.010(b) inf **
AS 28.39.040(c)	Failure to Display Snowmobile Numbered Registration Decal	50	0	B76	AS 28.90.010(a-b) misd **
AS 28.39.040(f)	Failure to Carry Snowmobile Certificate of Registration or Provide Identifying Information	50	0	B76	AS 28.90.010(a-b) misd **
AS 42.10	NOTE: The AS 42.10 (Alaska Motor Freight Carrier) offenses previously listed on the traffic bail schedule were repealed by 1983 initiative #2, effective February 1985.				
AS 46.06.080	Lettering - 5 pounds or less	50 fine****	2	D67	AS 46.06.080(c-h) viol ****
2 AAC 90.030	School Bus Driver Permit Must Be Carried and Displayed Upon Demand	Corr/50	2	B72	AS 28.90.010(c) inf
2 AAC 90.110(b)	Failure to File Crash Report Within 10 Days - Charge under AS 28.35.080(b)				
2 AAC 90.200	Unlawful Use of Classified License	50	2	B91	AS 28.90.010(c) inf **
3 AAC 62	NOTE: The 3 AAC 62 regulations (Alaska Transportation Commission Motor Carrier Safety Regulations) which were added to the bail schedule in 1982 by Supreme Court Order No. 491 no longer exist because the Alaska Transportation Commission and all its regulations were repealed by 1983 initiative #2, effective February 28, 1985.				
11 AAC 12	NOTE: The 11 AAC 12 regulations (State Park Traffic Offenses) have been removed from the traffic bail schedule because they are now listed in the State Parks Bail Schedule, Supreme Court Order No. 655, effective September 3, 1985 (repealed and reenacted as Administrative Rule 43.3, effective January 1, 1987).				
13 AAC 02.005(a)	Disobedience to Traffic Control Devices	100	2	M14	AS 28.90.010(c) inf **
13 AAC 02.010(a)(1)(A&B)	FTY to Vehicle in Intersection After Green Signal	150	4	N24	AS 28.90.010(c) inf **

STATUTE/REGULATION	OFFENSE	BAIL OR CATEGORY*	POINTS	PROCESSING CODE	PENALTY SECTION
13 AAC 02 010(a)(1)(A&B)	FTY to Pedestrian in Crosswalk After Green Signal	150	4	N20	AS 28 90 010(c) inf **
13 AAC 02 010(a)(3)(A)	Failure to Stop for Steady Red Traffic Signal	150	4	M16	AS 28 90 010(c) inf **
13 AAC 02 010(a)(3)(B)	FTY When Turning on Red Signal	150	4	N31	AS 28 90 010(c) inf **
13 AAC 02 010(a)(3)(B)	Turning on Red Signal When Prohibited	75	2	M17	AS 28 90 010(c) inf **
13 AAC 02 010(a)(3)(C)	Failure to Stop for Steady Red Arrow	150	4	M16	AS 28 90 010(c) inf **
13 AAC 02 010(b)	Position of Vehicle Stopping at Intersection	75	2	N52	AS 28 90 010(c) inf **
13 AAC 02 015	Failure to Obey Pedestrian Control Signal	40	0	ZZZ	AS 28 90 010(c) inf **
13 AAC 02 020(a)(1)	Failure to Yield After Stopping for Flashing Red Signal	150	4	N24	AS 28 90 010(c) inf **
13 AAC 02 020(a)(1)	Failure to Stop for Flashing Red Signal	150	4	M16	AS 28 90 010(c) inf **
13 AAC 02 025	Lane Use Control Signals	75	2	M05	AS 28 90 010(c) inf **
13 AAC 02 030(a)	Display of Unauthorized Signs, Signals, or Markings	50	0	D73	AS 28 90 010(c) inf **
13 AAC 02 050(a)	Failure to Drive on Right Side of Roadway	75	2	N70	AS 28 90 010(c) inf **
13 AAC 02 050(a)(3)	FTY When Driving Left of Obstructed Roadway	150	4	M06	AS 28 90 010(c) inf **
13 AAC 02 050(b)	Vehicle Not to Use Left Lane at Less than Speed Limit	75	2	M60	AS 28 90 010(c) inf **
13 AAC 02 050(b)	Turn Off Required When 5 or More Vehicles Are Behind	Charge under AS 28.35 140(b)			
13 AAC 02 055(a) & (c)	Improper Overtaking on Right	75	2	M73	AS 28 90 010(c) inf **
13 AAC 02 055(b)	Return to Lane Only When Clear	100	4	M48	AS 28 90 010(c) inf **
13 AAC 02 060(a)	Limitations on Driving Left of Center	100	2	M40	AS 28 90 010(c) inf **
13 AAC 02 065(a)	Improper Overtaking on the Left	150	2	M73	AS 28 90 010(c) inf **
13 AAC 02 065(a)	FTY to Overtaking Vehicle	150	4	N07	AS 28 90 010(c) inf **
13 AAC 02 065(b)	FTY to On-Coming Traffic When Passing	150	4	N06	AS 28 90 010(c) inf **
13 AAC 02 070	FTY 1/2 of Roadway to On-coming Vehicle and Failure to Pass on Right of On-coming Vehicle	100	4	M57	AS 28 90 010(c) inf **
13 AAC 02 075(b)	Passing/Driving Left of Center in No Pass Zone	150	2	M76	AS 28 90 010(c) inf **
	If this offense occurs in a Traffic Safety Corridor.	300	4	M71	AS 28 90 010(c) inf ** AS 28 07 030 AS 28 15 221(c)
13 AAC 02 080(b-c)	Wrong Way on One-Way Roadway	100	2	N63	AS 28 90 010(c) inf **
13 AAC 02 085(a)	Improper Lane Change	75	2	M42	AS 28 90 010(c) inf **
13 AAC 02 085(b)	Improper Use of Center Lane of 3-Lane Roadway	75	2	M62	AS 28 90 010(c) inf **
13 AAC 02 090(a-c)	Following Too Closely	100	4	M34	AS 28 90 010(c) inf **

STATUTE/REGULATION	OFFENSE	BAIL OR CATEGORY*	POINTS	PROCESSING CODE	PENALTY SECTION
13 AAC 02 095(a)	Driving Over, Across or Within Barrier/Median	100	2	M51	AS 28.90.010(c) inf.**
13 AAC 02 095(a)	Failure to Stay on Right Side of Divided Highway	100	2	N71	AS 28.90.010(c) inf.**
13 AAC 02 095(c)	Improper Entry/Exit-Controlled- Access Highway	75	2	M46	AS 28.90.010(c) inf.**
13 AAC 02 107	Drive Nearest Right Edge on Narrow/Winding Roadway	75	2	M41	AS 28.90.010(c) inf.**
13 AAC 02 120(a)	FTY to Vehicle on Right at Unsigned Intersection	90	4	N25	AS 28.90.010(c) inf.**
13 AAC 02 120(b)	FTY to Vehicle Entering Intersection After Stop	150	4	N01	AS 28.90.010(c) inf.**
13 AAC 02 120(d)	FTY When Entering Roundabout	150	4	N21	AS 28.90.010(c) inf.**
13 AAC 02 120(f)	Improper Lane Change In or Exiting From a Roundabout	75	2	M42	AS 28.90.010(c) inf.**
13 AAC 02 125	FTY When Turning Left	150	4	N31	AS 28.90.010(c) inf.**
13 AAC 02 130(b)	Improper Position of Vehicle Stopping at Stop Sign	75	2	M45	AS 28.90.010(c) inf.**
13 AAC 02 130(b)	Failure to Stop for Stop Sign	100	4	M15	AS 28.90.010(c) inf.**
13 AAC 02 130(b)-(c)	FTY After Stopping or at Yield Sign	150	4	N26	AS 28.90.010(c) inf.**
13 AAC 02 135(b)	FTY When Entering Roadway from Non-Roadway	100	4	N01	AS 28.90.010(c) inf.**
13 AAC 02 140(a)-(b)	FTY to Authorized Emergency Vehicle	250	6	N04	AS 28.90.010(c) inf.**
13 AAC 02 140(c)	Driver of Emergency Vehicle Not to Disregard Safety	100	2	N82	AS 28.90.010(c) inf.**
13 AAC 02 150(a)-(b)	Pedestrians Subject to Traffic Regulations	40	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02 155(a)	FTY to Pedestrian in Crosswalk	100	4	N20	AS 28.90.010(c) inf.**
13 AAC 02 155(b)	Pedestrian to Exercise Due Caution	50	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02 155(c)	Vehicle Not to Pass Vehicle Stopped for Pedestrian	75	4	N08	AS 28.90.010(c) inf.**
13 AAC 02 155(e)	Not to Drive Within or Through Pedestrian Safety Zone	50	2	M45	AS 28.90.010(c) inf.**
13 AAC 02 160(a)-(f)	Pedestrian Crossing at Other than Crosswalks	25	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02 175(a)-(e)	Pedestrian to Use Sidewalk/Left Edge of Roadway and Not Interfere, Sleep, Loiter or Obstruct	40	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02 180	Pedestrian Not to Distract Drivers When Soliciting Rides and Pedestrian Not to Solicit Employment, Business or Contri- butions from Vehicle Occupants	50	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02 190(a)	FTY to Pedestrian w/White Cane/ Guide Dog	150	4	N08	AS 28.90.010(c) inf.**
13 AAC 02 190(b)	Not to Use White Cane/Guide Dog Unless Blind	150	0	ZZZ	AS 28.90.010(c) inf.**

STATUTE/REGULATION	OFFENSE	BAIL OR CATEGORY*	POINTS	PROCESSING CODE	PENALTY SECTION
13 AAC 02.195(a)	Pedestrian FTY to Authorized Emergency Vehicle	50	0	ZZZ	AS 28.90.010(c) inf **
13 AAC 02.200(a)-(c)	Improper Position/Method Turning at Intersection	75	2	method N51 position N52	AS 28.90.010(c) inf **
13 AAC 02.205(a)-(b)	U-Turn Only When Safe/Not on Hill, Crest or Curve	75	2	N56	AS 28.90.010(c) inf **
13 AAC 02.210	Improper Start From Parked/Stopped/Standing	75	2	N83	AS 28.90.010(c) inf **
13 AAC 02.215(a)-(f)	Signals Required Turn/Stop/Slowing-Discontinue After	75	2	N40	AS 28.90.010(c) inf **
13 AAC 02.240(a)-(b)	Obedience to Train Signals and Barriers	100	4	M10	AS 28.90.010(c) inf **
13 AAC 02.250(a)	Certain Vehicles to Stop at All Railroad Crossings	200	4	M09	AS 28.90.010(c) inf **
13 AAC 02.255(a)-(b)	Heavy Equipment to Give Notice of Railroad Crossing	75	0	M06	AS 28.90.010(c) inf **
13 AAC 02.255(a&c)	Heavy Equipment to Stop at Railroad Crossing	200	4	M09	AS 28.90.010(c) inf **
13 AAC 02.257	Give Warning w/Horn When Vision Restricted/Alley/Driveway/Bldgs	50	2	E50	AS 28.90.010(c) inf **
13 AAC 02.257	Stop Emerging from Alley/Driveway/Building	100	4	M25	AS 28.90.010(c) inf **
13 AAC 02.257	Position of Stop When Emerging From Alley/Driveway/Bldg	75	2	N52	AS 28.90.010(c) inf **
13 AAC 02.265	Stop When Traffic May be Obstructed	75	2	F34	AS 28.90.010(c) inf **
13 AAC 02.275(a)	Basic Speed: Reasonable & Prudent for Road Conditions	90	2	S94	AS 28.90.010(c) inf **
13 AAC 02.275(b)	Speeding				
	3-9 mph over posted limit	8 mi ¹	2	S03-S09	AS 28.90.010(c) inf **
	10-19 mph over posted limit	8 mi ¹	4	S10-S19	AS 28.90.010(c) inf **
	20 mph or more over limit	12 mi ¹	6	S20-etc	AS 28.90.010(c) inf **
13 AAC 02.280(a)-(d)	Altered Speed Limits				
	3-9 mph over posted limit	8 mi ¹	2	S03-S09	AS 28.90.010(c) inf **
	10-19 mph over posted limit	8 mi ¹	4	S10-S19	AS 28.90.010(c) inf **
	20 mph or more over limit	12 mi ¹	6	S20-etc	AS 28.90.010(c) inf **
13 AAC 02.295	Minimum Speed Regulation	60	2	S96	AS 28.90.010(c) inf **
13 AAC 02.325(a)	Speed Limitation on Motor-Driven Cycles at Night	60	2	S94	AS 28.90.010(c) inf **
13 AAC 02.325(b)&(c)	Special Speed Limit When (b) Towing Mobile Home, or (c) Passing School Bus with Flashing Yellow Lights				
	3-9 mph over	8 mi ¹	2	S03-S09	AS 28.90.010(c) inf **
	10-19 mph over	8 mi ¹	4	S10-S19	AS 28.90.010(c) inf **
	20 mph or more over	12 mi ¹	6	S20-etc	AS 28.90.010(c) inf **
13 AAC 02.325(c)	Driving With Lighted Headlights At Unreasonable Speed	75	2	S94	AS 28.90.010(c) inf **

STATUTE/REGULATION	OFFENSE	BAIL OR CATEGORY*	POINTS	PROCESSING CODE	PENALTY SECTION
13 AAC 02.325(d)	Speed: Over 20 mph in Marked Crosswalk Speed Zone of Public School or Playground				
	3-9 mph over	12/mi. ¹	6	S99	AS 28.90.010(c) inf.**
	10-19 mph over	14/mi. ¹	6	S99	AS 28.90.010(c) inf.**
	20 mph or over	16/mi. ¹	6	S99	AS 28.90.010(c) inf.**
13 AAC 02.325(f)	Overweight, Oversize or Excess Speed When Crossing Over Bridge or Through Tunnel				
	3-9 mph over	8/mi. ¹	2	S03-S09	AS 28.90.010(c) inf.**
	10-19 mph over	8/mi. ¹	4	S10-S19	AS 28.90.010(c) inf.**
	20 mph or more over	12/mi. ¹	6	S20-etc.	AS 28.90.010(c) inf.**
	Overwidth	50/ft. ¹	0	F15	AS 28.90.010(c) inf.**
	Overlength	25/ft. ¹	0	F15	AS 28.90.010(c) inf.**
	Overweight	Mand/Inf	0	F16	AS 28.90.010(c) inf.**
13 AAC 02.330(a)	Racing on the Highway	300	10	S95	AS 28.90.010(c) inf.**
13 AAC 02.340(a-d except (d)(1)(L.))	Stopping, Standing/Parking on Highway/Other Location	25	0	F35	AS 28.90.010(c) inf.**
13 AAC 02.340(d)(1)(L.)	Handicapped Parking Charge under AS 28.35.235				
13 AAC 02.365(a)-(g)	Additional Parking Regulations	25	0	F35	AS 28.90.010(c) inf.**
13 AAC 02.367(d)	Not to Stop/Stand/Park in Loading Zone	25	0	F35	AS 28.90.010(c) inf.**
13 AAC 02.372(b)	Position of Bus Stopping to Load/Unload Passengers	25	0	F35	AS 28.90.010(c) inf.**
13 AAC 02.372(c)	Taxi Cab Restrictions on Standing Parking	50	0	F35	AS 28.90.010(c) inf.**
13 AAC 02.372(d)	Stop/Stand in Bus Stop/Taxi Stand	25	0	F35	AS 28.90.010(c) inf.**
13 AAC 02.377(c)-(f)	Parking Meter Violations	15	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02.395(b)-(e)	Special Bicycle Violations	40	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02.400(a)-(h)	Riding Bicycles on Roadways/Bike Paths	40	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02.420(a)-(c)	Parking of Bicycles	20	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02.425(a)-(c)	Special Motorcycle Violations	60	2	F06	AS 28.90.010(c) inf.**
13 AAC 02.425(d)	Motorcycle Cling to Other Vehicle	200	2	N81	AS 28.90.010(c) inf.**
13 AAC 02.427(a)	Motor Vehicle Not to Deprive Motorcycle of Full Lane Use	50	2	N03	AS 28.90.010(c) inf.**
13 AAC 02.427(a)	Motorcycles More than Two Abreast	50	2	M40	AS 28.90.010(c) inf.**
13 AAC 02.427(b)	Motorcycle Passing in Same Lane As Other Motor Vehicle	50	2	M70	AS 28.90.010(c) inf.**
13 AAC 02.445	Snowmobile and Other Off-Highway Vehicle Violations	75	0	ZZZ	AS 28.90.010(c) inf.**
13 AAC 02.455(a)-(f)	Snowmobile and Other Off-Highway Vehicle Operation on Highways and Other Locations	50	2	F40	AS 28.90.010(c) inf.**
13 AAC 02.455(g)	Snowmobile or Other Off-Highway Vehicle Traveling on Pedestrian Pathway	100	0	ZZZ	AS 28.90.010(c) inf.**

Letter to the Editor in the Mat-Su edition of the Anchorage Daily News, March 14, 2007.

Slow down in school zones; a child's life might be at stake

Those who can't slow their vehicles down to 20 mph in the school zones, marked by flashing speed limit signs, should be ashamed of themselves.

We are talking about our kids or the kids of someone you know. I just can't get over people.

I was in the flashing school zone the other day and a vehicle roared up behind me and was tailgating me and wanted me to go faster. Sorry! Even if you can't see any kids, we all know how quickly they can appear, and then it would be too late. Think about how you would feel if you ran over someone's child just because you were in a hurry. I know that I couldn't live with myself. Could you? We are not talking about a very far distance. So people, when the yellow lights are flashing in the school zones, please have some respect for the children and the people who do care. Slow down.

---- Debbie Carter

Wasilla

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: HB181-DOA-DMV-3-22-07
Bill Version: HB 181
() Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
Title: "An Act relating to...traffic offenses committed in a school zone..." RDU: Division of Motor Vehicles
Component: Motor Vehicles
Sponsor: Rep. Wilson
Requester: (H) HESS Component No: 2348

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	11.2	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	11.2	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
-----------------------------	-----	-----	-----	-----	-----	-----

CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	-----	-----	-----	-----	-----	-----

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0
Other 1156 Rcpt Svcs	0.0	11.2	0.0	0.0	0.0	0.0
TOTAL	0.0	11.2	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill will change penalties for traffic offenses committed in a school zone

The fiscal note reflects a one-time cost to make necessary changes to our database that will record a different point value to the driving record as the bill mandates.

Prepared by: Duane Bannock, director Phone: 269 5559
Division: Motor Vehicles Date/Time: 3/22/07 9:00am
Approved by: Kevin Brooks, Deputy Commissioner Date: 3/22/07 10:30am
Agency: Department of Administration

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: HB181-DPS-AST-3-21-07
 Bill Version: HB 181
 () Publish Date: _____

Revision Date/Time : _____
 Title "An Act relating to traffic offenses and traffic offenses committed in a school zone: . . ."
 Sponsor Representative Wilson
 Requester House Health, Education, & Social Services

Dept. Affected: Public Safety
 RDU Alaska State Troopers
 Component AST Detachments
 Component No. 2325

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

HB 181 would double the traffic fines in school zones. It would also double the demerit points for repeat offenders in school zones to provide an extra deterrent for drivers.

Passage of this legislation would have no fiscal impact on the Department of Public Safety

Prepared by: Lt Rodney Dial
 Division: Division of Alaska State Troopers
 Approved by: Commissioner Walt Monegan
 Agency: Department of Public Safety

Phone 907-247-4480
 Date/Time 3/21/07 1530
 Date 3/21/2007

Conceptual Amendment #2

Signs will be added to inform the public that double fines are enforced in this area. and if automated tech is authorized the sign shall so indicate amendment to the amendment season

C-Y R-Y N-Y W-V } amendment to
G-N F-N S-Y } amendment passed

Passed

Just on state roads

VerL

Amendment is passed

Conceptual Amendment #1

by Seaton

new section:

Citations may be issued utilizing
automated photo radar or similar
technology if ~~adopted~~ authorized
by local ordinance.

Conceptual Amendment #2

Signs will be added
to inform the
public that double
lines are enforced
in this area. and
if automated technology
is introduced the sign
shall be updated

Amendment
to
Amendment
(passed)

Amendment 2012

HB

1900

AMENDMENT

OFFERED IN THE HOUSE
TO: SSHB 190

BY REPRESENTATIVE CISSNA

- 1 Page 1, line 14, through page 2, line 2:
- 2 Delete all material.
- 3
- 4 Page 2, line 3:
- 5 Delete "(d)"
- 6 Insert "(c)"

25-LS0537E.5
Wayne
3/10/08

AMENDMENT

OFFERED IN THE HOUSE
TO: SSHB 190

BY REPRESENTATIVE CISSNA

- 1 Page 1, line 11:
- 2 Delete ", secure, and"

HB 190

Fairclough

Conceptual Amendment

Pg 1 Line 5 after "unpaid break
time"

INSERT: once
twice

Page 1, line 5 after "nursing mother
of a child"

INSERT: Up to six months
of age

2
Pg. 1
Line 10-11

Delete: all of line 10, ^{Delete line 11} employer,

Capitalize A

Delete Page 2, Line 7-9

HB 190

FAIRCLOUGH

CONCEPTUAL AMENDMENT.

Pg 1, Line 11

after the word shall... INSERT

make a reasonable attempt to

Alaska State Legislature
House of Representatives

Alaska State Capitol
Juneau, Alaska 99801-1182
1-800-922-3875 (toll free)
1-907-465-4588 (fax)



Interim Address
716 West Fourth Avenue
(phone) 1-907-269-0190
(fax) 1-907-269-0193

Representative Sharon Cissna
District 22

List of Individuals Who Plan to Testify:

- Dr. Erin Mc Arthur, American Academy of Pediatrics
- Coleen Turner, Resource Center for Parents and Children
- Debbie Golden, DHSS Division of Public Health

Others Who May Testify:

- Representative from Alaska Breast Feeding Coalition
- Representative from SEARHC
- Representative from WIC
- Sarah Grosshuesch, for self

Alaska State Legislature
House of Representatives

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Interim Address
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(fax) 1-907-269-0193

Representative Sharon Cissna
District 22

April 19, 2007
Sponsor Statement
HB190 – Nursing Mothers in Workplace

Infant and childhood nutrition has been of major concern in the State of Alaska. Numerous studies have shown that infants who are breast fed have significant health, growth and developmental advantages, as well as decreased risk of acquiring acute and chronic diseases. From 2000-2003, 42% of Alaskan mothers of newborn infants reported that they were currently in school or working outside of their home. In addition, of the mothers who stopped breastfeeding their infants, 21.9% reported that one reason they did so was because they were returning to work or school. Young mothers are often responsible for supplementing household income. The health of their children can be a critical factor in the mother's ability to succeed in the workforce.

HB 190 addresses this issue by requiring employers to provide reasonable, unpaid break time to nursing mothers for the purposes of breastfeeding or expressing breast milk. The bill also requires employers to provide a sanitary and safe place for the employee to do so, unless it creates an undue hardship for the employer. By allowing time for nursing mothers to continue breastfeeding, Alaskan employers can do their part in ensuring that the Alaskan workforce of tomorrow is healthy and strong enough to meet the challenges of our future. I urge your support for this important piece of health legislation.

LEGAL SERVICES

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LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101


State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 20, 2007

SUBJECT: HB 190, an Act relating to break times for employees who nurse a child -- sectional analysis

TO: Representative Sharon Cissna
Attn: Christian Gou-Leonhardt

FROM: Dan Wayne 
Legislative Counsel

You have requested a sectional analysis of the above-described bill. This is a general analysis. If you would like me to address a specific set of facts in relation to the bill please call me.

AS 23.10.450(a), added by section 1, requires that employers provide reasonable unpaid breaks to an employee who is a mother nursing a child, so that the nursing mother can either breastfeed her child or express breast milk. The break may be at the same time as other break time provided to the employee, like a regular coffee break or lunch hour, but it must also be provided at times that reasonably ensure the health and comfort of mother and child, and that allow the employee to maintain a supply of breast milk.

AS 23.10.450(b) requires employers to provide a private, secure, and sanitary place, near the work area and not a toilet stall, for the employee to breastfeed or express breast milk. However, employers are exempt from this if the requirement would cause them to suffer a substantial and undue hardship.

AS 23.10.450(c) defines "employer" to include a wide range of employers in the public and private sector, and defines "undue hardship" to mean unreasonably difficult or costly, when considered in relation to factors including the size and type of business and the employer's financial resources.

If I may be of further assistance, please advise.

DCW:med
07-262.med



NEA-ALASKA

Affiliated with the National Education Association

March 12, 2007

NEA-Alaska has a long record of supporting child wellness related issues. During our recent Annual Meeting the body considered and passed Resolution #07-02 below, supporting the notion that breastfeeding, working mothers, ought to have time and access to a clean, private location to express breast-milk in order to facilitate the continuation of breastfeeding after returning to work.

The rationale for the resolution below refers to the Lactation Policy included as a medical benefit to members of the NEA-Alaska Health Trust. We have found through the Trust that there is no point for the insurer (in this case the NEA-Alaska Health Trust) to provide coverage for a commercial grade breast pump unless the employer will accommodate the need to provide time and access to a clean, private location for the mother to express breast-milk. I have included the NEA-Alaska Health Trust Lactation Policy for your consideration.

(Moved by Committee)

Move to ADOPT RES #R07-02:

#07-02: Breastfeeding Support: NEA-Alaska believes that education professionals who wish to express breast milk at work in order to facilitate the continuation of breastfeeding after returning to work should be provided with adequate break time and a clean, private space.

Rationale: -Breastfeeding significantly reduces the incidence of illness and disease in children who are breastfed. Lower incidence of disease/illness results in healthier persons and reduced claims. (NEA Health Trust)

-Legislation will be introduced this session in both the House and Senate requiring employers to provide time and space for expressing breast milk at work.

-In July 2006, the AEA Health Trust began offering a one-time pump benefit as part of its benefit package to support breastfeeding mothers.

Budget Cost: \$0

CARRIED.

NEA-Alaska supports SB 113 as a much needed benefit for working mothers to continue breastfeeding after returning to work. The benefits of this law will accrue to the next generation of our students. Please join NEA-Alaska supporting SB 113.

Sincerely,

Bill Bjork

NEA-Alaska President



NEA-Alaska Health Trust
Lactation Policy

Purpose:

The intent of the lactation policy is to provide a commercial grade breast pump to eligible dependents who are mothers returning to work committed to the benefits of continued breast feeding while working.

This benefit is designed to access support from the participant's employer to provide flexible work arrangements to ease both mother and baby into their new routines. Employer support is required in order to receive the breast pump and is accomplished by returning the attached (sample) lactation letter signed by the employer who agrees to participate by providing appropriate breaks to pump in a quiet, private place with access to an electrical outlet.

Procedure:

Eligible members should contact the NEA-Alaska Health Plan Office at (907) 274-7526 to receive the lactation letter for their employer to sign. Upon receiving the employer's signature the letter needs to be turned into the NEA-Alaska Health Trust at 4003 Iowa Drive, Anchorage, Alaska 99517. Upon receipt of the lactation letter, the Trust will provide the participant a Certificate of Redemption. The Certificate of Redemption is to be redeemed to:

Junior Towne
1017 W. Fireweed Lane
Anchorage, Alaska 99503
Phone (907) 279-2824
Fax (907) 276-6375

Junior Towne will provide the commercial grade breast pump after photo identification has been supplied. For individuals residing out of Anchorage and the Matsu Valley, the Certificate of Redemption may be mailed to Junior Towne with a copy of the participant's photo identification and shipping address. The breast pump will be packaged and shipped to the address given by the participant.

Any questions regarding the Lactation Policy should be directed to the Plan Manager at (907) 274-7526.



**Alaska Breastfeeding Coalition
P O Box 141034
Anchorage, AK 99514**

March 13, 2007

Dear Legislators,

The Alaska Breastfeeding Coalition supports bills SB 113 and HB 190, an act relating to break times for employees who nurse a child. As professionals, we see on a daily basis the dilemma of mothers as they return to work. We know that many women choose to quit breastfeeding sooner than they would like due to the difficulty they experience when trying to express their milk for their child during their work schedule.

The passage of bills SB 113 and HB 190 will not only benefit breastfeeding mothers and their infants, but employers as well. Breastfed babies generally develop fewer occurrences of ear infections, lower respiratory infections, and GI illnesses during infancy and childhood. This translates into fewer absences from work by the parent. In addition, healthier children have fewer doctor visits reducing health care costs.

As stated in a letter to the Editor of the New York Times by Dr Audrey Naylor, "A goal of the United States Breastfeeding Committee is that 'every woman, regardless of her employment status, will have the opportunity to provide breast milk for her child.' " By showing support for SB 113 and HB 190 you can protect breastfeeding mothers from discrimination and support their efforts to raise healthy babies. We find this legislation to be a step forward in reaching that goal.

Sincerely,

A handwritten signature in cursive script that reads "Catherine E Tapey".

Catherine E Tapey, IBCLC, RLC
President.

LEGAL SERVICES

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Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 24, 2007

SUBJECT: Sponsor Substitute for House Bill 190, authorizing break times for employees who nurse a child -- sectional analysis (Work Order No. 25-LS0537AE)

TO: Representative Sharon Cissna

FROM: Jack Chenoweth
Assistant Reviewer

This measure requires an employer to provide reasonable unpaid daily break times to an employee who is a nursing mother of a child and prescribes limitations and penalties for violations of the Act's requirements.

The material is set out in one bill section, codified as AS 23.10.450:

-- Subsection (a) requires that employers provide reasonable unpaid breaks to an employee who is a mother nursing a child, so that the nursing mother can either breastfeed her child or express breast milk. The break may be at the same time as another break time provided to the employee, but it must also be provided at times that reasonably ensure the health and comfort of mother and child and that allow the employee to maintain a supply of breast milk.

-- Subsection (b) requires the employer to provide a private, secure, and sanitary place, near the work area and not a toilet stall, for the employee to breastfeed or express breast milk. Employers are exempt from this if the requirement would cause them to suffer a substantial and undue hardship.

-- Subsection (c) directs the Department of Labor and Workforce Development to enforce the section and to establish, by regulation, procedures to receive complaints alleging violations of the section. For each violation, the penalty authorized is a civil fine of not more than \$50.

-- Subsection (d) defines terms used elsewhere in the Act.

JBC:med
07-265.med

**HB190
(H) HESS**

Recommended Witnesses:

Sarah Grosshuesch, Alaska Breastfeeding Coalition, Anchorage

Kathy Perham-Hester, DHSS, Juneau

Jen Aist, IBCLC, Providence WIC, Anchorage

Cathy Tapey, IBCLC, Anchorage

Karen Allen, Juneau

Dana Kent, RD, LD, IBCLC, Juneau

Jeanine Wheeler RN, IBCLC, Eagle River

Lois Rockcastle, RNC, MS, FNP, IBCLC, Anchorage

Lynn Copoulos, RN, IBCLC, Anchorage

Sandra Frenier, CPNP, Anchorage

Erin McArthur, MD, Eagle River

Terriann Shell, IBCLC, ICCE, Big Lake

Jennifer Hadley, RN, Palmer

Marcy Custer, RN, MS, Anchorage

Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:47 PM
To: Anna Sorensen
Subject: Fwd: Bill to protect breastfeeding moms

Onni Tibor <kal.blanc@yahoo.com> wrote:

Date: Wed, 12 Mar 2008 14:39:43 -0700 (PDT)
From: Onni Tibor <kaleblanc@yahoo.com>
Subject: Bill to protect breastfeeding moms
To: msgreeman@yahoo.com

First of all, thank you for doing this, I really appreciated.

This is my testimony~

My name is Onni Tibor; my baby was 2.5 months old when I returned back to work. I worked at a local Engineering firm with men being dominated, in our office; we do not have a break room where we can go pumping. We have to go to the unisex Bath/Shower room to pump; sometimes it is very unpleasant especially in the morning after some one doing the #2 in there.

Also the closest outlet in the shower room has not been working in years! Some veteran pumpers at work told me that they had notified the management a few times; somehow nothing gets done, then no one said a thing anymore. So now we all use the extension cord to get power across the toilet and sink... I always think that the germs are going to jump to the power cord.

Well, it is my testimony about pumping at work, sometimes it is a drag to go pumping. And I hope the bill will sucessfully pass.

Onni

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Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:48 PM
To: Anna Sorensen
Subject: Fwd: HB190

"Rutzler, Kristiann" <RutzlerK@ci.anchorage.ak.us> wrote:

From: "Rutzler, Kristiann" <RutzlerK@ci.anchorage.ak.us>
To: "msgreeman@yahoo.com" <msgreeman@yahoo.com>
Date: Wed, 12 Mar 2008 11:05:35 -0800
Subject: HB190

Please pass on my testimony and support for HB 190.

I fully support the proposed bill HB 190. A 10-second jaunt on the internet reveals the myriad of reasons breast milk is better than formula. Our society in general is coming to support women when providing their offspring this valuable nutrition. The US Food and Drug Administration notes how the percentage of American mothers who breastfeed their newborns drops considerably by the time their baby reaches 6 months old. It states "government and private health experts are working to raise those numbers". (http://www.fda.gov/fdac/features/895_brstfeed.html) HB 190 Nursing Mothers in the Workplace will do just that.

Following the birth of my daughter, I continued to work full-time for the Municipality Of Anchorage, and had difficulty finding private, clean space in which to pump. My supervisor supported my decision to breastfeed and pump, but we had a tough time finding the space. I work in a cubicle, and at first I tried to pump there, by blocking the entrance, but abandoned that practice the first time a fellow stood on tip-toe and peeked over my cubicle wall (luckily, he was a new father, and wasn't too shocked to see me with suction cups attached to my body). Then I tried pumping in a storage room that had no lock on the door – a colleague who was also pumping built a wooden wedge to keep people from walking in while we were pumping. That area worked out well, but the space was soon needed for an office, so we were given the boot. The break rooms were not private enough. We hopped from office to office taking advantage of that space while others were on leave. Eventually, we had to use the conference rooms. It was sometimes difficult finding free time in the room schedule, for so many employees were rightfully using them for meetings. One time I pumped in the restroom, but was so disgusted by the fact that I was pumping while someone was defecating that I never did that again. I even tried pumping in my car, but felt too exposed to those walking by in the parking lot.

I'm hoping to have another child soon, and I'm already dreading the task of securing a safe, clean place to pump. I hope this bill helps bring this difficulty to light – so employers and building developers recognize this need and help provide a private, clean place to pump. We're not asking for much: a quiet room with a door, a table and a chair is all we need.

Please support HB 190 Nursing Mothers in the Workplace, so we can continue to raise our children to the best of our ability.

Kristiann Rutzler
Municipality of Anchorage
Planning Department

Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:48 PM
To: Anna Sorensen
Subject: Fwd: Bill to protect breastfeeding moms - testimony

Rachel Cruz <rachelacruz@gmail.com> wrote:

Date: Wed, 12 Mar 2008 10:15:16 -0800
From: "Rachel Cruz" <rachelacruz@gmail.com>
To: msgreeman@yahoo.com
Subject: Bill to protect breastfeeding moms - testimony

Hi Sarah,

I'm writing to provide you with a written testimony of my experiences with being a nursing mother in the workplace.

When I first came back from maternity leave (June 2007) I did not want to pump in the bathrooms, so I attempted to pump in my office. However, it was a bit challenging since I had a window with no blinds and a door that did not lock. I hunted around the office for some left over foam board that was large enough to put up in my window to block the view. I found a piece that wasn't a perfect fit, but was adequate. I then put a do not disturb sign on my door. I pumped in my office for about two weeks. I ended up finding a new location to pump because I always felt rushed and nervous that the board would fall out of my window (which it did once), someone could see through cracks that the board did not cover, or that someone would open the door. So I relocated to the bathroom. The bathroom is a very unpleasant place to sit for 20 minutes, let alone pump milk for your baby. I always tried to use the private handicap bathroom so that I at least had privacy, but many times the bathroom was in use when I needed to pump or the stench in the bathroom was too unbearable to stand. If I could not use the private bathroom, I would resort to the bathroom with multiple stalls and stand in a stall and pump. I can remember many times standing in the stall pumping breastmilk while someone later came into the bathroom to go number two. I certainly don't blame them, but it makes for a very unpleasant and unsanitary experience.

It would be nice if all companies were proactive and provided lactation rooms for their employees, but unfortunately this is not the case. For example, I work for a company that has young staff and for the last four years has consistently had a handful of pregnant and nursing moms. We also have many empty offices that could easily be used as a lactation room. Unfortunately the management sees nothing wrong with using the bathroom as a lactation room too. Why have a lunch room? ...we have a bathroom with plenty of space!

Thanks for all your efforts on this bill!

Rachel Cruz

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Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:48 PM
To: Anna Sorensen
Subject: Fwd: HB 190

Andrew Billings & Mia Costello <andrewmia@gci.net> wrote:

Date: Wed, 12 Mar 2008 10:53:55 -0800
From: Andrew Billings & Mia Costello <andrewmia@gci.net>
Subject: HB 190
To: msgreeman@yahoo.com
CC: chechako@alaska.net

To Whom It May Concern,

As a former working mother who returned to the office place following maternity leave from the State of Alaska as deputy director of communications for Governor Murkowski, I found my return to work and my choice to pump during working hours to be completely supported by every single person in the governor's office.

Almost immediately upon my return, my office was installed with a lock so that while I pumped I could have the privacy needed. This provided me both privacy and allowed me to avoid pumping in the bathroom, an option that I would not have chosen to exercise because of the obvious health and safety risk of contaminating the milk.

The support and acceptance that I experienced while I was a nursing mother to my infant is something that all working mothers should come to experience and expect.

That personal choice is one all mothers should be able to make and it should not be either dictated by or compromised by an employer's inability to offer a clean, safe and private area for working mothers who choose to provide breast milk to their infants.

I wholeheartedly support HB 190 and urge it's passage into law.

Sincerely,
Mia Costello
1570 Goldpointe Drive
Fairbanks, Alaska 99709

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Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Wednesday, March 12, 2008 3:56 PM
To: Anna Sorensen
Subject: Fwd: breastfeeding bill

Anna Knapp <annapatknapp@yahoo.com> wrote:

Date: Tue, 11 Mar 2008 23:51:33 -0700 (PDT)
From: Anna Knapp <annapatknapp@yahoo.com>
Subject: breastfeeding bill
To: msgreeman@yahoo.com

Sarah,

I hear that you are a mother! It's amazing how quickly those months of pregnancy go by. I'd love to hear your birth story when you have a chance, but it looks like you are pretty busy with this house bill work. I'm so happy to see that you are doing this for moms...it's so important.

Here are my comments that I hope can help you out:

I am a new mom as of January 2008. I am happy to have a beautiful baby girl in my life now. She means everything to me. I want to make sure that she has a great start to her life, so I am planning on breastfeeding as long as she wants to in her life. I believe that providing breast milk to her will allow her to have a healthy start. I have talked with my healthy care provider as well as read research on this subject and found that kids who are breastfed do get significant health benefits.

I am not able to stay home with my daughter and have returned to work just 8 weeks after her birth. My employer has made it very easy for me to express my breast milk during work hours. A copy room with a comfy chair and an electrical outlet for the pump has been made available for me for the times that I need to pump during the work day. I simply put a sign on the door with the message "copy room will be available in 15 minutes" and my coworkers know that I am inside providing nourishment for my daughter. I take the milk home each night and my daughter eats it the next day.

Because I am able express milk during the day, I am able to keep my milk supply strong. This allows me to

nurse my daughter "in person" whenever we are able to be together. This time with her is so important to our bonding since I have to be away from her 40-50 hours a week.

I can not imagine a situation different from this. Often when I am expressing milk, I wonder what other mothers do who work in other places. How stressful it would be to express milk in a bathroom stall or even worse--to not be able to do it all!

This small action that my employer has taken allows my daughter to have a healthier start and allows me to be a happier employee. Even though I have to go back to work when I would rather stay home with my child, I know that I have the best of both worlds--a strong bond with my child and an employer that cares about both me and my child. I am a more productive employee because of it.

I know that I am lucky with this situation. Not all moms have a boss that is so understanding. It would be a much better situation in our state if all moms had the place to express breast milk like I do. This bill would allow this to happen; please vote yes on House Bill 190 Nursing Mothers in the Workplace.

Anna G. Knapp
Mother of Mellen Knapp
Anchorage AK

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<http://mail.yahoo.com>

Anna Sorensen

From: Sarah Grosshuesch [msgreeman@yahoo.com]
Sent: Thursday, March 13, 2008 9:27 AM
To: Anna Sorensen
Subject: Fwd: testimony

Kristin Wognild <wognild_kristin@asdk12.org> wrote:

Date: Thu, 13 Mar 2008 09:26:08 -0900
Subject: testimony
From: Kristin Wognild <wognild_kristin@asdk12.org>
To: <msgreeman@yahoo.com>

Hello! Thank you for your efforts to support breastfeeding mom. I will do what I can to help. I hope this will suffice. Below is my written statement about my situation:

I am the mother of a ten-month old wonderful and spirited little girl. If you were to meet her, you'd probably find her demonstrating one of her many new tricks- crawling at the speed of lightening, dancing to the (off-key) tune of her mom's voice, or pulling herself to standing on anything and everything- all while showing off a big toothy grin. There is no doubt that she is a very happy baby.

But, this was not always the case. My daughter was very colicky- right from the start. I desperately wanted to nurse- knowing the benefits it provides both her and I. But, she and I both struggled in the beginning. She was easily frustrated, and I was overwhelmed, and despite frequent nursing sessions- she didn't gain weight as she should. Many mothers would stop, but I became a permanent fixture in the office of a lactation consultant- who helped my daughter and I learn what to do. I visited an accupuncturist- who helped my milk supply increase. I ate the right foods and took the suggested herbs- anything that would help with this process. And finally- we had it under control.

My daughter was "thriving." at least according to growth charts- but she remained extremely colicky. As a mother, I knew something wasn't right- and my daughter's pediatrician finally referred her to an allergist. Three months into her life, we found out that she had major food allergies. There were nine in all- and one was to corn. This was the most worrisome because if she or I (while nursing) ingested it- there was a possibility of an anyphylactic reaction. I was instructed on how to use an epi-pen, and told to carry it with my daughter at all times.

The news came- just weeks before I was to go back to work. I had spent months pumping every chance I could to stock up my freezer with milk. Now,

the doctor instructed me to dump everything I had pumped. He went on to explain that corn (or a corn derivative) was in every form of formula. (There was one that I could use if need be- but I would have to buy it special order, and was extremely pricey. \$10 a day to feed my daughter. And my insurance refused to fund ANY formula.)

Still- breast is best for your daughter- he had explained. And after everything I had been through TO breastfeed, I would keep going (minus the nine allergens from my diet.)

Still, the thought of going back to work loomed before me. Would I be able to pump as much as I would need to? It was imperative that my milk supply did not go down- both for my daughter's health and for our finances (we simply could not afford to feed her the formula.) I thought about staying home with my daughter- taking a leave of absence from the school district, where I work- but it wouldn't work. So- I set out to work with apprehension.

I am a teacher. So, my pumping options are limited. Fortunately, I am offered a planning time and a short duty-free lunch. During these times, you could find me, sitting on the floor, pressed against the only wall in my classroom where I can't be seen through windows from the outside. Still, I pump every chance I get- but unfortunately, chances are becoming more and more limited. I often miss lunch (which I know is imperative for my milk supply), and sometimes struggle with priorities (which kids' welfare comes first?) I have very little planning time left after pumping, and good teaching REQUIRES time. Needless to say, this experience has been overwhelming.

Still, despite the tears that have come while I sit on the floor, pressed for time, hungry, and fearful that the sticky lock on the door isn't working- I know that I have been lucky. Yes, my milk supply decreased, and I have had to give my daughter some formula. (How could it not when pumping is limited and stressful?) I am lucky because I am not in the bathroom pumping. I am lucky because I have SOME time to pump. I know there are other mother's out there that have it harder.

I believe that the state must protect these mothers, and more importantly, their children. We all know that breast is best. And just because a mother must or chooses to work- that child still deserves the best chance on life. For too long, it has been up to the employer, and that is not good enough.

Thank you for your time.

-Kristin Wognild



50 State Summary of Breastfeeding Laws

Updated January 2008

Health professionals and public health officials promote breastfeeding to improve infant health. Both mothers and children benefit from breast milk. Breastfeeding helps prevent diarrhea and infections in infants. It also provides long-term preventive effects for the mother, including an earlier return to pre-pregnancy weight, reduced risk of pre-menopausal breast cancer and osteoporosis. According to the *New York Times*, about 70 percent of mothers start breastfeeding immediately after birth, but less than 20 percent of those moms are breastfeeding exclusively six months later. Healthy People 2010 objectives for the nation include increasing the proportion of mothers who breastfeed their babies in the early postpartum period to 75 percent.

Thirty-nine states have laws with language specifically allowing women to breastfeed in any public or private location (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Utah, Tennessee, Texas, Vermont, and Wyoming).

- Twenty-one states exempt breastfeeding from public indecency laws (Alaska, Arizona, Arkansas, Florida, Illinois, Kentucky, Michigan, Mississippi, Montana, Nevada, New Hampshire, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington and Wisconsin).
- Fourteen states have laws related to breastfeeding in the workplace (California, Connecticut, Georgia, Hawaii, Illinois, Minnesota, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, and Washington).
- Twelve states exempt breastfeeding mothers from jury duty (California, Idaho, Illinois, Iowa, Kansas, Kentucky, Minnesota, Mississippi, Nebraska, Oklahoma, Oregon and Virginia).
- Four states have implemented or encouraged the development of a breastfeeding awareness education campaign (California, Illinois, Missouri, and Vermont).
- Virginia allows women to breastfeed on any land or property owned by the state.

First Letter of State A C D F G H I K L M N O R T U V W

Several states have unique laws related to breastfeeding. For instance,

- California and Texas have laws related to the procurement, processing, distribution or use of human milk.
- Louisiana prohibits any child care facility from discriminating against breastfed babies.
- Maine requires courts, when awarding parental rights and responsibilities with respect to a child, to consider whether the child is under age one, and being breastfed.
- Maryland exempts from the sales and use tax the sale of tangible personal property that is manufactured for the purpose of initiating, supporting or sustaining breastfeeding.
- Mississippi provides for regulations for child care facilities to promote breastfeeding by mothers of children being cared for in the facility.
- Rhode Island requires the Department of Health to prepare a consumer mercury alert notice, explaining the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children.

State

Summary of Statutes

Alabama

Ala. Acts of 2006-526 Allows a mother to breastfeed her child in any public or private location.

American Samoa

Alaska

Alaska Stat. § 29.25.080 (1998) prohibits a municipality from enacting an ordinance that prohibits or restricts a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. The law clarifies that "lewd conduct," "lewd touching," "immoral conduct," "indecent conduct," and similar terms do not include the act of a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. (SB 297)

Arizona

Ariz. Rev. Stat. Ann § 41-1443 (2006) Provides that indecent exposure does not include an act of breast-feeding by a mother and entitles a mother to breast-feed in any

Arkansas

public place where the mother is otherwise lawfully present.

Ark. Act No. 680 (2007) Allows a woman to breastfeed in any public or private location where other individuals are present. Also exempts breastfeeding women from indecent exposure laws.

California

Cal. Health and Safety Code § 1123360, 123361 & 1257.9 (2007) mandates the Department of Public Health to encourage breast-feeding training for mothers and infants in acute care and maternity care hospitals. The law only applies to hospitals with patient breast-feeding rates in the lowest twenty-five percent. The law also requires notification of hospital directors, improved access to lactation supports and breast pumps, and peer counseling, given that funds are available.

Cal. Lab. Code § 1030, 1031, 1032, 1033 (2001) Employers need to allow a break and provide a room for a mother who desires to milk in private.

Cal. Civil Code § 210.5 (2000) allows the mother of a breastfed child to postpone jury duty for one year and specifically eliminates the need for the mother to appear in court to request the postponement. The law also provides that the one-year period may be extended upon written request of the mother. [Chap. 266 (AB 1814)]

Cal. Health and Safety Code § 1647 (1999) declares that the procurement, processing, distribution or use of human milk for the purpose of human consumption is considered to be a rendition of service rather than a sale of human milk. [Chap. 87 (AB 532)]

Cal. Assembly Concurrent Resolution 155 (1998) encourages the state and employers to support and encourage the practice of breastfeeding, by striving to accommodate the needs of employees, and by ensuring that employees are provided with adequate facilities for breastfeeding and expressing milk for their children. The resolution memorializes the governor to declare by executive order that all state employees be provided with adequate facilities for breast feeding and expressing milk.

Cal. Civil Code § 43.3 (1997) allows a mother to breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and the child are otherwise authorized to be present. (AB 157)

Cal. Assembly Concurrent Resolution 95 (1996) proclaims the week of August 1 through 7, 1996, as Breastfeeding Awareness Week.

Cal. Health and Safety Code § 123360, 123365 (1995) requires the Department of Health Services to include in its public service campaign the promotion of mother who breastfeed their infants. The law requires hospitals to make available a breastfeeding consultant or alternatively, provide information to the mother on where to receive breastfeeding information. (AB 973, AB 977)

Cal. Assembly Concurrent Resolution 41 (1995) proclaims August 1 through 7, 1995, Breastfeeding Awareness Week.

CRS 25-6-301, 25-6-302 (2004) recognizes the benefits of breastfeeding and encourages mothers to breastfeed. The law also allows a mother to breastfeed in any place she has a right to be. (SB 88)

Conn. Public Act § 01-182 (2001) requires employers to provide reasonable time each day to an employee who needs to express breast milk for her infant child and to provide accommodations where an employee can express her milk in privacy. (HF 5656)

Express only

Conn. Gen. Stat. § 46a-64 (1997) prohibits places of public accommodation, resorts or amusements from restricting or limiting the right of a mother to breastfeed her child. [P.A. 97-210]

Colorado

Delaware

Del. Code Ann. tit. 31 § 310 (1997) entitles a mother to breastfeed her child in any location of a place of public accommodation wherein the mother is otherwise permitted. [71 Del. Laws, c. 10, § 1]

District of Columbia
Florida

Fla. Stat. § 383.016 (1994) authorizes a facility lawfully providing maternity services or newborn infant care to use the designation "baby-friendly" on its promotional materials. The facility must be in compliance with at least 80 percent of the requirements

developed by the Department of Health in accordance with UNICEF and World Health Organization baby-friendly hospital initiatives. (SB 1668)

Fla. Stat. § 383.015 (1993) allows a mother to breastfeed in any public or private location. (HB 231)

Fla. Stat. § 800.02, 800.03, 800.04 These statutes exclude breastfeeding from various sexual offenses, from the definition of an unnatural and lascivious act.

Fla. Stat. § 827.071 a mother breastfeeding her baby does not under any circumstance constitute "sexual conduct".

Ga. Act No. 922 (2002) changes the previous law, § 31-1-9, and inserts the phrase: "The breast-feeding of a baby is an important and basic act of nurture which should be encouraged in the interests of maternal and child health. A mother may breast-feed her baby in any location where the mother and baby are otherwise authorized to be." (S.B. 221)

Ga. Code § 31-1-9 (1999) allows a mother to breastfeed in any location where she is otherwise authorized to be, provided that she "acts in a discreet and modest way." [Act 304 (SB 29)]

Ga. Code § 34-1-6 (1999) allows employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers may also be required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. The employer is not required to provide break time if to do so would unduly disrupt the workplace operations.

Express only

Hawaii Rev. Stat. § 367-3 (1999) requires the Hawaii Civil Rights Commission to collect, assemble, and publish data concerning instances of discrimination involving breastfeeding or expressing breast milk in the workplace. Prohibits employers to forbid an employee from expressing breast milk during any meal period or other break period. (HB 266)

Express only

Hawaii Rev. Stat. § 378-2 (1999) makes it discriminatory to deny the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodations to a woman because she is breastfeeding a child. (HB 2774)

HRS 489.21, HRS 489-22 Discriminatory practices; breast feeding. It is a discriminatory practice to deny, or attempt to deny, the full and equal enjoyment of the goods, services, facilities, privilege, advantages, and accommodations of a place of public accommodations to a woman because she is breast feeding a child.

Idaho Code § 2-209 (1996) allows nursing mothers to postpone jury service until she is no longer nursing the child.

Idaho Code § 2-212 A person who is not disqualified for jury service under section 2-209, Idaho Code, may have jury service postponed by the court or the jury commissioner only upon a showing of undue hardship, extreme inconvenience, or public necessity, or upon a showing that the juror is a mother breastfeeding her child.

Ill. P.A. 94-391 (2005) Amends the Jury Act. Provides that any mother nursing her child shall, upon her request, be excused from jury duty.

Ill. P.A. 93-942 (2004) Creates the Right to Breastfeed Act. Provides that a mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be; a mother who breastfeeds in a place of worship shall follow the appropriate norms within that place of worship. (SB 3211)

Ill. Law, P.A. 92-68 (2001) creates the Nursing Mothers in the Workplace Act, and requires that employers provide reasonable unpaid break time each day to employees who need to express breast milk. The law also requires employers to make reasonable efforts to provide a room or other location, other than a toilet stall, where an employee can express her milk in privacy. (SB 542).

Ill. Rev. Stat. ch. 20 § 2310/55.84 (1997) allows the Department of Public Health to

Georgia

Guam
Hawaii

Idaho

Illinois

conduct an information campaign for the general public to promote breastfeeding of infants by their mothers. The law allows the department to include the information in a brochure that shares other information with the general public and is distributed free of charge. (P.A. 90-244)

Ill. Rev. Stat. ch. 720 § 5/11-9 (1995) clarifies that breastfeeding of infants is not an act of public indecency. (SB 190)

Indiana **Ind. Code § 16-35-6** allows a woman to breastfeed her infant anywhere that the law allows her to be. (HB 1510)

Iowa **Iowa Code § 607A.5 (1994)** allows a woman to be excused from jury service if she submits written documentation verifying, to the court's satisfaction, that she is the mother of a breastfed child and is responsible for the daily care of the child.

Iowa Code § 135.30A (2002) a woman may breast-feed the woman's own child in any public place where the woman's presence is otherwise authorized.

Kansas **2006 Kan. Sess. Laws, Chap. 11** excuses a nursing mother from jury duty. (H.B. 2284)

Kan. Acts of 2005 Allows a woman to breastfeed in "any place she has a right to be." Also allows breastfeeding to be an excuse from jury service.

Kentucky **2006 Ky. Acts, Chap. 80** Permits a mother to breastfeed her baby or express breastmilk in any public or private location; requires that breastfeeding may not be considered an act of public indecency, indecent exposure, sexual conduct, lewd touching or obscenity; prohibits a municipality from enacting an ordinance that prohibits or restricts breastfeeding in a public or private place. (SB 106)

Ky. Act No. 102 (2007) Directs judges at all levels of the court to excuse women who are breastfeeding or expressing breast milk from jury service until the child no longer nursing. (S.B. 111)

Louisiana **La. House Concurrent Resolution 35 (2002)** establishes a joint study of requiring insurance coverage for outpatient lactation support for new mothers.

LRS 51. 2247.1 (2001) states that a mother may breastfeed her baby in any place of public accommodation, resort, or amusement, and clarifies that breastfeeding is not a violation of law. (HB 377)

LRS 46. 1409 B 5 prohibits any child care facility from discriminating against breastfed babies. (HB 233)

Maine **Me. Rev. Stat. Ann. tit. 5, § 4634 (2001)** amends the Maine Human Rights Act to declare that a mother has the right to breastfeed her baby in any location, whether public or private, as long as she is otherwise authorized to be in that location. [Public Law No. 206 (LD 1396)]

Me. Rev. Stat. Ann. tit. 19-a § 1653 (1999) requires the court, in making an award of parental rights and responsibilities with respect to a child, to apply the standard of the best interest of the child. In making decisions regarding the child's residence and parent-child contact, the court must consider the primary the safety and well being of the child, and consider whether the child is under one year of age, and being breastfed. [Public Law No. 702 (HB 2774)]

Maryland **Md. Code § 20-801 Laws, Chap. 369 (2003)** permits a woman to breastfeed her infant in any public or private place and prohibits anyone from restricting or limiting this right. (SB223)

Massachusetts

Michigan

Minnesota

Mich. Comp. Laws §§ 41.181, 67.1aa, and 117.41 (1994) states that public nudity laws do not apply to a woman breastfeeding a child.

Minn. Laws, Chap. 269 (2000) allows a nursing mother, upon request, to be excused from jury service if she is not employed outside of her home and if she is responsible for the daily care of the child. (HF 1865)

Minn. Stat. § 181.939 (1998) requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. (SB 2751)

Express only

Mississippi

Minn. Stat. § 145.905 a mother may breastfeed in any location, public or private, where the mother and child are otherwise authorized to be, irrespective of whether the nipple of the mother's breast is uncovered during or incidental to the breastfeeding.

Miss. Code Ann. Ch. 5 § 13-5-23 (2006) Provides that breast-feeding mothers may be excused from serving as jurors.

Miss. Code Ann. Ch. 25 § 17-25-7/9 (2006) Prohibits against ordinance restricting a woman's right to breastfeed; provides that a mother may breastfeed her child in any location she is otherwise authorized to be (S.B. 2419).

Miss. Code Ann. Ch. 20 § 43-20-31 (2006) Provides for regulations for child care facilities to promote breastfeeding by mothers of children being cared for in the facility.

Miss. Code Ann. Ch. 1 § 71-1-55 (2006) Prohibits against discrimination towards breast-feeding mothers who use lawful break-time to express milk.

Miss. Code Ann. Ch. 29 § 97-29-31 (2006) Requires that a woman breastfeeding may not be considered an act of indecent exposure.

Miss. Code Ann. Ch. 35 § 97-35-3/7/11/15 (2006) Requires that breastfeeding may not be considered an act of disorderly conduct, indecent exposure, or disturbance of the public peace.

Missouri

Mo. Rev. Stat. § 191.915 (1999) requires hospitals and ambulatory surgical centers to provide new mothers with information on breastfeeding, the benefits to the child and information on local breastfeeding support groups or a consultation. The law requires physicians who provide obstetrical or gynecological consultation to inform patients about the postnatal benefits of breastfeeding. The law requires the Department of Health to provide and distribute written information on breastfeeding and the health benefits to the child. (SB 8)

Mo. Rev. Stat. § 191.918 (1999) allows a mother, with as much discretion as possible, to breastfeed her child in any public or private location.

Montana

Mont. Code Ann. § 50-19-501 (1999) states that the breastfeeding of a child in any location, public or private, where the mother otherwise has a right to be is legal and cannot be considered a nuisance, indecent exposure, sexual conduct, or obscenity. (SB 398)

Nebraska

Neb. Rev. Stat. §25-1601-4 (2004) state that a nursing mother is excused from jury duty until she is no longer breastfeeding; nursing mother must file qualification form supported by certificate from her physician requesting exemption.

Nevada

Nev. Rev. Stat. § 201.232, 201.210, 201.220 (1995) states that the breastfeeding of a child in any location, public or private, is not considered a violation of indecent exposure laws. (SB 317)

New Hampshire

N.H. Rev. Stat. Ann. § 121:1, et seq. (1999) states that breastfeeding does not constitute indecent exposure and that limiting or restricting a mother's right to breastfeed is discriminatory. [HB 441]

New Jersey

N.J. Rev. Stat. § 26:4B-4/ 5 (1997) entitles a mother to breastfeed her baby in any location, including public accommodations, resorts or amusement parks. Failure to comply with the law may result in a fine.

New Mexico

N.M. Stat. Ann. § 28-20-1 (1999) permits a mother to breastfeed her child in any public or private location where she is otherwise authorized to be. (SB 545)

N.M. Chapter No. 2007-18 Requires employers to provide a clean, private place (not a bathroom) for employees who are breastfeeding to pump. Also requires that the employee be given breaks to express milk, but does not require that she be paid for this time.

Express only
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New York

N.Y. Chapter No. 547 (2007) States that employers must allow breastfeeding mothers reasonable, unpaid break times to express milk and make a reasonable attempt to provide a private location for her to do so. Prohibits discrimination against breastfeeding mothers.

N.Y. Civil Rights Law § 79-e (1994) permits a mother to breastfeed her child in any public or private location. (SB 3999)

North Carolina

N.C. Gen. Stat. § 14-190.9 (1993) states that a woman is allowed to breastfeed in

North Dakota
Ohio

any public or private location, and she is not in violation of indecent exposure laws. (HB 1143)

Ohio Rev. Code Ann. Sec. 3781.55 (2005) A mother is entitled to breast-feed her baby in any location of a place of public accomodation wherein the mother otherwise is permitted.

Oklahoma

Okla. Stat. tit. 40 § Sec. 435 (2006) Provides that an employer may provide reasonable unpaid break time each day to an employee who needs to breast-feed or, express breastmilk for her child; requires the Department of Health to issue periodic reports on breast-feeding rates, complaints received and benefits reported by both working breast-feeding mothers and employers. (HB 2358)

Both
BF &
Express

2004 OK Laws, Chap. 332 allows a mother to breastfeed her child in any location that she is authorized to be and exempts her from the crimes and punishments listed in the penal code of the state of Oklahoma. Additionally, mothers who are breastfeeding can request to be exempt from service as jurors. (HB 2102)

Oregon

Or. Rev. Stat. § 109.001 (1999) allows a woman to breastfeed in a public place. (SB 744)

Or. Rev. Stat. §§ 10.050 (1999) excuses a woman from acting as a juror if the woman is breastfeeding a child. A request from the woman must be made in writing. (SB 1304)

2007 Or. Laws, Chap. (HB2372) allows women to have unpaid 30 minute breaks during each 4 hour shift to breastfeed or pump. Allows certain exemptions for employers.

Both

Pennsylvania

2007 Pa. Laws, Act 28 allows mothers to breastfeed in public without penalty. Breastfeeding may not be considered a nuisance, obscenity or indecent exposure under this law. (SB34)

Rhode Island

R.I. Gen. Laws § 23-13.2-1 (2003) calls for employers to provide a safe private place for an employee to breastfeed her child and express breast milk. (HB 5507/SB 151)

Both

R.I. Gen. Laws § 23-72-1 (2001) requires the Department of Health to prepare a consumer mercury alert notice. The notice shall explain the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children. (HB 6112)

R.I. Gen. Laws § 11-45-1 (1998) excludes mothers engaged in breastfeeding from disorderly conduct laws. (HB 8103, SB 2319)

South Carolina

S.C. Code Ann. § 20-7-97-116 (2005) Provides that a woman may breastfeed her child in any location where the mother is authorized and that the act of breastfeeding is not considered indecent exposure.

South Dakota

SD § 22-22-24.1 (2002) exempts mothers who are breastfeeding from indecency laws.

Tennessee

Tenn. Code Ann. § 68-58-101 (2006) Permits a mother to breastfeed an inf. 12 months or younger in any location, public or private, that the mother is authorized to be, prohibits local governments from criminalizing (under public indecency or sexual conduct laws) or restricting breastfeeding (H.B. 3582).

Tenn. Code Ann. § 50-1-305 (1999) requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. (SB 1856)

Express
only

Texas

Tex. Health Code § 161.071 (2001) calls for the Department of Health to establish minimum guidelines for the procurement, processing, distribution, or use of human milk by donor milk banks. (HB 391)

Tex. Health Code Ann. § 165.001, et seq. (1995) authorizes a woman to breastfeed her child in any location and provides for the use of a "mother-friendly" designation for employers who have policies supporting work site breastfeeding. (HB 340, HB 359)

U S. Virgin Islands
Utah

Utah Code Ann. § 17-15-25 (1995) states that city and county governing bodies may not inhibit a woman's right to breastfeed in public.

Vermont

Utah Code Ann. § 76-10-1229.5 (1995) states that a breastfeeding woman is not in violation of any obscene or indecent exposure laws. (H.B. 262)

Vt. Acts, Chap. No. 117 (2002) finds that breastfeeding a child is an important, basic and natural act of nurture that should be encouraged in the interest of enhancing maternal, child and family health. The law allows a mother may breastfeed her child in any place of public accommodation in which the mother and child would otherwise have a legal right to be. The law directs the human rights commission to develop and distribute materials that provide information regarding a woman's legal right to breastfeed her child in a place of public accommodation. (S.B. 156)

Virginia

Va. Code 2.2-114.1 (2002) guarantees a woman the right to breast-feed her child on any property owned, leased or controlled by the state. The bill also stipulates that childbirth and related medical conditions specified in the Virginia Human Rights Act include activities of lactation, including breast-feeding and expression of milk by a mother for her child. (H.B. 1264)

HJ 145 (2002) Encourages employers to recognize the benefits of breastfeeding and to provide unpaid break time and appropriate space for employees to breast-feed or express milk.

Both

Va. Code § 18.2-387 (1994) exempts mothers engaged in breastfeeding from indecent exposure laws.

Va. Chapter No. 195 (2005) Provides that a mother who is breast-feeding a child may be exempted from jury duty upon her request. The mother need not be "necessarily and personally responsible for a child or children 16 years of age or younger requiring continuous care . . . during normal court hours" as the existing statute provides.

Washington

Wash. Revised Code § 9A.88.010 (2001) states that the act of breastfeeding or expressing breast milk is not indecent exposure (HB 1590)

Wash. Revised Code § 43.70.640 (2001) allows any employer (governmental and private) to use the designation of "infant-friendly" on its promotional materials if the employer follows certain requirements. [Chap. 88]

West Virginia
Wisconsin

Wis. Stat. §§ 944.17(3), 944.20(2) and 948.10(2) (1995) provides that breastfeeding mothers are not in violation of criminal statutes of indecent or obscene exposure. (AB 154)

Wyoming

Wyo. House Joint Resolution 5 (2003) encourages breastfeeding and recognizes the importance of breastfeeding to maternal and child health. The resolution also commends employers, both in the public and private sectors, who provide accommodations for breastfeeding mothers.

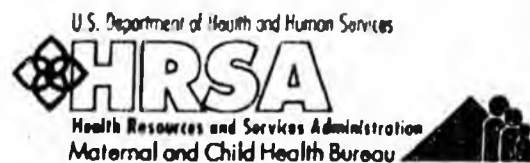
Wyo. Chapter No. 166 (2007) Exempts breastfeeding mothers from public indecency laws and gives breastfeeding women the right to nurse anyplace that they otherwise have a right to be. (H.B. 105)

Sources: National Conference of State Legislatures and StateNet 2007.

Note: List may not be comprehensive, but is representative of state laws that exist. NCSL appreciates additions and corrections.

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Denver Office: Tel: 303-364-7700 | Fax: 303-364-7800 | 7700 East First Place | Denver, CO 80230 | [Map](#)

Washington Office: Tel: 202-624-5400 | Fax: 202-737-1069 | 444 North Capitol Street, N.W., Suite 515 | Washington, D.C. 20001

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Breastfeeding

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BENEFITS OF BREASTFEEDING



There are many benefits to breastfeeding. Even if you are able to do it for only a short time, your baby's immune system can benefit from breast milk. Here are many other benefits of breast milk for a mother, her baby, and others:

BENEFITS FOR BABY:

- Breast milk is the most complete form of nutrition for infants. A mother's milk has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth and development. Most babies find it easier to digest breast milk than they do formula.
- As a result, breastfed infants grow exactly the way they should. They tend to gain less unnecessary weight and to be leaner. This may result in being less overweight later in life.
- Premature babies do better when breastfed compared to premature babies who are fed formula.
- Breastfed babies score slightly higher on IQ tests, especially babies who were born pre-maturely.

BENEFITS FOR MOM:

Health Risks of Not Breastfeeding

- Breast milk has agents (called antibodies) in it to help protect infants from bacteria and viruses. Recent studies show that babies who are not exclusively breastfed for 6 months are more likely to develop a wide range of infectious diseases including ear infections, diarrhea, respiratory illnesses and have more hospitalizations. Also, infants who are not breastfed have a 21% higher postneonatal infant mortality rate in the U.S.
- Some studies suggest that

- Nursing uses up extra calories, making it easier to lose the pounds of pregnancy. It also helps the uterus to get back to its original size and lessens any bleeding a woman may have after giving birth.
 - Breastfeeding, especially exclusive breastfeeding (no supplementing with formula), delays the return of normal ovulation and menstrual cycles. (However, you should still talk with your doctor or nurse about birth control choices.)
 - Breastfeeding lowers the risk of breast and ovarian cancers, and possibly the risk of hip fractures and osteoporosis after menopause.
 - Breastfeeding makes your life easier. It saves time and money. You do not have to purchase, measure, and mix formula. There are no bottles to warm in the middle of the night!
 - A mother can give her baby immediate satisfaction by providing her breast milk when her baby is hungry.
- infants who are not breastfed have higher rates of sudden infant death syndrome (SIDS) in the first year of life, and higher rates of type 1 and type 2 diabetes, lymphoma, leukemia, Hodgkin's disease, overweight and obesity, high cholesterol and asthma. More research in these areas is needed (American Academy of Pediatrics, 2005).

 - Babies who are not breastfed are sick more often and have more doctor's visits.
 - Also, when you breastfeed, there are no bottles and nipples to sterilize. Unlike human milk straight from the breast, infant formula has a chance of being contaminated.
- Breastfeeding requires a mother to take some quiet relaxed time for herself and her baby.
 - Breastfeeding can help a mother to bond with her baby. Physical contact is important to newborns and can help them feel more secure, warm and comforted.
 - Breastfeeding mothers may have increased self-confidence and feelings of closeness and bonding with their infants.






BENEFITS FOR SOCIETY:

- Breastfeeding saves on health care costs. Total medical care costs for the nation are lower for fully breastfed infants than never-breastfed infants since breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations.
- Breastfeeding contributes to a more productive workforce. Breastfeeding mothers miss less work, as their infants are sick less often. Employer medical costs also are lower and employee productivity is higher.
- Breastfeeding is better for our environment because there is less trash and plastic waste compared to that produced by formula cans and bottle supplies.

Current as of October 2006

The following publications and organizations provide more information on the benefits of breastfeeding:

Publications



1. A Well-Kept Secret- Breastfeeding's Benefits to Mothers (Copyright © LLLI) - This publication contains information on the benefits of breastfeeding for the baby and the mother. It includes information on physiologic effects and long-term benefits.
<http://www.lalecheleague.org/NB/NBJulAug01p124.html>
2. Benefits of Breastfeeding (Copyright © United States Breastfeeding Committee) - This booklet explains the health and emotional benefits that breastfeeding has on mothers and babies. It also gives information on the environmental and economic benefits of breastfeeding.
<http://www.usbreastfeeding.org/Issue-Papers/Benefits.pdf>
3.  Breast Milk - This publication contains information on breast milk. It explains why it is better than cow's milk for infants, how breast milk is produced, how to establish, maintain or increase your milk supply, and how to store breast milk.
<http://www.nlm.nih.gov/medlineplus/ency/article/002451.htm>
4.  Breast Milk Associated With Greater Mental Development in Preterm Infants, Fewer Re-hospitalizations - This news release describes a study which found that premature infants fed breast milk had greater mental development scores at 30 months than did infants who were not fed breast milk. Also, infants fed breast milk were less likely to have been re-hospitalized after their initial discharge than were the infants not fed breast milk.
<http://www.nih.gov/news/pr/oct2007/nichd-01.htm>
5.  Breastfeeding - This web site briefly describes the benefits of breastfeeding, what to do if you have trouble breastfeeding, and links to information from the National Institute of Child Health and Human Development about breastfeeding.
<http://www.cdc.gov/breastfeeding/>
6.  Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries - This report reviews the current evidence on the effects of breastfeeding on short- and long-term infant and maternal health outcomes in developed countries. It concludes that a history of breastfeeding is associated with a reduced risk of many diseases in infants and mothers from developed countries.
<http://www.ahrq.gov/clinic/tp/brfouttp.htm>
7. Breastfeeding vs. Formula Feeding (Copyright © Kids Health) - This publication contains information on the benefits of breastfeeding, the pros and cons of bottle-feeding, instructions on how to breastfeed or bottle-feed your baby, as well as answers to common breastfeeding questions.
http://www.kidshealth.org/parent/food/infants/breast_bottle_feeding.html
8. Can Breastfeeding Prevent Illnesses? (Copyright © LLLI) - This publication contains information on how breastfeeding can prevent some illnesses in your baby.
<http://www.lalecheleague.org/FAQ/prevention.html>
9. Economic Benefits of Breastfeeding (Copyright © United States Breastfeeding Committee) - This publication explains the medical and economic costs of not breastfeeding, and provides information on the non-medical costs of artificial feeding.
<http://www.usbreastfeeding.org/Issue-Papers/Economics.pdf>
10.  Feeding Baby with Breast Milk or Formula - This brochure helps parents decide on the way to feed their baby. Breastfeeding is the best, but if it's not possible, there are helpful tips for using formula.
<http://www.fda.gov/opacom/lowlit/feedbby.html>
11. Feeding Your Newborn (Copyright © Kids Health) - This publication contains information on breastfeeding or bottle-feeding your baby, the advantages of breastfeeding, limitations of both, and possible challenges.
<http://www.kidshealth.org/parent/food/infants/feednewborn.html>
12. Got Mom (Copyright © ACNM) - GotMom.org was created by the American College of

Nurse-Midwives to provide breastfeeding information and resources for mothers and families. It contains information on why breast milk is best, dispels common misunderstandings about breastfeeding, and it provides a list of resources that can help women and families with breastfeeding.


<http://www.gotmom.org/>

13. What are the Benefits of Breastfeeding my Toddler? (Copyright © La Leche League International) - This publication describes how breastfeeding your toddler can help their ability to mature and their understanding of discipline as well as provide protection from illness and allergies.
<http://www.lalecheleague.org/FAQ/advantagetoddler.html>
14. What's in Breast Milk? (Copyright © APA) - Proteins, fats and vitamins are some of the substances that make up breast milk. This publication describes the composition of breast milk and what makes it the best source of nutrition for your baby.
<http://www.americanpregnancy.org/firstyearoflife/whatsinbreastmilk.html>

Organizations

1. American Academy of Pediatrics
<http://www.aap.org/>
2. American College of Nurse-Midwives
<http://www.midwife.org/>
3. Breastfeeding Basics
<http://www.breastfeedingbasics.org/>
4. Bright Future Lactation Resource Centre
<http://www.bflrc.com/>
5. International Lactation Consultant Association (ILCA)
<http://www.ilca.org/>
6. Kids Health
<http://www.kidshealth.org>
7. La Leche League International
<http://www.lalecheleague.org/>
8.  Maternal and Child Health Bureau, HRSA, HHS
<http://www.mchb.hrsa.gov/>
9.  National Center for Education in Maternal and Child Health, MCHB, HRSA, HHS
<http://www.ncemch.org/>
10. National Healthy Mothers, Healthy Babies Coalition
<http://www.hmhb.org/>
11.  Special Supplemental Nutrition Program for Women, Infants and Children, (WIC) USDA
<http://www.fns.usda.gov/wic/>
12.  Womenshealth.gov, OWH, HHS
<http://www.womenshealth.gov/>

13. World Alliance For Breastfeeding Action
<http://www.waba.org.my/>

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Returning to Work While Breastfeeding

FRANCES BIAGIOLI, M.D., Oregon Health & Science University School of Medicine, Portland, Oregon

Mothers who work outside the home initiate breastfeeding at the same rate as mothers who stay at home. However, the breastfeeding continuance rate declines sharply in mothers who return to work. While the work environment may be less than ideal for the breastfeeding mother, obstacles can be overcome. Available breast pump types include manual pumps, battery-powered pumps, electric diaphragm pumps, electric piston pumps, and hospital-grade electric piston pumps. Electric piston pumps may be the most suitable type for mothers who work outside the home for more than 20 hours per week; however, when a mother is highly motivated, any pump type can be successful in any situation. Conservative estimates suggest that breast milk can be stored at room temperature for eight hours, refrigerated for up to eight days, and frozen for many months. A breastfeeding plan can help the working mother anticipate logistic problems and devise a practical pumping schedule. A mother's milk production usually is well established by the time her infant is four weeks old; it is best to delay a return to work until at least that time, and longer if possible. (Am Fam Physician 2003;68:2201-8,2215-7. Copyright© 2003 American Academy of Family Physicians.)

A patient information handout on returning to work while breastfeeding, written by the author of this article, is provided on page 2215.

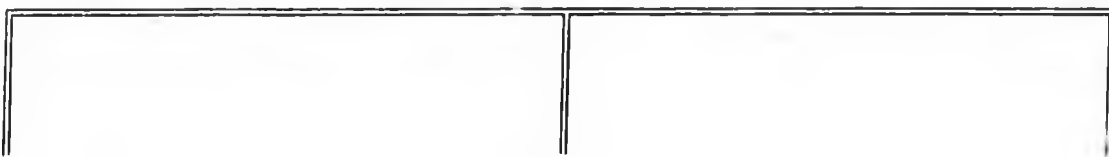
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Exclusive breastfeeding for the first six months of life is recommended for most infants, followed by breast milk supplemented with solid foods for at least the rest of the first year.^{1,2} [References 1 and 2--Evidence level C, consensus/expert guidelines] Although breastfeeding rates in the United States have improved, they remain below the Healthy People 2010 goals (Table 1).^{3,4} As of January 2003, 60.7 percent of women are working outside the home, and women comprise 46.5 percent of the civilian work force.⁵ While working outside the home does not affect the initiation rate for breastfeeding, it does affect the duration of breastfeeding^{3,6} (Table 2).³

See page 2113 for definitions of strength-of-evidence levels.

To achieve the Healthy People 2010 goals, family physicians and other health care professionals should provide encouragement, advice, resources, and support to help mothers continue breastfeeding after they return to work. During an early prenatal appointment, the physician should ask the pregnant woman whether she intends to work outside the home after the birth of her infant. Another time to discuss work plans is at the two-week or one-month well-child check-up. If a mother intends to return to the work force, the family must begin making plans. Hence, education about community support, breast milk pumps, breast milk storage, and breastfeeding planning should be given as early as possible.

See editorial on page 2129.



**TABLE 1
Breastfeeding Rates in the United States**

Source	Percentage of infants who are breastfed		
	Early postpartum period	Six months of age	One year of age
Mothers survey: breastfeeding trends through 2000 ³	68	31	17
Healthy People 2010 goals ⁴	75	50	25

Information from references 3 and 4.

**TABLE 2
Effect of Employment on Breastfeeding Rates**

Maternal employment status	Percentage of infants who are breastfed		
	Early postpartum period	Six months of age	One year of age
Employed outside of the home	67.7	Full time: 22.8 Part time: 33.4	Full time: 10.6 Part time: 19.2
Not employed outside of the home	68.0	35.4	22.0

Information from reference 3.

Legislative and Community Support

U.S. legislation supports breastfeeding in selected situations. The Family and Medical Leave Act⁷ provides 12 weeks of unpaid time for workers to care for their newborns. Women who take longer maternity leaves have a better breastfeeding continuance rate,⁸ but extended leave time is not an option for many families.

Several federal initiatives^{9,10} have directly addressed breastfeeding in the workplace. Corporate lactation support programs clearly can be effective in improving breastfeeding duration. As reported in one review,¹¹ 75 percent of women who participated in two corporate lactation support programs breastfed for at least six months. Indeed, the best long-term approach to improving the breastfeeding continuance rate may be to help communities establish lactation support programs for local businesses. Until such programs are in place, family physicians and other health care professionals should supply information about other support resources.

Manual-cycle pumps require the mother to release the suction at appropriate intervals to allow adequate tissue perfusion between suction cycles.

Evidence shows that the breastfeeding rate improves when parents are given the names of breastfeeding resources and groups.^{12,13} [Reference 12--Evidence level B, meta-analysis of lower quality randomized trials; Reference 13--Evidence level B, uncontrolled clinical trial] Some parents prefer to receive a list of Web sites, such as the list presented in *Table 3* or the list provided in the patient information handout that accompanies this article. In addition, numerous books on breastfeeding are available.

TABLE 3
Web Sites for Information on Breastfeeding

La Leche League International: <http://www.lalecheleague.org>
Information on a multitude of breastfeeding-related topics; help in finding local support groups; breastfeeding advocacy

American Academy of Family Physicians: <http://www.aafp.org>
Breastfeeding position paper

Pumping Moms Information Exchange: <http://www.pumpingmoms.org>
List serve for mothers who use breast pumps; answers to frequently asked questions about breast pumps, pumping technique, milk supply, and milk storage, breastfeeding advocacy

Promotion of Mothers Milk, Inc.: <http://www.promom.org>
Breastfeeding information; discussion forums; breastfeeding advocacy

National Woman's Health Information Center: <http://www.4women.gov/breastfeeding>
Information on making breastfeeding easier at home and work; rights and legislation; advice line: 800-994-9662 (in United States only)

WIC Works Resource System: <http://www.nal.usda.gov/wicworks>
Breastfeeding promotion and support topics; educational materials; breastfeeding journal articles, studies, and reports

WIC = Women, Infants, and Children

It is essential that physicians be aware of groups that provide peer support to breastfeeding mothers. Regional La Leche League groups, for example, can be located by telephone (800-525-3243; United States only) or through the organization's Web site (<http://www.lalecheleague.org>).

A resource list can be helpful to the breastfeeding mother and her family. A number of comprehensive lists have been published.^{21,14} For example, an appendix to the position paper on breastfeeding from the American Academy of Family Physicians² contains excellent lists of physician resources, patient information sources, and breastfeeding support organizations.

Breastfeeding mothers also should know where to find information about legislation affecting breastfeeding in their area. Information on legislation is available through the La Leche League Web site.

Breast Pumps

The infant empties the breast by a mechanism of peristaltic tongue massage combined with suction pressure and frequency. Most breast pumps are designed to empty a breast of its milk by simulating the suction pressure and frequency of an infant's suckling; newer models are being designed to incorporate the massaging function as well.¹⁵ Pumping or hand expression is recommended every three to four hours during the time that mother and infant are separated.

Frozen breast milk should not be thawed in a microwave oven. Once the milk has been thawed, it should not be refrozen. Microwaving or refreezing can destroy valuable proteins in breast milk.

An infant feeds with a suction pressure of 50 to 220 mm Hg.¹⁶ Suction pressure affects the mother's comfort, the efficiency of milk expression, and the production of milk. Pumps with suction pressures higher than 220 mm Hg may cause nipple discomfort. Maximal pressures of less than 150 mm Hg may be inadequate to empty the breast.¹⁵ Autocycling pumps provide an automatic release of the suction pressure, thereby allowing adequate tissue perfusion between suction cycles. Manual-cycle pumps require the mother to release the suction at appropriate intervals. The mother must follow manual-cycle pump instructions carefully to avoid applying excessive suction or suction for an excessive time, which can lead to nipple pain and even ischemia.¹⁵

An infant has a suction frequency of 40 to 126 sucks per minute (mean: 74 sucks per minute).¹⁵ Pump simulation of these suction frequency values provides the best results, because prolactin levels increase when the frequency is physiologic. When prolactin levels are high, the breast creates more milk and, thus, maintains the milk supply. Prolactin levels also increase when both breasts are emptied simultaneously (double pumping).⁸ If a single pump is used, the pump should be switched from one breast to the other breast every five minutes; this approach is more effective than fully emptying one breast and then emptying the other breast.¹¹ Once a mother is experienced, double pumping can take as little as 10 minutes; single pumping may take 15 to 20 minutes.

Types of breast pumps include manual pumps, battery-powered pumps, electric diaphragm pumps, electric piston pumps, and hospital-grade electric piston pumps (*Table 4*). There are many pump manufacturers, and hospital-grade pumps can be rented through most medical centers.

TABLE 4
Types of Breast Pumps

Type of pump	Description	Advantages	Disadvantages	Cost ranges*
Manual pump	Hand powered	Small, portable, quiet, inexpensive	Labor intensive Single pumping only Difficult to achieve adequate suck frequency or suction pressure	\$ 15 to 50
Battery-powered pump	Usually a hand pump that comes with a battery option; also, mini-electric pump	Small, portable, relatively quiet, inexpensive Double pumping using two separate pumps	May go through batteries quickly May provide inadequate suction pressure With some models, only manual cycling	75 to 100
Electric diaphragm pump	Small electric pump that uses a circular diaphragm to create suction pressure	Relatively small and quiet Double or single pumping	May be difficult to achieve enough suction pressure to empty breast fully With most models, only manual cycling Requires electricity or car battery (with adapter option)	120 to 160
Electric piston pump	Medium-sized electric pump that uses a piston moving	Efficient and compact usually has optional	More expensive Requires electricity or car battery (with	170 to 300

	back and forth in a chamber to create suction pressure	carrying case (size of a briefcase or backpack) Double or single pumping Automatic cycling	adapter option)	
Hospital-grade electric piston pump	Large piston-driven electric pump that creates physiologic suction pressures and rates	Highly efficient: most accurately recreate baby's suction pressure and cycling rate Double or single pumping Automatic cycling	Large and heavy Highly expensive: usually only practical to rent this type of pump Requires electricity	700 to 800; rental: 40 to 60 per month plus supplies

*--Cost information obtained from various Web sites, including <http://www.medela.com>, <http://www.baileymed.com>, <http://www.nursingmothersupplies.com>, and <http://www.babiesrus.com>.

The type of pump that is best depends on the age of the infant (i.e., how much milk needs to be provided), how long and how frequently the mother and infant will be separated (i.e., for only one feeding a day or for several feedings a day), the available facilities (i.e., access to electricity), and the cost of the pump (Tables 4 and 5). Electric piston double pumps are portable and work quickly and efficiently. These pumps may be most successful for maintaining the milk supply in a mother who works outside the home for more than 20 hours per week and does not have a history of poor milk supply.^{16,17} However, pump recommendations are quite flexible, because any pump can work in any situation. Indeed, a highly motivated mother may be able to do well with only a manual pump.

**TABLE 5
Choice of Breast Pump***

Type of pump	Mother staying at home, occasionally separated from infant for more than 4 hours	Mother working part time; infant less than 6 months of age	Mother working part time; infant more than 6 months of age	Mother working full time; infant less than 6 months of age	Mother working full time; infant more than 6 months of age	Mother having problems with milk supply or nipple pain
Manual pump	X		X		X	
Battery-powered pump	X		X		X	
Electric diaphragm pump	X	X	X		X	
Electric piston pump	X	X§	X	X§	X§	X
Hospital-				X		X§

grade
electric
piston
pump

*--"X" indicates the best choice for the given situation. However, any pump may work in any situation if a mother is motivated; therefore, a trial of a less expensive pump may be feasible. The choice of pump must take into account the facilities that are available for pumping. If electricity is not available, a car battery adapter set, a manual pump, or a battery-powered pump would be needed. Note that all pumps have been successful with mothers who stay at home and with mothers who work part time and have older infants.

†--"Part time" refers to work for less than 4 hours per day.

‡--"Full time" refers to work for more than 4 hours per day.

§--This is the most commonly successful pump in the given situation.

Milk Storage

Guidelines vary on how long human breast milk can be stored at certain temperatures. A conservative approach is to store breast milk at room temperature (25°C [77°F]) for four to eight hours,^{11,16,18-20} in the refrigerator for three to eight days,^{11,16,18,20} in a refrigerator-freezer unit with a separate freezer door for three to six months,^{11,16} and in a separate freezer chest (20°C [4°F]) for 12 months.^{11,16,20} The La Leche League's guidelines allow for storage of breast milk at room temperature for up to 10 hours, in a refrigerator for up to eight days, and in a freezer compartment inside a refrigerator for up to two weeks.²¹ [Evidence level C: consensus/expert guidelines]

While fresh breast milk has the highest quality, most of the milk's protective and nutritive value is maintained despite refrigeration or freezing.²² It is best to store breast milk at the back of the refrigerator or freezer, because the temperature at the door is more variable.

Daily portions of breast milk can be stored in clean plastic or glass bottles. Breast milk can be "layered" in one bottle in the freezer (i.e., by adding fresh milk to the top of the frozen supply) as long as the amount of nonfrozen milk is less than the amount that is already frozen (to prevent thawing and refreezing of the milk).²³ Breast milk is best stored in portions that will be used in one day. Once the breast milk has been thawed, it should be used within the next day or two.

Parents and other caregivers of breastfed infants need to understand that breast milk separates when it is stored, with the fat floating on the top. Separation of breast milk is normal and not a sign of spoiling. Shaking the milk before serving it will re-emulsify the fat adequately.

Frozen breast milk should be thawed slowly in the refrigerator or by swirling the bottle or bag in tepid water. Breast milk should not be thawed in a microwave oven. Once the milk has been thawed, it should not be refrozen. Microwaving or refreezing can destroy valuable proteins in breast milk.

Although pumped breast milk can be stored at room temperature for four to eight hours at the work site, cooling the milk delays lipolysis. If a refrigerator is not available, the breast milk can be stored for up to 24 hours in a portable cooler with ice packs.¹⁸ The Occupational Safety and Health Administration states that "exposure to breast milk does not constitute an occupational hazard."²⁴ This information should help allay employers' fears about storage of breast milk in the common refrigerator at the workplace.

Counseling Issues

A breastfeeding plan can help the working mother anticipate logistic problems and devise a practical pumping schedule. In formulating the initial plan, the mother needs to consider whether the infant can visit the work site for breastfeeding, where and how frequently feeding or breast milk pumping can be done, what her break schedule and work hours are, and what difficulties she may encounter with breastfeeding or breast milk pumping in her work environment. The breastfeeding plan needs to be flexible to allow for necessary changes based on unexpected factors. A checklist for returning to work is provided in the patient information handout that accompanies this article.

There are many breastfeeding options for mothers who return to work. The infant can be brought to the mother to be breastfed at the work place. The mother can pump or hand express breast milk that is fed to the infant in her absence. The infant can be fed formula in part or in full while the mother is at work and then breastfed when the mother is home. With an older child, the mother can "reverse-cycle feed"; with this option, the mother breastfeeds the child more frequently at night, and the child is fed expressed breast milk, formula, or other food while the mother is at work. A family should choose whichever method or combination of methods is best for the work and home situation, and plan ahead to increase the likelihood of success.

Workload and finances often dictate when a mother returns to work and how many hours per week she works. It is best to delay returning to work until breastfeeding is well established. Longer maternity leaves correlate with a longer duration of breastfeeding.⁶ If possible, a maternity leave of at least six weeks is recommended.

Working part time is recommended, if it is an option. Mothers who work less than 20 hours a week breastfeed longer, and mothers who work part time are more likely to breastfeed for longer than one year.^{5,22,25} Another option is to work part time for a few days or weeks before returning to a full-time schedule. Starting back to work in the middle of the week (i.e., on Wednesday or Thursday) may ease the transition.

As early as possible, the proposed work and breastfeeding plan should be discussed with the employer. Issues for discussion include work schedules, employer and coworker expectations, time and duration of work breaks, breast milk pumping locations and facilities, and storage of breast milk.

About two weeks before the return-to-work date, the mother should practice her planned routine in the less stressful home environment. If she plans to pump breast milk, she should practice to develop the quickest, most successful technique. The mother also must become familiar with pumping and storage equipment, storage methods, and techniques for cleaning equipment. At this point, the mother should begin stockpiling stored milk.

The breastfeeding mother needs to understand the "supply and demand concept" of milk supply. A positive feedback loop stimulates the breast to create more milk: that is, the emptier the breast becomes, the more it is stimulated to create more milk.²³ Before returning to work, the mother can create a milk supply by emptying her breasts more frequently (i.e., pumping between breastfeeding sessions) or more thoroughly (i.e., pumping after the infant has finished breastfeeding).

When the mother is starting to create a milk supply, the initial days will result in only small collections of extra milk. As little as one teaspoon is not uncommon in the first few trials of pumping.²³ The physician should warn the mother about this, so that she does not become disappointed or consider her efforts to have failed. As the positive feedback loop works, milk production increases, and more milk can be collected for storage.

Once the mother returns to work, she should be encouraged to call the physician's office or come in for an appointment to discuss any breastfeeding problems. If caught early, a dwindling

milk supply is easier to rebuild.

If the mother has no problems with milk supply, has no pain with breastfeeding, and is producing a full supply of milk, bottle feeding can be practiced once the infant reaches the age of at least four weeks. Introducing a bottle too early can cause nipple confusion. Compared with breastfeeding, feeding from a bottle requires less suction and less coordination of tongue movements; therefore, a very young infant may become frustrated when placed back on the breast. By four to six weeks of age, most infants have learned the breastfeeding technique well enough that they do not experience nipple confusion if they are introduced to a bottle. Introduction of a bottle should be delayed until the milk supply is well established and should be initiated only if there are no breastfeeding problems. Cup feeding is an alternative until this time.

In addition to planning for the first day of work, the mother needs to have a plan to cover necessary trips. A weekend trip or a flight out of town can be enough to diminish a mother's milk supply. A manual or battery-powered pump or hand expression can be used in travel situations. If the milk cannot be stored conveniently, the mother should express the milk and then discard it ("pump and dump"). Planned breaks for emptying the breasts can prevent embarrassing breast leaks and maintain the maternal milk supply during these temporary absences.

It may be helpful to remind parents that working outside the home and being a parent are actually two jobs. Frustration and fatigue are common. Extra support in doing household chores is needed, and some chores may need to be neglected. The family should be encouraged to talk about what changes to expect when the mother returns to work.

Final Comment

Leaving a newborn to return to work can be highly emotional for a mother. Although continuing to breastfeed while working can present many challenges, most of these challenges can be addressed. Advance planning can prevent problems that could lead to discontinuance of breastfeeding during the stressful transition time.

The rewards of breastfeeding outweigh the obstacles. Providing breast milk for an infant often helps a mother maintain an emotional connection with the infant and a sense of dedication to the infant's well-being, despite her physical absence. Family physicians and other health care professionals can support and encourage continued breastfeeding in working mothers by providing education about return-to-work plans, breast milk pumping, and breast milk storage.

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The Author

FRANCES BIAGIOLI, M.D., is assistant professor in the Department of Family Medicine at Oregon Health & Science University School of Medicine, Portland. She received her medical degree from the Medical College of Ohio, Toledo, and completed a family medicine residency at Oregon Health & Science University. Dr. Biagioli is active in patient, student, and resident lactation education.

Address correspondence to Frances Biagioli, M.D., OHSU Family Medicine at Gabriel Park, 4411 S.W. Vermont St., Portland, OR 97219 (e-mail: biagioli@ohsu.edu). Reprints are not available from the author.

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RELUCTANT LACTIVIST

WHILE I HAVE ALWAYS PROMOTED BREASTFEEDING IN MY OWN PERSONAL WAY, I NEVER WANTED TO BECOME A LACTATION ACTIVIST. READ ON TO LEARN WHY I AM NOW THE RELUCTANT LACTIVIST.

THURSDAY, MARCH 29, 2007

HB 2372 Passes Overwhelmingly in the Oregon House

I don't have time to say much about this today, except, Whoa-hoo and Thank you Diane Garret for all your amazing work and dedication! Next stop, the Oregon Senate! Here's the press release from Speaker Jeff Merkley.

SALEM The Oregon House of Representatives today approved a bill that would give nursing mothers the opportunity to express breast milk in a private area while at work. House Bill 2372 passed the House on an overwhelming 49-7 vote.

"There is no nutrient as important to an infant as breast milk," said House Speaker Jeff Merkley (D-Portland). "This bill gives nursing mothers more opportunities to provide that nourishment to their children and that is something we should encourage in as many ways as possible."

The bill as passed requires businesses of 25 or more employees to accommodate the expression of breast milk in the workplace. They must provide a clean and private area and unpaid break time for their nursing employees. Under the bill, employers may negotiate different terms if those requirements would impose an undue hardship. The bill requires only that employees be allowed to express their breast milk; it does not require that mothers be allowed to actually nurse their children in the workplace.

"It's a great day for mothers and babies in Oregon," said Rep. Carolyn Turner, chair of the Human Services and Women's Wellness Committee. "Working moms now don't have to choose between the health of their babies and keeping their jobs."

Three members of the Human Services Committee opposed the bill as it was originally introduced, but eventually it passed that committee on a unanimous vote. In total, 18 amendments were

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offered by Rep. Tomei and approved by the committee to gain broader support for the bill.

"Carolyn Tomei deserves the credit for shepherding this bill through the House," said Merkley. "Let me also extend my thanks and congratulations to Rep. Diane Rosenbaum, Diane Garrett and the Nursing Mothers Counsel for their years of hard work on this bill. It has all paid off today."

The bill is expected to clear the Oregon Senate before the end of the legislative session.

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On May 17, 2007, Oregon Gov. Ted Kulongoski signed the Breastfeeding and Return to Work bill into law. Employers of 25 or more are now mandated to provide unpaid breaks and clean, private places to express breastmilk, unless doing so would cause undue hardship. Gov. Kulongoski was surrounded by beaming children as he picked up one ceremonial pen after another to add his signature to the law books. "This is a great day," he told them. "It's wonderful to finally see this passed."

After the signing, the governor relinquished his chair in the ceremonial office to Diane Garrett, volunteer lobbyist with Nursing Mothers Counsel of Oregon. Garrett has been working to improve workplace conditions for new moms since 2004, and was heartily congratulated by Reps. Tomel, Rosenbaum and Mauer for her work. Labor Commissioner Dan Gardner and House Speaker Jeff Merkley were also present at the ceremony.

"There is no nutrient as important to an infant as breast milk," said House Speaker Jeff Merkley, D-Portland. "This law gives nursing mothers more opportunities to provide that nourishment to their children and that is something we should encourage in as many ways as possible."

"I want to thank the Nursing Mothers Counsel of Oregon and Diane Garrett for all their hard work on HB 2372," said Sen. Ginny Burdick, a chief sponsor of HB2372. "This important public health legislation will make a real difference in the lives of Oregon babies and their mothers."

"This is a victory for working families in Oregon," said Sen. Kate Brown, D-Portland. "We need to make sure we give families every tool they need to succeed."

A broad coalition of supporters, including business lobbying groups and the Bureau of Labor and Industry, have worked together to draft language that will help businesses administer the policy. As a result, Oregon's bill will be the most detailed breastfeeding-in-the-workplace legislation in the country. This is a natural role for Oregon, the national leader in breastfeeding, where 87 percent of mothers initiate breastfeeding. The precipitous fall in breastfeeding rates once mothers return to work was a red flag for health officials.

"This achievement was made possible through the leadership of the Nursing Mothers Counsel," said Bruce Goldberg, MD, director of the Oregon Department of Human Services. "This is a win-win for Oregon's families and businesses. Better health outcomes for our children, healthy options for breastfeeding mothers who return to work and the creation of breastfeeding friendly environments for families are all crucial parts of a strong economy."

Families appreciate the consideration.

"Returning to work after a baby is a big transition," said Marion Rice, managing director of Public Internet Channel. "Having an employer who supported me in providing breast milk for my child created an inclusive work environment where I felt supported."

Businesses across the country have found creative ways to provide breastfeeding accommodation in a wide variety of settings and budgets. Initial perceptions of inconvenience are offset by direct cost savings and vast public health benefits. Research has found that for every \$1 spent on breastfeeding, companies save \$3. This is because in companies that support breastfeeding:

- Women return to work earlier.
- Fewer health-care dollars are spent.
- Fewer sick days are taken (for themselves or to care for an infant).
- Employees report greater job satisfaction.
- Companies report reduced staff turnover.

For more information, contact Amelia Psmythe, Executive Director, Nursing Mothers Counsel of Oregon, (503) 804-6515, amelia@nursingmotherscounsel.org.

APHA: OREGON SENATE SUPPORTS BREASTFEEDING MOTHERS

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Workplace Breastfeeding Support



Women with infants and children are the fastest growing segment of the U.S. labor force.

Among employed women with children under age 3, approximately 70 percent work full time. One-third of mothers return to work within 3 months after giving birth, and two-thirds return within 6 months.^{1,2}

Breastfeeding offers proven health benefits for babies and mothers, but women often find it difficult to continue breastfeeding once they return to the workplace.

Challenges include lack of break time and inadequate facilities for pumping and storing human milk.

Many of these workplace challenges can be reduced with a small investment of time, money, and flexibility.

Providing accommodations for breastfeeding offers tremendous rewards for the employer, in cost savings for health care, reduced absenteeism, employee morale, and employee retention.

Benefits for Employers

Companies that have adopted breastfeeding support programs have noted:

- cost savings of \$3 per \$1 invested in breastfeeding support
- less illness among the breastfed children of employees
- reduced absenteeism to care for ill children
- lower health care costs (an average of \$400 per baby over the first year)
- improved employee productivity
- higher morale and greater loyalty
- improved ability to attract and retain valuable employees
- family-friendly image in the community

What's Needed

Simple strategies can allow infants, mothers, and employers to experience the benefits of workplace breastfeeding support. The strategies are feasible, safe, and relatively easy to imple-

ment, and they require only a modest budget.

These strategies have proven effective in a wide range of settings, including corporations, educational institutions, local government offices, manufacturing and sales organizations, and tribal organizations.

Develop a breastfeeding support program tailored to the company.

Each company, organization, or agency should develop a breastfeeding support program tailored to its needs and resources. Possible components of a workplace breastfeeding support program appear in Table 1.

It may be useful in larger companies to convene a task force to assess women's needs. Potential task force members include human resource specialists, company nurses, expectant mothers, an employee who is or recently was a breastfeeding mother, and a lactation consultant hired on a short-term basis.

Table 1: Components of a Workplace Breastfeeding Support Program

The table below outlines components of several levels of workplace breastfeeding support. The choice of components depends on the number of women who need support and the resources and realities of the workplace.

Adequate	Expanded	Comprehensive
<p>A clean, private, comfortable multi-purpose space (that is not a bathroom) with an electrical outlet in order to pump milk or to breastfeed.</p> <p>Employee provides her own breast pump.</p> <p>Table and comfortable chair.</p> <p>Sink, soap, water, and paper towels. If these are very far from BMBR, extra time is allowed for cleaning hands and equipment.</p> <p>Employee supplies cold packs for storage of milk.</p>	<p>Facilities</p> <p>A Breastfeeding Mothers' Break Room (BMBR) for use only by breastfeeding women.</p> <p>Employer provides one multi-user electric breast pump, and employees provide their own collection kits.</p> <p>Improved aesthetics to promote relaxation.</p> <p>Items listed in "Adequate" column are available near the BMBR.</p> <p>Employer makes available refrigerator space designated for food near BMBR.</p>	<p>A Breastfeeding Mothers' Break Room (or rooms) close to women's worksites.</p> <p>Employer provides collection kits. Additional multi-user electric pumps are provided if needed.</p> <p>Room large enough to accommodate several users comfortably.</p> <p>Items listed in "Adequate" column are available in the BMBR.</p> <p>Employer provides a small refrigerator in the BMBR for storage of human milk.</p>
	<p>Written Company Policy</p>	
<p>Employer grants a 6-week unpaid maternity leave.</p> <p>Employer allows creative use of accrued vacation days, personal time, sick days, and holiday pay after childbirth.</p> <p>Employer allows two breaks and a lunch period during an 8-hour work day for expressing milk or breastfeeding the child.</p>	<p>Employer grants 12-week unpaid maternity leave (FMLA).</p> <p>In addition, employer allows part-time work, job sharing, individualized scheduling of work hours, compressed work week, or telecommuting.</p> <p>Employer allows expanded unpaid breaks during the workday for expressing milk or breastfeeding the child.</p>	<p>Employer offers a 6- to 14-week paid maternity leave (ILO).</p> <p>In addition, mother can bring child to work, caregiver can bring child to workplace, or on-site day care is available.</p> <p>Nursing breaks are paid and are counted as working time.</p>
	<p>Workplace Education</p>	
<p>Company breastfeeding support policy is communicated to all pregnant employees.</p> <p>Employer provides a list of community resources for breastfeeding support.</p>	<p>New employees, supervisors, and coworkers all receive training on the breastfeeding support policy.</p> <p>Employer contracts with skilled lactation care provider on an "as needed" basis.</p>	<p>Breastfeeding education is offered to the partners of employees who are expectant fathers.</p> <p>Employer hires a skilled lactation care provider to coordinate a breastfeeding support program.</p>

Key factors include the number of women who are likely to use the program, the potential available space, and the needs and priorities of potential program users. Other successful breastfeeding support programs can be used as models.

Information about types of pumps and how to obtain them can be acquired from a local hospital, a lactation consultant, a health department, or a mother's support group.

Employers can contract with breast pump manufacturers to arrange discounted rates on purchased personal-use pumps. They can also rent or purchase multi-user pumps for placement in a Breastfeeding Mothers' Break Room.

Providing key decision-makers with information on specific costs for at least two levels of breastfeeding support can facilitate the planning process.

Smooth and safe operation of the breastfeeding support program is easiest with a designated lead person, even though minimal programs generate only a few hours of work each month.

Inform all employees about the company's breastfeeding support policy.

A workplace breastfeeding support program should be governed by a written policy communicated to all employees.

The policy should spell out details of the workplace support program, such as facilities provided and time allotted for breaks.

The policy should also prohibit harassment of and discrimination against breastfeeding employees. It should include job protection for



employees during and after maternity leave, and a ban on assigning breastfeeding employees to less desirable jobs.

Consider flexible scheduling options.

Flexible work arrangements can ease new mothers' return to work following childbirth. Regardless of flexibility, there will be a period of adjustment. Examples of scheduling options that can benefit both mothers and employees include:³

- *part-time work*
- *earned time*, in which sick time, vacation time, and personal days are grouped into one set of paid days off work, from which workers can take time at their own discretion
- *job-sharing*, in which two workers each work part time and share the responsibilities and benefits of one job
- *phase-back*, in which workers return from leave to their full-time work load over several weeks or months

- *flex-time*, in which workers arrange to work unusual hours to accommodate their home schedules
- *compressed work week*, in which employees work more hours on fewer days
- *telecommuting*, where employees work all or part of their jobs from home

Allow women sufficient break time to breastfeed or express milk on the job, and provide space in a private, clean place (not a bathroom).

Breastfeeding or expressing milk during working hours enables a mother to keep up a good supply of milk for her child.

The number of breaks needed to breastfeed or express milk is greatest when the child is younger, then gradually decreases.

For milk safety reasons, mothers must have clean hands and must clean equipment after use. Proximity of a sink is important. In addition, secure cold storage capability is essential

(this could include coolers with cold packs, provided by employees).

Women who work in a variety of sites throughout the week or the workday have special challenges and need authorization from their employer to use creative solutions. Solutions may include expressing milk in a vehicle or in a nursing mothers' room in a shopping mall.

Provide education.

Many parents get information and support for family issues from friends and coworkers. The worksite can be a significant source of support for breastfeeding.

Information collected by the breastfeeding support program can be provided to pregnant and breastfeeding employees, as well as to new or expectant fathers, so that each family does not have to go through the same information-gathering process.

Useful information includes a list of child care facilities near the worksite and a list of resources for obtaining breast pumps.

Support and be aware of legislation and policies promoting workplace support for breastfeeding women.

Legislators and policymakers have played an important role in promoting workplace support for breastfeeding women.

More state and federal laws are needed to:

- protect breastfeeding women from discrimination
- promote adequate maternity leave
- encourage employers to accommodate the needs of breastfeeding employees (e.g., through tax

incentives, mandates, honoring model practices)

- establish worksite support programs for government employees
- replicate existing model legislation and policies in new locations
- reconsider aspects of welfare-to-work legislation that have made breastfeeding more difficult
- develop systems to assist businesses wanting to improve breastfeeding support

These laws should apply to all sectors of the work force, including part-time workers and welfare-to-work participants. Particular attention is needed for disadvantaged families, who suffer the most illness, have the lowest breastfeeding rates, and often work in jobs lacking workplace breastfeeding support.

Several states have passed or are considering legislation mandating that employers make available appropriate space and sufficient time for mothers to breastfeed or express milk in the workplace.

Other states' legislation does not include mandates but offers tax incentives to companies with strong breastfeeding support.⁴

Legislators, government agencies, and business leaders are responsible for providing the vision and leadership on a national level that will support breastfeeding mothers, reward progressive and forward-thinking companies, and encourage others to join the effort.

Tax incentives for breastfeeding support, paid maternity leave, and model family support programs in government agencies are all part of this vision and leadership.

Conclusion

The majority of new parents work hard to be both dedicated, quality workers and dedicated, devoted parents. Many industries, companies, departments, and divisions work creatively to make their work environments family-friendly.

Increased initiation and duration of breastfeeding are important national and global public health goals. By falling short of these goals, we put babies and mothers at increased health risk. Breastfeeding support in the workplace is an essential component of meeting these goals and is truly a win-win-win for mothers, babies, and employers.

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Additional Resources

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Goals of the United States Breastfeeding Committee

protecting | promoting | supporting

The mission of the United States Breastfeeding Committee (USBC) is to protect, promote, and support breastfeeding in the United States. The USBC exists to ensure the rightful place of breastfeeding in society.

The USBC works to achieve the following goals:

Goal I

Ensure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children, and families.

Goal II

Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.

Goal III

Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.

Goal IV

Increase protection, promotion, and support for breastfeeding mothers in the work force.

Visit us at www.usbreastfeeding.org.

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Support for Breastfeeding in the Workplace



Definition

Support for breastfeeding in the workplace includes several types of employee benefits and services,^{20,21} including writing corporate policies to support breastfeeding women; teaching employees about breastfeeding; providing designated private space for breastfeeding or expressing milk; allowing flexible scheduling to support milk expression during work; giving mothers options for returning to work, such as teleworking, part-time work, and extended maternity leave; providing on-site or near-site child care; providing high-quality breast pumps; and offering professional lactation management services and support.

Rationale

Mothers are the fastest-growing segment of the U.S. labor force. Approximately 70% of employed mothers with children younger than 3 years work full time.²² One-third of these mothers return to work within 3 months after birth and two-thirds return within 6 months.²² Working outside the home is related to a shorter duration of breastfeeding, and intentions to work full time are significantly associated with lower rates of breastfeeding initiation and shorter duration.²³ Low-income women, among whom African American and Hispanic women are overrepresented, are more likely than their higher-income counterparts to return to work earlier and to be engaged in jobs that make it challenging for them to continue breastfeeding.²⁴ Given the substantial presence of mothers in the work force, there is a strong need to establish lactation support in the workplace.

Barriers identified in the workplace include a lack of flexibility for milk expression in the work schedule, lack of accommodations to pump or store breast-milk, concerns about support from employers and colleagues, and real or perceived low milk supply.²⁵⁻²⁷



Evidence of Effectiveness

Cohen et al.²⁸ examined the effect of corporate lactation programs on breastfeeding behavior among employed women in California. These programs included prenatal classes, **perinatal** counseling, and lactation management after the return to work. About 75% of mothers in the lactation programs continued breastfeeding at least 6 months, although nationally only 10% of mothers employed full-time who initiated breastfeeding were still breastfeeding at 6 months. Participants in the Mutual of Omaha's lactation program breastfed an average of 8.26 months, although nationally only 29% of mothers were still breastfeeding at 6 months.²⁹ Both of these programs are promising but may represent unique populations that may not be generalizable to all working mothers.

Indicators of satisfaction and perceptions related to workplace programs have been evaluated, as have assessments of the use of resources for breastfeeding support, services provided, and perceived impact on success. Measures of participant satisfaction and perceptions show a positive impact of workplace support programs on the mother's work experience.³⁰ Further, several studies indicate that support for lactation at work benefits individual families as well as employers via improved productivity and staff loyalty; enhanced public image of the employer; and decreased absenteeism, health care costs, and employee turnover.^{31,32}

Description and Characteristics

Support programs in the workplace have several components. Many factors, such as how many women need support and the resources available, help determine the most appropriate components for a given setting. An outline document developed by the United States Breastfeeding Committee discusses "adequate," "expanded," and "comprehensive" support for breastfeeding in the workplace.²¹

According to Bar-Yam,³³ essential elements of a successful workplace program are space, time, support, and gatekeepers. Ideally, a Nursing Mother Room (NMR) is centrally located with adequate lighting, ventilation, privacy, seating, a sink, an electrical outlet, and possibly a refrigerator.³³ Employers can use many different strategies to ensure time for breastfeeding or milk expression, including flexible work schedules and locations, break times for pumping, and job sharing.

1005

Lactation
Room

Mothers who continue breastfeeding after returning to work need the support of their coworkers, supervisors, and others in the workplace. Individual employers can do a great deal to create an atmosphere that supports employees who breastfeed. Such an atmosphere will become easier to achieve as workplace support programs are promoted to

diverse employers. Workplace support programs can be promoted to employers, including managers of human resources, employee health coordinators, insurers, and health providers serving many of a particular organization's employees.

Program Examples

Employer Recognition

In 1998, the Oregon Department of Human Services Health Division developed the Breastfeeding Mother Friendly Employer Project to recognize employers who are already breastfeeding friendly and to encourage other Oregon employers to support breastfeeding in the workplace. The division gives a certificate to all employers who document that they meet Breastfeeding Mother Friendly Employer criteria and publishes a list of these employers each year.

Employer Incentives and Resources

The U.S. Health Resources and Services Administration Maternal and Child Health Bureau has launched a national workplace initiative that includes developing a resource kit for employers. *The Business Case for Breastfeeding*, developed to address barriers and the educational needs of employers, includes materials for upper management, human resource managers, and others involved in implementing on-site programs for lactation support. Also included is a tool kit with reproducible templates that can be adapted to the work setting. An outreach marketing guide helps local breastfeeding advocates and health professionals effectively reach out to employers.

Support and Accommodation in the Workplace

In 2002, the Arizona Department of Health Services adopted a breastfeeding policy for all of its employees. The goal is "to provide a positive work environment that recognizes a mother's responsibility to both her job and her child when she returns to work by acknowledging that a woman's





choice to breastfeed benefits the family, the employer, and society."¹⁴ New mothers returning to work at the Department may be initially authorized to bring their infants to work until the child is 4 months old. This period may be extended in 1-month increments, depending on job performance and the infant's activity level. The policy provides for the privacy of mother and infant, requires the mother to maintain her performance on the job, and seeks to prevent disruption of other employees' work. A designated breastfeeding coordinator informs employees of the policy, provides educational materials, and gives support to any employee expressing an interest in breastfeeding her infant.

The California Public Health Foundation WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) agencies provide a breastfeeding support program for their employees, most of whom are paraprofessionals. The program includes encouraging and recognizing breastfeeding milestones and providing training on breastfeeding, monthly prenatal classes, **postpartum** support groups, and a supportive work site environment. The work site environment includes pumping facilities, flexible break times, and access to a breast pump. A program hallmark is access to an experienced colleague known as a Trained Lactation Coach, or **TLC**, who breastfed her own children after returning to work. An evaluation of the California program revealed that more than 99% of employees returning to work after giving birth initiated breastfeeding, and 69% of those employees breastfed at least 12 months. Access to breast pumps and support groups were significantly associated with the high breastfeeding duration rates.¹⁵

Over the past decade, many companies and organizations have implemented lactation programs. For example, Mutual of Omaha provides a series of classes on breastfeeding for its pregnant employees. Prenatal classes are designed to support the company's strategic objectives of health and wellness for all its pregnant employees and their families. Support of the postpartum employee is tailored to assist breastfeeding employees as they transition from maternity leave to work.

Legislation

Several states have enacted legislation that encourages support for breastfeeding in the workplace. The United States Breastfeeding Committee has made available an inventory and analysis of state legislation on breastfeeding and maternity leave that includes legislation related to employment.

This inventory can be viewed online or downloaded free of charge from <http://www.usbreastfeeding.org>. La Leche League International has compiled a searchable summary and state-by-state information about state legislation in five major areas related to breastfeeding, including employment. Go to <http://www.lalecheleague.org/LawBills.html> for more information.

As of April 2004, five states had specific legislation requiring employers to accommodate breastfeeding mothers who return to work, and Illinois had similar legislation pending. Five more states had legislation or resolutions encouraging members of the public and private sectors, including employers, to support breastfeeding mothers. The legislation of two states included recommendations to complete demonstration projects on standard policies and practices for employers to support breastfeeding and to report findings back to the respective state legislatures.

In 1998, California passed the *Breastfeeding at Work* law, which encourages all employers to ensure that employees are provided with adequate facilities for breastfeeding or expressing milk. In 2002, the state passed *Lactation Accommodation*, which expands prior workplace provisions to require adequate break time and space for breastfeeding or milk expression, with a violation penalty of \$100.

Texas set forth legislation in 1995 to standardize basic components of workplace support for breastfeeding. Employers that ensure these components are in place are eligible to receive *Mother-Friendly Workplace* designation from the Texas Department of Health. The major components are as follows:

- Flexible work schedules to provide time for milk expression.
- Access to a private location for milk expression.
- Access to a nearby clean and safe water source and sink for washing hands and rinsing out any breast-pump equipment.
- Access to hygienic storage options for the mother to store her breast-milk.

Resources

United States Breastfeeding Committee Issue Paper: Workplace Breastfeeding Support:
<http://www.usbreastfeeding.org/Issue-Papers/Workplace.pdf>

United States Breastfeeding Committee: Accommodations for Breastfeeding in the Workplace Checklist:
<http://www.usbreastfeeding.org/Issue-Papers/Checklist-WP-BF-Support.pdf>

United States Breastfeeding Committee Issue Paper: State Legislation that Protects, Promotes, and Supports Breastfeeding:
<http://www.usbreastfeeding.org/Issue-Papers/State-Legislation-2004.pdf>

La Leche League International: Summary of State and Federal Legislation:
<http://www.lalecheleague.org/LawBills.html>

Oregon Department of Human Services Health Division Breastfeeding Mother Friendly Employer Project:
<http://www.dhs.state.or.us/publichealth/bf/working.cfm>

Arizona Department of Health Services Office of Human Resources:
<http://www.azdhs.gov/oed/personnel/index.htm>

Texas Department of State Health Services Texas Mother-Friendly Worksite Program:
<http://www.dshs.state.tx.us/wichd/lactate/mother.shtm>

Potential Action Steps

- Provide educational materials to employers about how supporting their employees who breastfeed benefits employers.
- Establish a model lactation support program for all state employees.
- Promote legislation to support work site lactation programs through mandates or incentives.
- Create work site recognition programs to honor employers who support their breastfeeding employees.

BREASTFEEDING SUPPORT AT THE WORKPLACE

Best Practices to Promote Health and Productivity

WASHINGTON BUSINESS GROUP ON HEALTH

ISSUE NO. 2 MARCH 2000

Rowena Benson MPH

in brief

As we begin the 21st century, the number of women who enter and remain in the workforce continues to rise and increasing numbers of women delay childbearing. In addition, 62.2% of mothers with children under age 3 participate in the labor force. For many new mothers, the return to work following maternity leave is often cited as a significant barrier to continuation of breastfeeding. Employer support of breastfeeding for nursing mothers can significantly help mothers balance the demands of work with their desire to continue to breastfeed their infant. The American Academy of Pediatrics released guidelines in 1997 recommending breastfeeding of infants up to one year of age to ensure optimal mental, physical, and emotional development. Increasing the initiation and duration of breastfeeding is still a major concern. In 1999, the breastfeeding initiation rate was 74.1% for all mothers and 81.1% for full-time, breadwinning mothers. The breastfeeding initiation rate for women who work in the private sector was 70.6%. A *Working Mother* survey conducted in 1998, only one year after the release of the AAP guidelines, found that 60% of women surveyed reported a full-time return to the workforce within six weeks of the birth of their child. The *Working Mother* survey also found that 40% of women surveyed reported a full-time return to the workforce within six weeks of the birth of their child.

The number of corporate lactation programs continues to grow as employers recognize the benefits of reduced health care costs and absenteeism, increased retention and employee morale, and an enhanced corporate image. The provision of on-site lactation programs is part of the criteria used in the rating of *Working Mother Magazine's* 100 Best Companies for Working Mothers each year. While breastfeeding support programs are traditionally viewed as a work-life benefit, it is important to recognize the impact of improved health outcomes for infant and mother and the correlated reduction in overall health care costs for employers. As the introduction of breastfeeding education is a component of prenatal care programs used, employers are increasingly forging a link between their work-life and health benefits. This article provides information for employers on the issue of breastfeeding as well as provides ideas for consideration when implementing workplace lactation programs at the workplace.

Research published in *Working Mother Magazine's* 100 Best Companies for Working Mothers survey of employers and employees suggests that breastfeeding is a significant component of health care for the lactating mother. The survey found that 60% of women surveyed reported a full-time return to the workforce within six weeks of the birth of their child.

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Procter and Gamble has had a lactation support program in place for nine years. At their Cincinnati headquarters, a private Mother's Room holds two hospital grade dual pump machines, as well as space for refrigeration of breast milk. Other locations have a variety of arrangements including private rooms that supply refrigeration space and pumps or, at some sites, mothers bring their own breast pumps. Breastfeeding education in the Procter and Gamble corporate office begins as part of the prenatal care program. A lactation specialist emphasizes the individual choice of mothers to breast or formula feed their infants, however the advantages of breast feeding are discussed and counseling is provided. When presented with research validating the significant health benefits of breast milk for their baby and themselves, as well as an understanding that returning to work and continuing to breastfeed is not prohibitive, many program participants have chosen to initiate breastfeeding after the birth of their baby. Procter and Gamble feels a worksite lactation program falls in step with corporate philosophy of encouraging support of female employees balancing work and family life. Internal research investigating the number of pediatric visits for ear infections and lost time at work revealed significant differences between breastfeeding and non-breastfeeding mothers. Breastfeeding mothers had a decreased number of pediatric visits and were absent from work less. In addition, provision of dual pumps at their on-site private room resulted in a real time savings. Using dual for the pumps decreased expression times from 30-40 minutes of position, one pump manual expression to 10-15 minutes. As a result of implementation, Procter and Gamble has seen a reduction in the duration, incidence of ear infections and associated pediatric visits.

Working With Mothers (WBM) is an on-line peer support and information program supported by WGA employees who breastfeed

months of an infant's life, a high demand for specific essential nutrients is present since the brain doubles in size. Nutritional inadequacies at this stage may result in prolonged and sometimes irreversible effects on growth and development.

Breastfeeding offers protection against a variety of infections. Exclusive breastfeeding as a sole nutrient for the first months provides sufficient nutrition and results in less morbidity and mortality.¹ The immune system of the newborn infant is immature and has insufficient innate defenses. Breastfeeding supplies an array of anti-microbial, anti-inflammatory and immunologic stimulating agents. Known benefits for the infant include protection against diarrhea, lower respiratory infection, bacterial infections such as meningitis, UTIs, and otitis media (earaches). Breastfed infants have decreased incidence and severity of insulin-dependent diabetes, lymphoma, ulcerative colitis, allergies and other digestive problems. Breastfed babies also have a better chance for dental health and are now third less likely to die of SIDS (Sudden Infant Death Syndrome).²

Breastfeeding also delivers life-long advantages. Human milk enhances cognitive development and promotes mental health. One study has shown that infants breastfed more than 8 months demonstrated higher IQs at 8 and 9 years, improved reading comprehension, mathematical, and scholastic ability from 10-13 years, and higher academic outcomes in high school.³ The results of improved health for infants and children translate into reduced employer health care costs of treating dependencies.

The advantages of breastfeeding extend beyond those experienced by the infant, to *mothers* as well. Breastfeeding facilitates the mother's postpartum recovery and enhances self-esteem and confidence. It has been shown to improve maternal health, including decreased risk of postpartum bleeding, either related to the presence of a blood clot or a low iron count, and a reduced risk of

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ovarian cancer continuing long after the postpartum period. Breastfeeding and breast milk also lower the risk of premenopausal breast cancer for mothers who breast feed. A recent study showed that women who breastfed at least one child had more than a 20% reduction in breast cancer risk as compared with women who did not breast feed. With increased duration of breastfeeding, there is a greater reduction in risk. Evidence exists that the protective effect extends to the postmenopausal years.

A mother's choice to breastfeed her newborn infant is a personal one. Several factors are involved in a woman's choice to breastfeed, including employment status, understanding of the breastfeeding process and experience, and presence of social support from family or friends. One of the greatest barriers to breastfeeding is misinformation; mothers may not fully comprehend the nutritional needs of their infants or may question their ability to meet their infants' adequate milk supply to keep the infant healthy. Providing breastfeeding information as part of prenatal care programs can educate mothers about the advantages of breastfeeding and allow them to determine if continuing to breastfeed upon returning to work will not be a viable option. By offering education and workplace support for breastfeeding, employers can positively influence the potential success of breastfeeding expectations and allow new female employees to continue their breastfeeding and breastfeeding.

The continuing support of the employer is another consideration for the mother as returning to work. An employer can do a lot to provide the support and resources needed to help a mother continue to breastfeed. Some of the ways that employers can help include:

• Providing lactation support through the lactation pro-

gram to reduce staff turnover and loss of skilled workers after the birth of a child, and reduce sick time/personal leave for sick baby medical visits because breastfed infants are more resistant to illness. The presence of lactation programs can make the transition back to work easier such that more new mothers may be willing to take shorter maternity leaves. Employee satisfaction and morale serves as an added recruitment incentive in today's tight labor market.⁴

Employers have a vested interest in supporting breastfeeding for their employees. The direct and indirect costs of illnesses whose incidence may be reduced by breastfeeding are significant. Estimated savings from childhood disease prevention are summarized in Table 1. Increasingly, corporations with established lactation programs are conducting internal cost-benefit analyses that demonstrate the effectiveness of breastfeeding support at the workplace. Corporate lactation consultants vendors continue to develop new measurement tools to assess effectiveness. Estimated direct costs for lactation programs range from \$250 for furnished private rooms with a lock and electrical outlet to \$1600 for a room with an employer-owned electric breast pump and lactation materials. Estimated fees for a lactation consultant range from \$100 to \$600 per participating mother.

A 1991 study revealed that employees of breast fed versus formula fed infants experienced substantially different absenteeism rates due to childhood illness. Approximately 5% of the infants in the study had no illness, 86% of these infants reported at least one non-work related illness, and 9% reported at least one work-related illness. Absenteeism was highest for the formula fed infants, and lowest for the breast fed group. While providing the lactation resources, employers can help to reduce the number of work-related illnesses. Many employers are aware that lactation support costs for the employer include work and family friendly workplace support and labor productivity. Workplace lactation programs can reduce absenteeism for employees

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The program has grown from 12 sites in 1995 to more than 250 sites across the country. More than 1000 women have enrolled in the program. CIGNA attributes the success of Working Well Moms to the scope of services provided.

Program components include a mother-friendly private room, access to a hospital grade breast pump, as well as a nursing care for transporting bottled breast milk. Refrigeration and packaging is also provided. Counseling is an integral resource available to new and expecting mothers. During the last trimester of pregnancy, each new mother enrolled in the program receives a call and is assigned an individual lactation consultant. One week past the mother's due date, calls are scheduled for the first 4 weeks. Counseling includes assessment tools for newborns, as well as preventive education. Any problems discovered are referred back to the health care system. A return to work consultation helps mothers prepare for their return back to the workforce and follow-up counseling to measure progress continues for 6 months. An added benefit of having an on-site mother's room are the support groups of breastfeeding mothers that develop through length of use. By approximately 10% of women are actively using the company provided breast pumps at any given time. The program average breastfeeding time is 6.9 months. More than 40 percent of participants breastfeed beyond 6 months, a figure well above the national average for working mothers.

The Home Depot began a Breastfeeding Worksite Solutions Program in 1996 and has since grown rapidly. In 1998, Home Depot had 17 mother's rooms and a range of 100 pumps. In 2000, the number of mother's rooms had increased to 100 and the number of pumps had increased to 108. Home Depot's commitment to breastfeeding has increased to include mother's rooms provided for pregnant women to participate through lunch time seminars at work sites.

model, corporate lactation programs offer companies an opportunity to demonstrate sensitivity to the challenges faced by working mothers.

CONCLUSION

Building a successful and supportive corporate lactation program requires careful planning. To maintain her supply of breast milk, a nursing woman must be able to express her milk regularly. Physical access to breast pumps and private rooms must be combined with appropriate outreach, education and flexibility for optimal results. Although many companies do not have a written policy regarding lactation, communications with new and expecting mothers should clarify company policies and indicate company support for a mother's choice to breastfeed or use formula.

Well-coordinated lactation programs use a team approach to assisting working mothers with breastfeeding. The advent of vendors who design and implement corporate lactation services allows employers to build tailored programs that meet the needs of their employee population. Employers can provide access to private rooms and hospital grade breast pumps, and mothers can avail themselves of contracting services from a lactation consultant on-site or by phone prior to, during and after pregnancy. Lactation consultants can provide breastfeeding information, educate mothers when breastfeeding problems arise, and share their own role in preparing a mother to return to the transition back to work. Many lactation consultants care to help companies who have pursued additional training to work effectively in a variety of settings, including retail, manufacturing, health care, and nonprofit organizations. Companies can maximize the effectiveness of their programs by providing a variety of resources, including lactation consultants, peer educators for health and promotion, lactation education programs, on-site lactation consultants, and lactation programs that include all voluntary and ad-

Condition	Range of Cost for Treatment (\$)	# of Days Off for Employee	Effect of Breastfeeding
Ear Infections	60-80	1-2	60% decrease in risk
Allergies (Food)	100 (diagnosis) 80-100 (acute reaction treatment)	1-2 (per reaction)	4-5 fold decrease in allergic symptoms (harris)
Cytomegalovirus	60-80	1-2	Decrease in severity
Baby Bottle Tooth Decay	250 (cleaning/repair) 3000 (replacement)	1-4	Very low risk
Parotitis	50-70 (mild) 1500-3000 (severe)	1-5	3-4 fold decrease in risk
Ear Tubes (Surgery)	100-1650	2-3	80% decrease in risk
Bronchitis/Pneumonia	60-80 (mild) 1600-5000 (severe)	2-7	80% decrease in risk
Respiratory Syncytial Virus (RSPV and Lower)	60-80 (mild) 1600-5000 (hospitalized)	2-7	Less severe, fewer hospitalizations
Measles	4500-32,000	3 days to 3 weeks	4 fold decrease in risk
Heroin Dependent Babies	3000-5000 (no complications)	5-15	Reduced risk

(The following information is for informational purposes only and is not intended to be a substitute for professional medical advice. Always consult your physician for more information.)

Research shows that breastfeeding can reduce the risk of ear infections, allergies, and other conditions. The table above provides a summary of the potential benefits of breastfeeding, including the range of cost for treatment, the number of days off for the employee, and the effect of breastfeeding on the condition.

For example, breastfeeding can reduce the risk of ear infections by 60%, which can result in a significant decrease in the cost of treatment and the number of days off for the employee. Similarly, breastfeeding can reduce the risk of allergies by 4-5 fold, which can result in a significant decrease in the cost of treatment and the number of days off for the employee.

It is important to note that the information in this table is based on research and may vary depending on individual circumstances. Always consult your physician for more information.

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Working Mothers

Aetna is one component of its New Child Program, a comprehensive benefits program that includes preconception planning, preparation for arrival of the baby, and return to work initiatives. Recognizing the difference between simply providing a nursing room and offering a comprehensive program, Aetna's breastfeeding support services are available at all stages of the new mother experience: before delivery, during maternity leave, and throughout the return to work. As part of prenatal education, participation in classes focused specifically on breastfeeding and mothers have access to individual counseling on infant feeding choices as well as how to avoid common problems that affect new breastfeeding mothers. During maternity leave, particularly during the first 30-60 days, a lactation consultant keeps in touch with mothers individually to assess progress and address any concerns. In some locations, home visits are conducted, and 24-hour access to lactation consultants by phone is also available. The lactation consultant provides return to work counseling and Aetna supplies an accessory kit including attachments for the onsite electric pump and cooling agent for refrigeration. Once back at work, employees have access to private pump mothers' rooms equipped with a hospital grade breast pump and private stalls to accommodate multiple mothers. Nationwide, the number of mother's rooms available has grown from 3 in 1996 to 27 currently, with over 100 mothers participating and a success rate of 30% of mothers who breastfed for 6 months or longer. Aetna estimates a return on investment of approximately 1:18 to 1. In addition to its financial savings, an equally valuable result is the positive feedback Aetna has received from mothers who have participated in the program. "The Aetna support services were instrumental in providing me the best breastfeeding experience of my life. I was able to get support from a lactation consultant, a nurse, and a physician. Aetna recognizes the benefits of breastfeeding and supports it fully. I hope all employers could do the same." —MELINDA WILSON

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Healthy Matters Health Ratio - www.hmratio.org

Life Cycle Learning International - www.lclicol.com

International Education Consultants Association
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MCI Services Incorporated
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CEI Incorporated
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Julliana S. Gonen, PhD **Rowena R. Bonnan, MPH**

Director

Manager

Michael Britt, MS

Cindi Jenkins

Manager

Administrative Assistant

WASHINGTON BUSINESS GROUP ON HEALTH

777 N. Capitol St., NE • Suite 800

Washington, DC 20002

Phone: (202) 408-9330 • Fax: (202) 408-9332

www.wbgh.com

Anna Sorensen

From: AKma2many@aol.com
Sent: Thursday, March 13, 2008 1:24 PM
To: Anna Sorensen
Subject: HB 190 testimony

Anna

Here is my testimony for HB 190. I don't know if I will be available to call in so I thought I would send this to you.

I'll call in if I am available.

Cathy Tapey
President
Alaska Breastfeeding Coalition

Babies were born to be breastfed.

*The Alaska Breastfeeding Coalition is a nonprofit 501c3 organized to provide leadership through collaboration and education to improve the health and well-being of Alaskans by promoting, protecting and supporting breastfeeding. Our members represent a wide variety of groups committed to breastfeeding in the community including nurses, pediatricians, certified lactation consultants, nutritionists, WIC peer counselors, La Leche League members, health educators and committed parents.

The Alaska Breastfeeding Coalition supports bills HB 190 An Act relating to break times for employees who nurse a child. As professionals, we see on a daily basis the dilemma of mothers as they return to work. We know that many women choose to quit breastfeeding sooner than they would like due to the difficulty they experience when trying to express their milk for their child during their work schedule.

The passage of bill HB 190 will not only benefit breastfeeding mothers and their infants, but employers as well. Breastfed babies generally develop fewer occurrences of ear infections, lower respiratory infections, and GI illnesses during infancy and childhood. This translates into fewer absences from work by the parent. In addition, healthier children have fewer doctor visits reducing health care costs.

As stated in a letter to the Editor of the New York Times by Dr Audrey Naylor, "A goal of the United States Breastfeeding Committee is that 'every woman, regardless of her employment status, will have the opportunity to provide breast milk for her child.'" By showing support for HB 190 you can protect breastfeeding mothers from discrimination and support their efforts to raise healthy babies. We find this legislation to be a step forward in reaching that goal."

It's Take Time! Get tips, forms and advice on AOL Money & Finance



SEARHC

SouthEast Alaska Regional Health Consortium



- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> JUNEAU WIC OFFICE
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Juneau, Alaska 99801
(907) 463-4099 or
1-800-330-2229
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3054 Fifth Avenue
Ketchikan, Alaska 99901
(907) 225-3392 or
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1-877-966-8352
Fax (907) 966-8806 |
|--|---|--|

LETTER IN SUPPORT OF HB 190

March 11, 2008

Greetings:

I'm writing in support of House Bill 190. I am a registered dietitian and have lived and worked here in Alaska for nearly 25 years. I currently coordinate the Women, Infants and Children's Program (the federal nutrition program more commonly known as WIC) and am an employee of SEARHC, the Southeast Alaska Regional Health Consortium, which is the grantee of the WIC Program here in Southeast Alaska.

One of the most important and rewarding aspects of my job is to help the women we serve be successful in breastfeeding their babies. In addition to my professional experience, I breast fed both my children – one for two years, the other for three and a half years. I was thankfully able to give both of them a healthy start in life by breastfeeding., and they are now both healthy, intelligent and productive young adults. I am a strong advocate of breastfeeding and know it is, without question, the healthiest way to feed a baby.

House Bill 190 is a modest but important bill that would legally allow all working mothers in the State of Alaska breaks during their work day so that they could either breastfeed their baby or express their milk. I applaud your efforts in bringing this bill into law.

Breastfeeding is a key component in promoting wellness in both mother and child. In an ideal world, all women would be able to stay home with their children during the first year of life to breastfeed and care for their children themselves. Financial realities of most families, however, require that women return to work soon after delivery. Alaska is a leader in the nation, ranking among one of the highest year after year, for the initiation of breastfeeding. The percentage of women who are still breastfeeding at 6 months, however, drops significantly. This is, in large part, due to the woman's need to return to work and the many demands placed on a woman to be both bread winner and caretaker. Employers have a responsibility to help ensure that the women in their workforce who are also trying to breastfeed their babies are able to do so. They need to be encouraged to do so.

SEARHC has led the way in Alaska in this arena, and I wanted to share information with you today about how an employer can provide this important support to the small portion of its work force who is currently breastfeeding. SEARHC is one of the largest Native health care organizations in the Nation and has a very strong health promotion and prevention aspect to the services it provides.

In accordance with Federal law and US Department of Agriculture policy, the WIC Program is prohibited from discrimination on the basis of race, color, national origin, sex, age, disability or religion. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

March 11, 2008
Letter in Support of HB 190
Page 2 of 2

SEARHC is one of the largest employers in SE Alaska, with a work force of over 1,000 employees. Our management understood they needed to be a leader regarding this important issue when they passed our progressive, consortium-wide Breastfeeding Employee Policy in 2006. They understood that we could not encourage other employers to allow its employees time to breastfeed or express milk without implementing such a policy ourselves. We are walking the talk, and our policy goes beyond the scope of HB 190 by providing paid time to our breastfeeding employees to either breastfeed their baby on site or to express their milk.

I've put together packets for you that I hope will help you and other employers of the State of Alaska to implement similar policies. The packet includes a summary of how the policy was accomplished as well as the packet of information we prepared for our Board of Directors which includes an agreement form that is signed by both supervisor and breastfeeding employee.

We have been successfully implementing this policy for two years now. It is one way we as employers can help create a breastfeeding culture in our society, where breastfeeding women are both supported and revered for their role in ensuring that the future citizens of Alaska are as healthy as they can be. As one of the members of the SEARHC management team said when the policy was unanimously passed, it was a "slam, dunk" decision, a "no-brainer." I hope you consider this to be the case as well.

Thank you for helping the State of Alaska take this important step forward in supporting working mothers. Please contact me if you have any questions.

Sincerely,



Susan Hennon, RD, LD
SEARHC WIC Program
3245 Hospital Drive
Juneau, AK 99801
Ph: 463-4096; Fax: 463-6672
e-mail: susan.hennon@searhc.org

SEARHC Breastfeeding Employee Policy Brief Summary of how it was accomplished

In the summer of 2005, the Juneau Medical Clinic (JMC) Administrator, Brenda Sturm, asked that breastfeeding efforts on our campus be coordinated. Issues that needed to be worked on included:

- Electric breast pump management, coordination and referral issues – JMC had its pumps, and WIC had theirs.
- SEARHC WIC had just moved into its new space and had had a breastfeeding room designed into that space. Policies and procedures for this new room needed to be developed.
- Investigate ways we could support our SEARHC employees who are breastfeeding.

A committee of two was established:

- Priscilla Skannes, RN, a veteran OB nurse from Mt. Edgecumbe Hospital who had moved to Juneau and brought with her many of the ideas and successes that they had accomplished over in Sitka.
- Susan Hennon, RD, LD, WIC Coordinator

In April of 2005, SEARHC had implemented a consortium-wide policy banning smoking, by employees and patients alike, on any of the SEARHC campuses throughout Southeast Alaska. SEARHC is committed to the idea of wellness and had demonstrated its courage to “walk the talk” in terms of policy. We felt if SEARHC was ready to take that bold step, that they would be supportive of a breastfeeding policy to support its employees. Before we could recommend to other employers that they should support their employees, we felt we needed to start with ourselves and demonstrate how such a policy could work.

Through the fall of 2005, Priscilla and Susan worked on the following:

- Drafting a policy and procedure and employee/supervisor plan once mom returned to work.
- Collecting research and data that supported the concept that it was in the employer’s best interest to support breastfeeding women in the workplace
- Soliciting letters of support for the policy from:
 - our two Employee Wellness Departments in Sitka and Juneau,
 - current SEARHC employees who were breastfeeding
 - our local lactation consultant, Debi Ballam
 - our Ketchikan dietitian, Janai Meyer
- Brought the idea before and got permission from our JMC Leadership Team to bring the policy before the SEARHC-wide Executive Management Team (EMT).
- Recruited the support of the Human Resource Department Director, Bill Perket, who was supportive of the idea and also a member of the EMT. He volunteered to bring the policy before the group for discussion.
- Prepared the complete information packets for the EMT members one month prior to their scheduled meeting so they had time to review.
- Spoke with various EMT members prior to the scheduled meeting in February, 2006.

In short, we tried to do our homework in order to present a complete, well-researched idea that we felt was compelling. As we talked with more staff within the Consortium, enthusiasm for the policy grew. The policy passed without dissent in February, 2006. In one member’s words, it was a “slam, dunk.”