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SB 95 Testimony for Senate Public Health and Welfare Committee

Chairwoman Schmidt and Members of the Committee:

Thank you for the opportunity to testify in support of the “SOAR” Act (S.B. 95). The Kansas Breastfeeding Coalition is a state-wide nonprofit focused on reducing childhood obesity by shaping policies to improve access to healthy food. We believe safety net programs like SNAP and TANF are critical, particularly for the health of Kansas children. The modest changes in Senate Bill 95 will have a significant impact on the health and wellbeing of the most vulnerable of Kansans.

The Kansas Breastfeeding Coalition fully supports the “SOAR” Act (S.B. 95) which exempts single mothers of infants from TANF work requirements for 12 months after giving birth, protecting the health of both mom and baby while saving Kansas thousands in costly infant child care assistance.

The “SOAR” Act, through this modest change, will ensure more infants, in our most vulnerable families in Kansas, receive the best start possible by keeping mothers and babies together during the critical first year of life and optimizing the conditions for breastfeeding. The Kansas Breastfeeding Coalition affirms the critical need for mothers and babies to be together to support breastfeeding. When mothers are forced to return to paid employment in the early months, breastfeeding is often compromised.

All major medical authorities recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding until at least one year of age.¹ While 83 percent of babies

¹ American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). *Pediatrics*; originally published online February 27, 2012; DOI: 10.1542/peds.2011-3552.

American College of Obstetricians and Gynecologists, Committee on Obstetric Practice and Breastfeeding Expert Work Group. Optimizing support for breastfeeding as part of obstetric practice (committee opinion). <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Breastfeeding-Maternal-and-Infant-Aspects>. Published 2016.

American Academy of Family Physicians. Breastfeeding (policy statement). <http://www.aafp.org/about/policies/all/breastfeeding.html>. Published 1989. Updated 2012.

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born in Kansas start out breastfeeding, by six months of age, only 23 percent of Kansas infants are exclusively breastfed.²

A major barrier to breastfeeding is the early return to paid employment soon after birth. Research shows a relationship between a woman's decision to start and continue breastfeeding and the length time available to her after the birth of her baby before she must return to work.³ ***Mothers who return to work before six weeks postpartum are over three times more likely to stop breastfeeding than women who did not return to work.***⁴ Research also shows that mothers who return to full-time employment shortly after giving birth are less likely to breastfeed as long as they intend.⁵

Why is supporting breastfeeding important for TANF families? Breast milk is a proven "preventive medicine" shown to reduce the risk of many short- and long-term diseases. Moreover, breastfeeding has been proven to prevent adverse health outcomes for a mother and child throughout their lives. According to the United States Breastfeeding Committee, one of the leading experts on the current state of breastfeeding in the United States, breastfeeding is the "most effective global public health intervention for child survival." Breastfeeding has been shown to reduce the risks of the following pediatric diseases: acute lymphoblastic leukemia, acute otitis media, Crohn's disease, ulcerative colitis, gastrointestinal infection, lower respiratory tract infection (LRTI) requiring hospitalization, obesity, necrotizing enterocolitis (NEC), and Sudden Infant Death Syndrome (SIDS).⁶ Breastfeeding is also known to reduce the risk of the following maternal diseases: breast cancer, premenopausal ovarian cancer, diabetes, hypertension, and myocardial infarction.⁷ Nationally, African-American women were 43 percent more likely to die from breast cancer than their white counterparts.⁸

American Public Health Association. Policy No. 200714: A Call to Action on Breastfeeding: A Fundamental Public Health Issue. <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/29/13/23/a-call-to-action-on-breastfeeding-a-fundamental-public-health-issue>. Published 2007.

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Institute of Medicine. *Early Childhood Obesity Prevention Policies: Goals, Recommendations, and Potential Actions*. Washington, DC: Institute of Medicine; 2011.

U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

World Health Organization/UNICEF. *Global Strategy for Infant and Young Child Feeding*. Geneva, Switzerland: World Health Organization; 2003.

² Centers for Disease Control and Prevention. *Breastfeeding among U.S. children born 2000–2013, CDC National Immunization Survey*. https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-state-2013.htm Updated July 31, 2015. Accessed February 2, 2017.

³ Ogbuanu C, Glover S, Probst J, Liu J, Hussey J. The effect of maternity leave length and time of return to work on breastfeeding. *Pediatrics*. 2011;127(6):e1414-e1427.

⁴ Sylvia G, Jessica LK, Michelle P, Steve G, Julia G, Martin K. Juggling work and breastfeeding: effects of maternity leave and occupational characteristics. *Pediatrics*. 2009;123(1):e38-e46.

⁵ Mirkovic K, Perrine CG, Scanlon KS, Grummer-Strawn L. Maternity leave duration and full-time/part-time work status are associated with US mothers' ability to meet breastfeeding intentions. *J Hum Lact*. 2014;30(4):416-419.

⁶ Bartick M. C., Schwarz, E. B., Green, B. D., Jegier, B. J., Reinhold, A. G., Colaizy, T. T., Bogen, D. L., Schaefer, A. J., and Stuebe, A. M. (2016), Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs, *Maternal & Child Nutrition*, doi:10.1111/mcn.12366

⁷ Ibid.

⁸ <https://www.avonfoundation.org/new-avon-foundation-funded-breast-cancer-study-finds-black-women-are-dying-at-higher-rates-than-white-women-and-the-disparity-is-growing/>

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At the same time, disparities in breastfeeding outcomes between racial groups persist. In 2012, 66 percent of black infants in the United States had ever been breastfed, compared to 83 percent of white infants. Breastfeeding rates have also been link to increased infant and maternal mortality. In both developed and developing countries, additional time before returning to paid work is associated with significantly lower neonatal, infant, and child mortality rates.⁹ Newborns whose mothers are able to stay home with them for longer periods are more likely to be taken to the pediatrician for regular check-ups and more likely to be breastfed.¹⁰

Breastfeeding is associated with a 21% reduction in risk for post-neonatal death and with a 70% decreased risk of SIDS.¹¹ The African-American infant mortality rate in Kansas has consistently been more than double that of the rate for white infants.¹² Rates are highest in Wyandotte, Sedgwick, and Shawnee counties. The high infant mortality rate among African-American infants is mostly due to being small-for-gestational age or premature. These infants stand to gain the most from the immunities and nutritional benefit breast milk can provide. According to the CDC, increased breastfeeding among African-American women could decrease infant mortality rates by as much as 50%.

The benefits of breastfeeding do not end with child or maternal health; breastfeeding also has both economic and environmental benefits. Breast milk is far less expensive than formula and produces less waste.¹³ The cost of suboptimal breastfeeding in the U.S. is estimated to be \$3.0 billion in medical costs, 79% of which are maternal.¹⁴ Breastfeeding is a women's health issue, and advocates for women's health should play an integral role in enabling families to achieve optimal breastfeeding. "When we nourish a child, we drive future economic growth. ...Breastfeeding reduces infant morbidity and mortality, increases intelligence quotient (IQ), improves school achievement, and boosts adult earnings – all essential for reducing poverty."¹⁵

For these reasons, we respectfully request the committee support Senate Bill 95, as doing so will have a significant impact on the health and wellbeing of the most vulnerable of Kansans.

⁹ Heymann J. Creating and using new data sources to analyze the relationship between social policy and global health: the case of maternal leave. *Public Health Rep.* 2011;126(suppl 3):127.

¹⁰ Berger LM, Hill J, Waldfogel J. Maternity leave, early maternal employment and child health and development in the US. *Econ J.* 2005;115(501):F29-F47.

¹¹ Hauck, Fern R et al, Breastfeeding and Reduced Risk of Sudden Infant Death Syndrome: A Meta-analysis. *Pediatrics* Volume 128, Number 1, July 2011

¹² <http://www.kansasinfantmortality.org/data.htm>

¹³ U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

¹⁴ *Ibid.*

¹⁵ Hansen, Keith. "Breastfeeding: a smart investment in people and in economies." *The Lancet* Volume 387, No. 100017 p416, 30 January 2016.

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