

## **Breastfeeding and Health Equity: Why Oregon advocates pursued workplace protections**

For as long as humans have walked this earth, they have breastfed their infants just like other mammals. Immediately after birth, a baby has been brought to a mother's breast for mutual comfort and optimal nutrition. Even after a child was ready for other foods, the nourishment of breastmilk was continued for years. Although our modern day culture has experimented with other feeding methods, the benefits imparted through breastfeeding cannot be duplicated through other means. All the leading research simply underscores what mothers have known all along: human milk for human babies.

Consuming anything other than breastmilk for the first six months of life is harmful to child development, particularly to the immune and digestive systems. Non-exclusively breastfed babies have significantly higher incidence of acute and chronic illnesses, including recurrent ear infections, severe diarrhea, allergies, asthma, diabetes and obesity. Infant mortality and respiratory-related hospitalizations are also higher in this population. Six months exclusive breastfeeding influences health outcomes over a lifetime to such an extent that breastmilk must be considered a birthright.

Tragically, breastfeeding in the US is far from this standard. Nationally, only 8% of US babies receive six months exclusive breastmilk. While cultural beliefs and practices within communities shape infant feeding decisions, economic indicators have perhaps a greater impact.

According to the US Department of Employment, 70% of women with children now work full-time, and the fastest-growing work segment is women with children under three. This means that mother-child separation is now the cultural norm, and growing.

When women entered the workforce in droves during the 1970's and 80's it was with the idea, perhaps, that by trading off biological imperatives, they could achieve "equity". That these same women happened to be the ones also carrying on the human race was secondary to the demands of commerce.

Of the many ways our society needs to be brought into balance, this schism between our biology and economy – and in particular, the dilemma women face between their paycheck and their baby's health -- is a good place to start.

When moms and babies are together day and night, they nurse frequently. The more a baby nurses, the more milk the mother's body produces in response. When moms and babies are separated for long workdays, this rhythm can be mimicked and her supply can be maintained through use of a breast pump at regular intervals throughout the workday. Though a pump is a poor substitute for a baby, breaks to express milk give moms a chance. Worksite accommodation for this biological need is a new frontier in thousands

of individually negotiated arrangements, leading workplace wellness programs, and legislation in several states.

Lactation accommodation is hit-or-miss when left to the whims of industry and individual managers, or the clout and confidence of individual employees. Achieving health equity means being able to shape the structures of industry so all children get the start in life they need, regardless if their mothers work at law firms, hospitals, assembly lines, or fast food restaurants. The health of the next generation is too important to be left to chance.

After ten years of grassroots lobbying, Oregon's landmark law, "Rest Breaks for Breast Milk Expression" went into effect January 1, 2008. Administered by the Bureau of Labor and Industry, it is the only legislation of its kind in the country that details what the workplace accommodation must look like, and carries a stiff penalty provision for non-compliance.

Under the law, employers with over 25 employees are required to provide clean, private space (not a bathroom stall) and 30-minute breaks every four-hour work segment for breastfeeding employees to express milk. The time component attempts to align the natural cycles of a breastfeeding relationship to the break schedule of the workday. The space component is simple decency.

Employers also benefit under the law. For every \$1 invested in basic time and space provisions, there is a \$2 return on investment from increased employee retention and decreased health care costs. For every \$1 invested in comprehensive lactation programs, offering multi-user pumps, lactation consultations, flex-time, and/or on-site daycare, for example, there is a \$3 return on investment. Interestingly, some of the strongest worksite lactation programs are found at health insurance companies, which carefully track the cost savings of their own benefits programs.

This legislation is a win-win-win for employers, moms and babies. Facilitating the birthright of breastfeeding improves childhood health and development. Equalizing access across work sectors helps make health equity possible.

We must pursue public policy that promotes and protects family closeness and health if we're to get our society in better accord with our humanity.