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December 14, 2009

**MEMORANDUM**

**TO:** Legislative Education Study Committee

**FR:** Nicole Parra-Perez

**RE: WRITTEN REPORT: *BREASTFEEDING STUDENT MOTHER NEEDS (HM 58)***

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In 2009, the House of Representatives passed House Memorial (HM) 58, *Breastfeeding Student Mother Needs*, which requested that the Governor's Women's Health Advisory Council convene a task force to study the needs of breastfeeding student-mothers and make recommendations for breastfeeding accommodations in school environments. The memorial also requested that the task force:

- assess the level of support that New Mexico student-mothers have and make recommendations for improving the breastfeeding initiation and duration rates among student-mothers in the state; and
- collaborate with the Department of Health (DOH), the Higher Education Department (HED), the Children, Youth and Families Department (CYFD), the New Mexico Health Policy Commission, La Leche League of New Mexico, and any other agencies or organizations that may provide insight and expertise in studying this issue.

This cover memo provides a brief overview of the final report: *House Memorial 58: Breastfeeding Support for Student Mothers* (attached). Beginning with an executive summary, the report includes background information and data about the topic of breastfeeding student mothers; a discussion of the support they need and receive; a summary of legislation in New Mexico and elsewhere; a description of the Five Component Health Model, which the task force used to organize its recommendations; and the recommendations of the task force. The report also includes four appendices.

## **Support for New Mexico Breastfeeding Student Mothers**

- Women, Infant and Children (WIC);
- New Futures School in Albuquerque; and
- University of New Mexico Breastfeeding Support Program.

The task force identifies several programs with existing infrastructure where improvements in breastfeeding initiation and duration could be encouraged and improved, including:

- Teen Parent Case Management Programs and Teen Residence Centers;
- School-Based Health Centers; and
- Child Day Care and Child Development Centers.

### **Legislation**

In its summary of legislation, the report states that, although there is promising New Mexico legislation regarding breastfeeding in the workplace, the legislation does not address the issues of breastfeeding student mothers. The report also notes that several states – California, Connecticut, Hawaii, and Illinois – have enacted legislation with enforceable penalties, commonly civil penalties of up to \$100 and private rights of action.

### **Recommendations of the Task Force**

The report concludes with several recommendations in terms of the Five Component Health Model noted earlier and described on page 14 of the report. With the overarching goal of increasing the protection, promotion, and support for breastfeeding mothers in the school environment, the recommendations, which begin on page 16 of the report, address the following areas:

- direct services, to develop lactation supportive school environments and utilize the “Centering Pregnancy” model;
- outreach and education, to develop protocols for schools, providers, and the community;
- leadership development, to support peer-led training and counseling groups for breastfeeding student mothers;
- professional education, to educate health care providers, educators, and administrators, and to develop protocols; and
- research that distinguishes between student mothers and working mothers, and an assessment of services.



*New Mexico*  
*Governor's*  
**Women's Health**  
*Office*

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**HOUSE MEMORIAL 58**

**BREASTFEEDING SUPPORT  
FOR STUDENT MOTHERS**

***FINAL REPORT***

**PRINTED NOVEMBER 2009**



## HOUSE MEMORIAL 58

**A TASKFORCE ON BREASTFEEDING SUPPORT  
FOR STUDENT MOTHERS**

**REPORT**

PRINTED NOVEMBER 2009



## **HOUSE MEMORIAL 58 TASK FORCE REPORT BREASTFEEDING SUPPORT FOR STUDENT MOTHERS**

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## **EXECUTIVE SUMMARY**

House Memorial 58 (see Appendix A) requests that the New Mexico Women's Health Office create a task force to assess the level of support for New Mexico student mothers and to make recommendations for improving breastfeeding initiation and duration among this population. Pursuant to the requests set forth in HM 58, this report outlines the following:

**BACKGROUND:** According to the US Department of Health and Human Services and the Centers for Disease Control and Prevention, support for breastfeeding is needed in many different arenas, including worksites, medical systems and family settings. This report focuses on school environments and students of all ages.

**DATA:** NM Department of Health Pregnancy Risk Assessment Monitoring System (PRAMS) data reveals worrisome trends regarding breastfeeding initiation and duration. Data show that breastfeeding rates drop dramatically by nine weeks postpartum. According to the CDC 2009 Report Card, New Mexico's breastfeeding rates are 72.6%. However, by six months less than half of New Mexico's mothers (42.2%) are still breastfeeding. And at one year only 25.7% of New Mexico mothers are still breastfeeding. These sharp declines in breastfeeding are of great concern, as this is the time many mothers prepare to return to school or work and need additional support to continue breastfeeding.

**SUPPORT FOR NM STUDENT MOTHERS:** Current support was identified within certain state and federal services, and examples of support are given from one Albuquerque high school and the University of New Mexico. Services provided by Children, Youth, and Families Department and the Public Education Department suggest that there is existing infrastructure where improvements in breastfeeding initiation and duration could be encouraged and improved. In New Mexico, there is promising legislation regarding breastfeeding. However, there is a lack of mechanisms for enforcement.

**RECOMMENDATIONS FOR IMPROVING INITIATION AND DURATION:** Using the five component health model, the taskforce developed recommendations in the following areas: direct services, outreach and education, leadership development, professional education, and research. New Mexico should work to establish lactation supportive school environments, using the "Centering Pregnancy" Model. The state should develop protocols for schools, providers, and the community regarding breastfeeding education at schools, with providers, and in the wider community. Health care providers, educators, and administrators should be provided education regarding breastfeeding and its benefits. Programs should support peer-led training and counseling groups for breastfeeding student mothers. New Mexico should develop a protocol for health care providers regarding the provision of information to mothers about breastfeeding initiation and duration. Finally, more research should be conducted to assess the needs of breastfeeding student mothers in New Mexico.

## **BACKGROUND**

### **Scope**

According to the US Department of Health and Human Services and the Centers for Disease Control and Prevention, support for breastfeeding is needed in many different arenas, including worksites, medical systems and family settings. This report focuses on school environments and on all student mothers, regardless of age. This presented some challenges since the needs of teen moms are different from the needs of adult moms. The taskforce decided that the common link – being a student – would be the main focus.

### **Assumptions**

For the purposes of this report, the taskforce assumed that information about breastfeeding and the work place can be used in looking at breastfeeding and the school environment.

### **Overarching Goal**

The taskforce reports its recommendations with the following overarching goal: To increase protection, promotion, and support for breastfeeding mothers in the school environment.

### **DATA**

Infants should be exclusively breastfed during the first 4 to 6 months of life, preferably for a full 6 months. Ideally, breastfeeding should continue through the first year of life (US DHHS Blueprint for Action, 2000). And while there is a significant amount of literature about the benefits of breastfeeding, with recommendations for support, there is very little on the subject of student mothers or school environments.

Data shows a higher proportion of mothers with more than a high school education (91%) breastfed compared to mothers with less than or equal to a high school education. Only 22.6% of student mothers ages 15-17 attended a breastfeeding class during pregnancy, and only 10.6% of these same mothers had a breastfeeding class after the baby was born. Among mothers working or in school, only 51% breastfed their infants at least 9 weeks compared to 62% of those not working or in school. Only 30% of working or student mothers reported that moms could use break time for feeding. Twelve percent (12%) said moms were not allowed to breastfeed at all (DOH Health Pregnancy Risk Assessment Monitoring Systems (PRAMS) 2004-2005 Report:<sup>1</sup>). [NM.PRAMS@state.nm.us](mailto:NM.PRAMS@state.nm.us)

Notable trends that the PRAMS data reported for all New Mexico mothers show that breastfeeding initiation has not improved from 2004 to 2007, and breastfeeding duration (up to 9 weeks postpartum) has only slightly improved. In 2007, rates dropped from 84% to just 58% after nine weeks. It is also worrisome that both the mothers' and babies' doctor, nurse or other health care worker, along with grandparents, are the highest source of negative support for

breastfeeding; over 25% of mothers surveyed indicated that these individuals had suggested they not breastfeed their baby.

**Breastfeeding Data, NM PRAMS 2004-2007**

	2004 (n = 26868)	2005* (n = 18210)	2006* (n = 28346)	2007* (n = 28836)
Breastfeeding initiated	84.1%	83.5%	83.2%	84.1%
Breastfeeding continued at least 9 weeks	56.2%	59.2%	60.3%	58.3%
Exclusively breastfed at least 9 weeks	40.6%	45.7%	45.7%	44.1%
Prenatal discussion with a healthcare worker about breastfeeding	87.3%	87.3%	89.9%	87.5%
Attended a prenatal class or support group on breastfeeding	18.0%	19.0%	19.4%	19.4%
Attended a postpartum class or support group on breastfeeding	14.0%	14.4%	13.2%	14.0%
<i>Did anyone suggest that you not breastfeed your new baby?</i>	9.5%	9.6%	8.5%	9.4%
<i>Who?</i>				
Husband/Partner	12.1%	13.3%	9.1%	15.1%
Mother/Father/In-laws	27.4%	32.6%	27.0%	25.1%
Other relative	19.2%	20.8%	21.6%	16.4%
Friends	17.0%	12.0%	13.8%	13.7%
My baby's doctor, nurse, or other health care worker	18.5%	21.4%	21.2%	28.1%
My doctor, nurse, or other health care worker	17.0%	20.9%	15.8%	26.6%
Other	8.3%	10.4%	13.5%	11.5%
Mothers who were currently in school or working	44.4%	46.5%	44.9%	46.4%
<b>Workplace policies (among mothers currently working or attending school):</b>				
<i>She can breastfeed the baby as needed</i>	28.0%	28.2%	33.3%	31.6%
<i>She can use break time to breastfeed the baby</i>	29.7%	28.7%	36.4%	33.2%
<i>She can use break time to pump milk</i>	50.7%	48.1%	54.2%	54.4%
<i>It is hard to use breaks or find a place to pump or breastfeed</i>	18.9%	19.7%	21.3%	23.0%
<i>She is not allowed to breastfeed the baby at work</i>	11.5%	11.5%	10.4%	12.9%
<i>I don't know</i>	5.5%	3.7%	5.1%	3.4%

\*2005 is partial year data representing weighted estimates of NM births occurring Jan-Aug. In 2006-2007, PRAMS had < 70% response rate and as a result, may not be representative of all NM women with a live birth in those years.

**Breastfeeding Data, NM PRAMS 2000-2007 by Maternal Age and Residence**

All NM	Breastfeeding initiated	Breastfeeding continued at least 9 weeks	Exclusively breastfed at least 9 weeks	Prenatal discussion with healthcare worker about breastfeeding	Mothers currently working/attending school (avail 2002-07)	Attended prenatal class/support grp on breastfeeding	Attended postpartum class/support grp on breastfeeding
<17 yrs	77.4%	37.1%	33.4%	94.3%	59.9%	23.6%	10.9%
>17 yrs	82.7%	58.6%	45.5%	87.0%	43.9%	16.9%	12.1%
total	82.4%	57.4%	44.8%	87.5%	44.8%	17.3%	12.0%

\*Data by County available upon request

## **2009 Breastfeeding Report Card**

Improving the health of mothers and their children is a primary goal of the Centers for Disease Control and Prevention (CDC). Protecting, promoting, and supporting breastfeeding, with its many known benefits for infants, children, and mothers, is a key strategy toward this goal.

The 2009 Breastfeeding Report Card shows how breastfeeding is being protected, promoted, and supported in each state using five "outcome" and nine "process" indicators. The five outcome indicators are derived from the breastfeeding goals outlined in *Healthy People 2010*, a description of the nation's health priorities. They profile the extent to which infants in a state are breastfed.

The nine process indicators measure elements of breastfeeding-friendly communities. Each indicator is measured in every state, allowing easy state-by-state comparisons. As measures of a state's ability to protect, promote, and support breastfeeding, the report card indicators show where a state has been successful and where more work is needed.

Using CDC National Immunization Survey data from 2006 births, the 2009 Report Card for Outcome Indicators shows that New Mexico's breastfeeding rates are 72.6%. However, by six months less than half of New Mexico's mothers (42.2%) are still breastfeeding. And at one year only 25.7% of New Mexico mothers are still breastfeeding.

When we looked at the Process Indicators, New Mexico received an average score of 64 (compared to 63 nationally). New Mexico reported zero facilities designated as Baby-Friendly, only one state health department FTE dedicated to breastfeeding, 26.5% of breastfed babies received formula before two days of age, and only .23 La Leche League groups per 1000 live births.

## **Support for NM Breastfeeding Student Mothers**

### **Teen Student Mothers**

New Mexico has the second highest rate of births to teenage mothers in the nation. Teenage mothers are more likely to drop out of school and are very likely to face unemployment or low wages and may have to rely on public support programs. They are likely to face higher health risks. If they have support systems to assist them with child care, flexibility around schedules, etc, they are more likely to stay in school which also impacts their ability to get early prenatal care, to increase their knowledge of positive parenting practices, and their long term ability to achieve self sufficiency.

### **Support for Breastfeeding Teen and Adult Student Mothers**

Included here are examples of support for breastfeeding teen and adult student mothers in New Mexico. There is currently a project funded by the New Mexico Breastfeeding Taskforce that is undertaking a full assessment of support. Results were not available at the time of printing.

### **Federally Funded Support**

#### **Women, Infant, and Children (WIC) Program at the New Mexico Department of Health**

Of total 16,465 infants born in 2008 and on WIC:

11,718 (71.2%) initiated breastfeeding

4,747 (28.3%) did not initiate breastfeeding

An analysis of percent of WIC infants born in 2008 who were ever breastfed, by mother's age:

<u>Age of Mother:</u>	<u>% of Infants ever Breastfed:</u>
13-14	71.4%
15-17	68.5%
18-19	72.8%
20-24	71.3%
25-29	72.6%
30-39	75.7%
40-49	74.2%

In federal fiscal year 2008, the NM DOH WIC Program spent approximately \$1,400,000 on breastfeeding services for 22,282 WIC mothers. Out of these mothers, 8.18% were of school-age, which would be the age 17 years or younger. Thus, it can be estimated that \$ 114,520 of WIC's breastfeeding budget that year was directed toward breastfeeding services for school-age

teens. 100% of the WIC Breastfeeding budget comes from federal grants through United States Department of Agriculture's Food and Nutrition Services Department.

The WIC breastfeeding budget is spent on providing monthly individual and group breastfeeding counseling and support to WIC mothers. This support begins early in the prenatal period, and continues throughout the mother's first year postpartum. Funding expenditures to support this education include staff training, education materials including books, DVDs and other breastfeeding teaching aides. For the past 2 years, WIC has provided all pregnant mothers statewide with their own breastfeeding support backpack filled with educational materials and supplies which include: a breastfeeding book; a DVD containing both prenatal and early postpartum breastfeeding education programs; and pamphlets to encourage and help grandparents and fathers to better support breastfeeding. Due to a budget shortfall, WIC will only be able to provide these backpacks to about one-fifth of pregnant mothers in 2010, but is planning to resume issuance of the backpack to all pregnant mothers again during 2011.

WIC funding also provides four different types of breast pumps and any needed special breastfeeding devices to mothers needing this support. Thus, any WIC mother who is returning to a school environment is offered an electric breast pump, along with education in how to effectively maintain her milk supply while separated from her baby.

The WIC budget also includes providing peer counselor services to approximately one-half of statewide clinics. Breastfeeding peer counselors, who are current or past WIC clients themselves, provide mother-to-mother encouragement to other WIC mothers through monthly phone calls, home visits and hospital visits (upon the baby's birth).

Breastfeeding outreach is another component of WIC breastfeeding services. WIC has purchased billboard space around the state, and produced 3 TV commercials in 2005 focusing on fathers' support for breastfeeding. These commercials were aired on 5 major network television stations in the past 4 years primarily during football and basketball seasons. The program has plans in the works to produce more commercials focusing on educating employers and the general public about the workplace breastfeeding law, however funding for this project has not been available as of yet. WIC also began a project in 2008 collaborating with the NM Breastfeeding Task Force to create a breastfeeding-friendly environment in local hospitals, health care facilities and businesses throughout both communities of Grants and Clovis, NM.

## **School-Place Support**

### **New Futures School Albuquerque<sup>ii</sup>**

New Futures is an alternative school located in Albuquerque, New Mexico. New Futures is available to all pregnant and parenting students in the Albuquerque Public School District. Enrollment at New Futures is voluntary and registration is held every nine weeks during the school year. Proof of pregnancy and/or parenting must be provided upon enrollment. The school was designed and built in 1988 to provide small classes and many support services to help students be successful in school and life. The program itself is over thirty years old. Classrooms, clinics, child-care centers, and work opportunities are all located on the campus. Support services are available both during and after school hours.

Most of the students at New Futures take two weeks off for "maternity leave" after the birth of the baby. If there is a Cesarean delivery, the student may need more time for recovery, in which case a referral to the home tutor program is made (with a doctor's note for documentation).

Babies have to be at least 2 weeks old to attend New Futures child care centers. This is a waiver with Children, Youth and Families Department; most other centers require babies to be at least 6 weeks old, or they do not take babies at all.

Some pediatricians are not signing the permission New Futures requires for babies at 2 weeks because they believe that keeping a baby from attending child care will keep them from getting illnesses. However, babies have families who take them everywhere and they are already at risk for exposure to illness. By not allowing the baby to attend school with the mother, doctors interfere with the mother's education. Most new moms are breastfeeding and need to be with their babies. Being close to their babies and continuing to breastfeed provides immunities that lower risk from day care borne illnesses.

### **University of New Mexico Breastfeeding Support Program**

The University of New Mexico states that it wants to support those students, staff, faculty, and their partners/spouses who chose to continue breastfeeding their children after they return to school or work. The Breastfeeding Support Program includes lactation rooms on campus, some of which are equipped with hospital-grade pumps, links to lactation resources, and facilitates communication between current, past, and future breastfeeding women on campus. The program is administered by the UNM Women's Resource Center. The campus currently has six lactation spaces, two of which offer hospital-grade electric breast pumps.

## **Areas of Identified Potential Support for Breastfeeding Student Mothers**

The taskforce identified several programs with existing infrastructure where improvements in breastfeeding initiation and duration could be encouraged and improved.

### **Teen Parent Case Management Programs and Teen Residence Centers<sup>iii</sup>**

Children, Youth & Families Department currently funds contractors for case management programs and teen residence centers in various locations throughout the state. There are teen residence centers in Roswell, Grants and Albuquerque, which provide housing for teen moms. In addition to providing a residence, they also are required to assist student moms by providing parenting classes, case management, transporting residents to school and work, and assistance in obtaining employment and/or completing high school. Additionally, there are case management programs in Santa Fe, Dona Ana, Clovis, and Taos which offer comprehensive services to teen parents including case management, home visiting, parenting classes, and assistance in obtaining education, and/or completing high school or a post secondary education.

The CYFD representative on the Taskforce has agreed to include breastfeeding support as part of the RFP process for the case management programs and teen residence centers referenced above.

### **School Based Health Centers<sup>iv</sup>**

There are 79 School Based Health Centers in the state of New Mexico. A School Based Health center is a safe, easily accessible location on campus where the students can go for preventive and primary care.

The benefits of School Based Health Centers are:

- Attends to unmet health care needs by placing health care where the kids are and when they need it
- Supports students by providing a safe place to talk about sensitive issues such as depression, family problems, relationships, and substance abuse
- Supports the school environment by helping children stay in school and by identifying and addressing health problems that may intervene in the learning process
- Supports families by allowing parents to stay at work while attending to their child's routine health care needs
- Saves money by keeping children out of hospitals and emergency rooms
- Teaches students to be better health care consumers
- Strengthens the connection between the community and the school

These facilities could be targeted for breastfeeding protection, promotion and support.

## **Child Day Care and Child Development Centers**

In some New Mexico schools there are Child Day Care Centers, which provide child care and educational activities in order to prepare the children for Pre School and Kindergarten. Child Development Centers also provide care as well as educational activities to prepare children for Kindergarten.

There are a total of 49 day care centers that are located in high schools and college campuses and licensed by the Children, Youth and Families Department Child Care Services Bureau (CCSB). The Taskforce believes these are centers where breastfeeding supports could be incorporated. The five regions and their centers are:

- *Central CCSB Region:* Albuquerque Public Schools- New Futures, Grads Infant/Toddler Child Development Center- Rio Grande High, UNM Children's Campus, YDI South Valley TVI Head Start, Belen Grads- Belen High, Little Steps Grads- Rio Rancho Alternative, Los Lunas Grads- Valencia High, NM Tech Child Care, Socorro Grads- Socorro High, The Munchkin Center- Bernalillo High (Grads).
- *Eastern CCSB Region:* Lovington High School, Clovis Community College, Artesia High School Grads, University High School Grads- Roswell, ENMU- Roswell CDC, ENMU Portales CDC, Clovis High School, Portales High School, Boys and Girls Club Grads- Hobbs
- *Northern CCSB Region:* Grants High School, Grants NM State Branch- Small Wonders, Gallup UNM Branch, Gallup Grads Child Dev. Center, Thoreau High School, Farmington Vision Employee Daycare, Farmington San Juan College, Farmington Rocinante Day Care, Shiprock CC Career Prep High, Santa Fe High School Teen Parent Center, Las Vegas Luna Community College, NM Highlands University, Northern NM Community College, Taos Family Development Center
- *Southeastern CCSB Region:* Lovington High School, Clovis Community College, Artesia High School grads, University high School grads- Roswell, ENMU- Roswell cdc, EMNU Portales cdc, Clovis High School, Portales High School, Boys and Girls club grads (Hobbs)
- *Southwestern CCSP Region:* Silver City area – WNMU – 1. Preschool; 2. The Growing Tree, Foy Day Care at Cobre High School NMSU – Preschool, Head Start, Primero los Ninos, Pre-K, Las Cruces High School Grads- Oate High School and San Andres High School, Santa Teresa High School Grads, Little Bears at Hatch High School, Ruidoso High School Grads

More information is needed about these facilities and whether breastfeeding protection, promotion and support can be incorporated in the services provided.

## **Summary of Breastfeeding Legislation<sup>v</sup>**

Although there is promising legislation in New Mexico regarding breastfeeding in the workplace, there is a lack of mechanisms for enforcement of existing legislation. Furthermore, the legislation addressing breastfeeding in the workplace does not address the issues of breastfeeding student mothers. Below is a summary of New Mexico and U.S Breastfeeding legislation as well as several examples of legislation in states with enforceable penalties.

### **NM Breastfeeding Legislation**

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 (2007) 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. (HB 613)

### **US Breastfeeding Legislation**

The Breastfeeding Promotion Act, HR 2122, was reintroduced in the House of Representatives on May 10, 2007. The BPA amends the Civil Rights Act of 1964 to protect breastfeeding women from being fired or discriminated against in the workplace, provides tax incentives for businesses that establish private, lactation areas in the workplace, provides for a performance standard for breast pumps, and allows breastfeeding equipment to be tax deductible for families. For more info go to Representative Maloney's (D-NY) website:

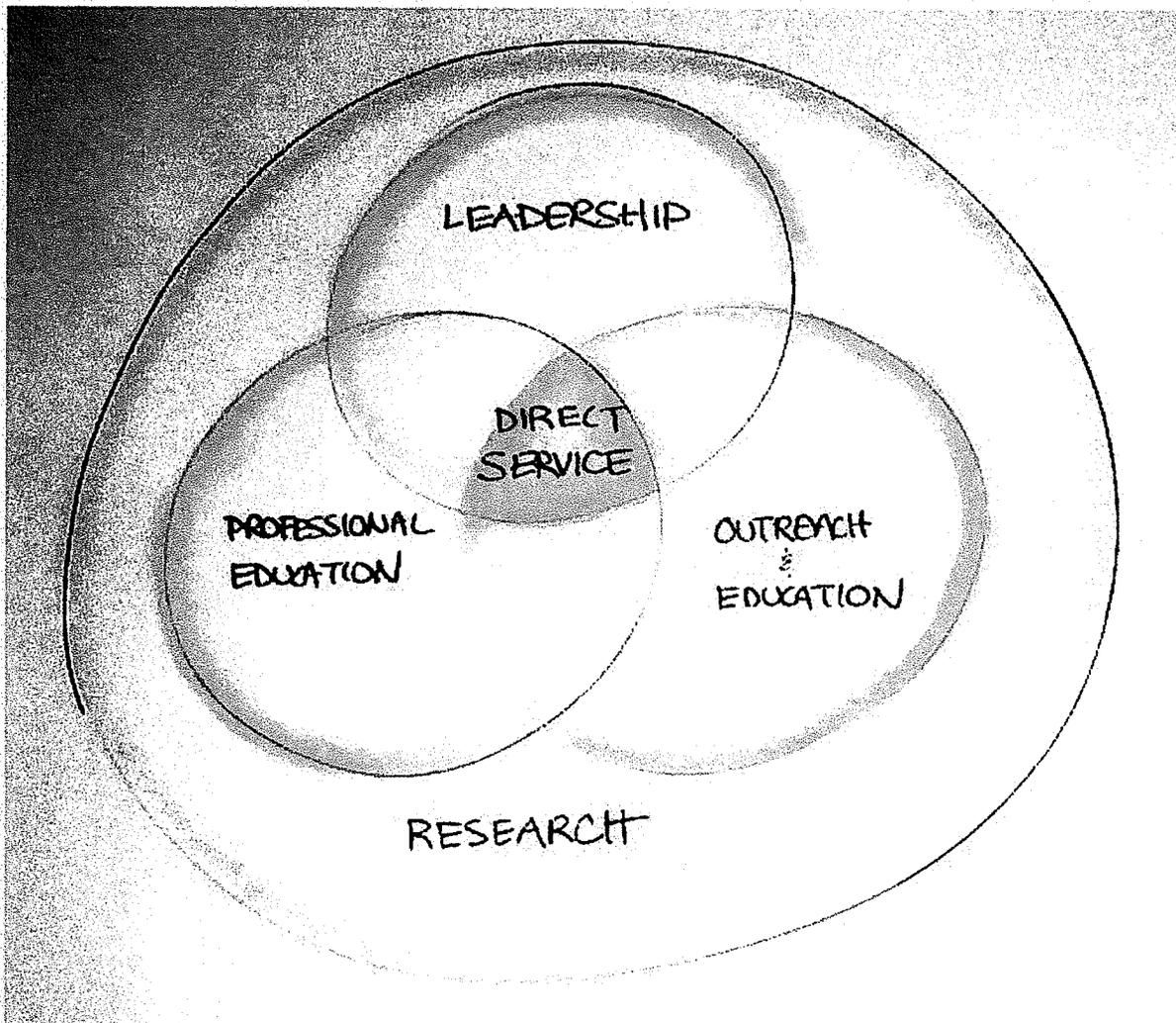
[http://maloney.house.gov/index.php?option=com\\_content&task=view&id=1337&Itemid=61](http://maloney.house.gov/index.php?option=com_content&task=view&id=1337&Itemid=61).

### **Examples of Legislation with Enforceable Penalty<sup>vi</sup>**

Several states have enforceable penalties, including Hawaii, Connecticut, Illinois, and California. Civil penalties up to \$100 and private rights of action are the most common enforceable penalties.

## Five Component Health Model

The taskforce decided to organize its recommendation using the Five Component Health Model. The model integrates five components of health programs, services and policy: **policy development and implementation** that considers the “whole woman” in achieving health and wellness (*this was originally called **direct services**, which reflected the focus on direct care, but can be interchanged with policy development to reflect our policy focus*); **outreach and education** regarding health promotion, disease prevention and disease management; **leadership development and community capacity building** that empowers patients to take control and live healthy lives; **professional education** for providers and clinical and policy staff, especially with regard to sex- and gender-specific health care and analysis; and, **research** regarding the myriad issues in sex- and gender-specific health care, as well as health promotion, disease management, and treatment outcomes.



## **RECOMMENDATIONS FOR IMPROVING BREASTFEEDING INITIATION AND DURATION FOR STUDENT MOTHERS**

### **Overarching Goal**

Increase protection, promotion, and support for breastfeeding mothers in the school environment.

*This is adapted from the DHHS Blueprint for Action on Breastfeeding, 2000 Strategic Plan:*

**Goal 4**                    **Increase protection, promotion, and support for breastfeeding mothers in the work force.**

### **Action Steps to Protect, Promote and Support Breastfeeding**

The Blueprint for Action on Breastfeeding developed by the U.S. Department of Health and Human Services, Office on Women's Health in 2000 introduces an action plan for breastfeeding "based on education, training, awareness, support and research. The plan includes key recommendations that were refined by the members and reviewers of the Subcommittee on Breastfeeding during their deliberations of science-based findings. Recognizing that breastfeeding rates are influenced by various factors, these recommendations suggest an approach in which all interested stakeholders come together to forge partnerships to promote breastfeeding. Each of us, whether we play a role at the Federal, State, local, or private level, must turn these recommendations into programs best suited for our own communities. Together we can shape a future in which mothers can feel comfortable and free to breastfeed their children without societal hindrances. While there has been considerable progress toward reaching this goal, there remains a significant challenge to reach African American women with culturally appropriate approaches to promote breastfeeding."

The report does not specifically target student mothers. However, many of its recommendations can be applied. See the full report at [www.cdc.gov/breastfeeding/pdf/bluprntbk2.pdf](http://www.cdc.gov/breastfeeding/pdf/bluprntbk2.pdf).

## Recommendations

### **DIRECT SERVICES:**

#### **Develop lactation supportive school environments**

- I. Student mothers should be given the ability and flexibility to pump or breastfeed their infant on campus. The policies for student mothers should mirror existing state laws regarding breastfeeding mothers in the workplace, including access to clean, private, non-bathroom spaces to breastfeed or to breast pump. See legislation information on page 8.
- II. CYFD has offered to include breastfeeding support as part of the RFP process for the case management programs and teen residence centers they oversee.
- III. The 49 day care centers located in NM schools and colleges should be targeted for developing lactation supportive environments.
- IV. The 79 school based health centers should offer breastfeeding education and support services.

#### **Utilize the “Centering Pregnancy” Model**

I. Utilize the “Centering Pregnancy” model to incorporate group sessions, peer role models, and age-appropriate educational activities for student mothers.

Student mothers need support across the following domains:

1. **Emotional Support** – Breastfeeding support programs that enhance adolescent mothers’ sense of being cared for, such as home visitations aimed at improving parenting skills, are more likely to be successful. Implement Best Start Social Marketing’s 3-step counseling method for breastfeeding in schools and support groups, which can be adapted to be age-appropriate and culturally sensitive. Continue creating and supporting community-wide initiatives such as “Breastfeeding Friendly Community” throughout the state.
2. **Self-Esteem** – Family members may enhance the mother's competence in parenting, and thereby enhance self-esteem, by effectively assisting with and sharing in the tasks of parenting.
3. **Instrumental Support** – This involves concrete assistance with tasks of parenting and breastfeeding, typically by health care professionals. The clinician has multiple opportunities early in the postpartum period to help prepare adolescent mothers for transitions that will occur as they plan to return to work or school.
4. **Informational or Educational Support** – This is necessary to improve knowledge regarding the benefits of breastfeeding. At the beginning of each semester, school nurse, local taskforce, La Leche League, or WIC nutritionist should host an information booth that distributes breastfeeding information, including the specific institution’s breastfeeding policy,

location of “pumping/nursing room” and how to access campus individual support and support groups.

5. **Network** - A mother’s social support may include: partner, family, friends, social groups, classmates, or peers, which may facilitate continued breastfeeding, if they are properly educated on how to support the breastfeeding process.

## **OUTREACH AND EDUCATION**

### **Develop protocols for schools, providers, and the community**

I. Implement age-appropriate curriculum in school-based health education classes that promotes initiation and duration of breastfeeding.

(For example, see New York state’s curriculum at:

[www.health.state.ny.us/community/pregnancy/breastfeeding/main.htm](http://www.health.state.ny.us/community/pregnancy/breastfeeding/main.htm)). When a student is informed of positive pregnancy at school-based health clinic, student should be given information regarding pre- and post-natal care, including breastfeeding support specific to student mothers in her area.

II. Develop a statewide protocol on the breastfeeding education offered to patients in Ob/Gyn offices by providers.

III. Support New Mexico Department of Health in conjunction with New Mexico Women’s Health Office in breastfeeding promotion media endeavors such as radio advertisements and billboards.

IV. Support educational campaign on educating wider community on breastfeeding legislation and how they might be violating existing laws.

## **LEADERSHIP DEVELOPMENT**

### **Support peer-led training and counseling groups for breastfeeding student mothers**

I. Breastfeeding student mothers should be trained to be peer leaders and counselors to provide support in initiation and duration to new breastfeeding student mothers.

## **PROFESSIONAL EDUCATION**

### **Educate health care providers, educators, and administrators and develop protocols**

I. Administrators, instructors, and school nurses serving breastfeeding mothers should attend breastfeeding promotion and support training such as that provided by the WIC program, local hospitals, or La Leche League International Mother-to-Mother groups.

II. Administrators should facilitate and encourage student-led support groups at schools for breastfeeding student mothers. Support group facilitators should

encourage mothers to take an active role in their support group and to become peer-facilitators.

III. Develop statewide protocols regarding training for school administrators, instructors, school nurses, and physicians so that health care providers understand the barriers to breastfeeding for student mothers and can work to better support their clients.

IV. Address the problem of health care providers discouraging their patients from initiating breastfeeding, as evidenced in PRAMS data, through educational protocols.

## **RESEARCH**

### **Ongoing research that distinguishes between student mothers and working mothers, and an assessment of services**

I. Statewide data collection should distinguish between a mother who is in school and a mother who is working, rather than using the category "working/attending school." This will allow for more robust data on service delivery needs and how resources should be allocated.

II. Conduct a survey of services available in New Mexico to provide support services for teen and adult student mothers.

III. Utilize findings of statewide assessment in progress, funded by the NM Breastfeeding Taskforce.

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<sup>i</sup> Submitted by Sharon Giles-Pullen, DOH

<sup>ii</sup> <http://www.newfuturehigh.org>

<sup>iii</sup> Submitted by Yvette Sandoval, CYFD

<sup>iv</sup> Submitted by Georgia Glasgow, PED

<sup>v</sup> UNM Breastfeeding Support Program: <http://www.unm.edu/~brstfeed/#leg>

<sup>vi</sup> <http://www.lli.org/Law/LawBills.html>

A MEMORIAL

REQUESTING THE GOVERNOR'S WOMEN'S HEALTH ADVISORY COUNCIL TO  
CONVENE A TASK FORCE TO STUDY THE NEEDS OF BREASTFEEDING  
STUDENT-MOTHERS AND MAKE RECOMMENDATIONS FOR BREASTFEEDING  
ACCOMMODATIONS IN SCHOOL ENVIRONMENTS.

WHEREAS, according to ample medical evidence,  
breastfeeding is one of the most important choices a mother  
can make to foster health in her child and herself; and

WHEREAS, breastfeeding provides immunological benefits  
to the child that are only available from human milk; and

WHEREAS, studies published in the medical journal,  
*Annals of Behavioral Medicine*, and by the New Hampshire  
department of health and human services show that breastfed  
babies are healthier than babies who are not breastfed and  
report fifty percent fewer illnesses, decreased severity of  
illnesses and reduced overall health care costs; and

WHEREAS, babies who had never been breastfed were shown,  
in 1999, to incur health care costs that were three hundred  
thirty-one dollars (\$331) to four hundred seventy-five dollars  
(\$475) higher than their breastfed counterparts in their first  
year of life, according to the medical journal, *Pediatrics*;  
and

WHEREAS, studies show that breastfeeding also reduces  
the mother's risk of breast, ovarian and cervical cancer,

osteoporosis and urinary tract infections; and

WHEREAS, one study published in the *American Journal of Health Promotion* reports that mothers of children who were breastfed are less than one-half as likely to have a one-day absence from employment than their formula-feeding counterparts; and

WHEREAS, another study published in the *American Journal of Health Promotion* reports that due to fewer child illnesses, breastfeeding mothers take twenty-seven percent fewer days off from employment than non-breastfeeding mothers; and

WHEREAS, the *Journal of Compensation and Benefits*, the *Journal of Business and Psychology* and the medical journal, *Birth: Issues in Perinatal Care*, all report that breastfeeding student-mothers experience increased productivity, improved study concentration and improved morale when they have support for breastfeeding in school; and

WHEREAS, the savings derived from breastfeeding can be considered a low-cost means of improving health for both mothers and babies; and

WHEREAS, despite the many benefits of breastfeeding, many mothers have to give up breastfeeding when they return to work or school; and

WHEREAS, despite the many benefits of breastfeeding in the lives of both student-mothers and their babies, many educational institutions in New Mexico do not offer

opportunities for student-mothers to breastfeed; and

WHEREAS, school environments that facilitate breastfeeding mothers include those that provide private, clean and conveniently located non-bathroom space and flexible break times from classes for the purposes of breastfeeding;

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF NEW MEXICO that the governor's women's health advisory council convene a task force for the purpose of assessing the level of support that New Mexico student-mothers have and make recommendations for improving the breastfeeding initiation and duration rates among student-mothers in the state; and

BE IT FURTHER RESOLVED that the governor's women's health advisory council collaborate with the department of health, the higher education department, the public education department, the children, youth and families department, the New Mexico health policy commission, La Leche league of New Mexico and any other agencies or organizations that may provide insight and expertise in studying this issue and report its findings to the legislative education study committee and the legislative health and human services committee by December 1, 2009; and

BE IT FURTHER RESOLVED that a copy of this memorial be transmitted to the director of the governor's women's health advisory council.

## **BREASTFEEDING RESOURCES**

### **United States Breastfeeding Committee**

<http://www.usbreastfeeding.org/LinkClick.aspx?link=USBC-Strategic-Plan-2009-2013.pdf&tabid=36&mid=378>

#### Mission Statement

The mission of the United States Breastfeeding Committee is to improve the Nation's health by working collaboratively to protect, promote, and support breastfeeding.

#### Vision Statement

In order to achieve optimal health, enhance child development, promote knowledgeable and effective parenting, support women in breastfeeding, and make optimal use of resources. The Committee envisions breastfeeding as the norm for infant and child feeding throughout the U.S.

The United States Breastfeeding Committee: Advancing breastfeeding on our Nation's agenda.

- Collaboration
- Leadership
- Advocacy

#### Strategic Goals: 2009-2013

The United States Breastfeeding Committee has adopted the following strategic goals to achieve its vision and mission:

**GOAL A:** Ensure that quality breastfeeding services are an essential component of health care for all families.

1. Advocate for adoption of evidence-based breastfeeding standards, guidelines, and regulations for accreditation of facilities providing maternity and infant health care services.
2. Encourage implementation of core competencies in health professional education.
3. Ensure that health care professionals have the knowledge and resources to make evidence-based recommendations and treatment decisions that optimize breastfeeding outcomes.

**GOAL B:** Reduce marketing that undermines optimal breastfeeding.

1. Counteract the negative impact of product marketing.

**GOAL C:** Ensure that women and their families in the workforce are supported in optimal breastfeeding.

1. Support legislation to provide paid family leave.
2. Pursue legislation to require or incentivize workplace accommodations for breastfeeding.

**GOAL D:** Ensure that USBC is a sustainable and effective organization, funded, structured, and aligned to do its work.

1. Secure and maintain funding to support achievement of the strategic goals, and reserves to cushion against the unexpected.
2. Maintain a staffing structure to support achievement of the strategic goals.
3. Maintain a strong governance framework, including a committee structure that mobilizes members and volunteers to collaborate to support achievement of the strategic goals, while making the best use of their unique skills and expertise.
4. Continue to build a multi-sectoral, diverse membership and cultivate appropriate strategic partnerships.
5. Maintain a strong partnership with, and provide support for, a network of state, territory, and tribal breastfeeding coalitions.
6. Serve as an expert voice and a clearinghouse of breastfeeding information.

**Centers for Disease Control and Prevention (CDC)**

<http://www.cdc.gov/breastfeeding/>

CDC is committed to increasing breastfeeding rates throughout the United States and to promoting and supporting optimal breastfeeding practices toward the ultimate goal of improving the public's health.

In order to achieve these goals, CDC utilizes an evidence-based policy and environmental approach to breastfeeding protection, promotion, and support. CDC's breastfeeding activities cover a wide range, from conducting and supporting research about breastfeeding to evaluating and sharing information about existing strategies to protect, promote, and support breastfeeding. CDC also works closely with partners and organizations working to improve breastfeeding across the country.

**National Institutes of Health (NIH) - Eunice Kennedy Shriver National Institute of Child Health and Human Development**

<http://www.nichd.nih.gov/health/topics/Breastfeeding.cfm>

**Breastfeeding**

Breastfeeding, also called nursing, can be an easy and inexpensive way for a mother to feed her child.

According to the American Academy of Pediatrics (AAP) Policy Statement on Breastfeeding, women who don't have health problems should exclusively breastfeed their infants for at least the first six months of life. The AAP suggests that women try to breastfeed for the first 12 months of life because of the benefits to both the mother and baby.

### The Benefits of Breastfeeding

Breastfeeding offers many benefits to the baby:

- Breast milk provides the right balance of nutrients to help an infant grow into a strong and healthy toddler.
- Breastfed infants, and those who are fed expressed breast milk, have fewer deaths during the first year and experience fewer illnesses than babies fed formula.
- Some of the nutrients in breast milk also help protect an infant against some common childhood illnesses and infections, such as diarrhea, middle ear infections, and certain lung infections.
- Some recent NICHD-supported research also suggests that breast milk contains important fatty acids (building blocks) that help an infant's brain develop. Two specific fatty acids, known as DHA and AA, may help increase infants' cognitive skills. Many types of infant formulas available in the United States are fortified with DHA and AA, and all formula available for preterm infants is fortified with these fatty acids.

Breastfeeding also benefits the mother:

- In response to the baby's sucking, the mother's body releases a hormone that makes her uterus contract and get smaller.
- Many mothers also get emotional benefits from breastfeeding because of the closeness of this interaction with the baby and from the satisfaction of helping to nourish their babies.
- Some research suggest that mothers who breastfeed their babies have fewer episodes of post-delivery depression.
- There is evolving evidence to indicate that certain types of cancer (such as breast, uterus, and ovarian cancer) occur less often in mothers who have breastfed their babies.
- Many societies and cultures also encourage mothers to breastfeed, which can offer support to a new mother.

### **National Women's Health Resource Center (NWHRC)**

<http://www.healthywomen.org/healthtopics/breastfeeding>

Breastfeeding is one of the best ways to ensure your baby's health and development. It's a convenient, cost-effective, natural way to feed your baby.

Breastfeeding is widely recommended as the best way of feeding infants by leading health organizations, including, among others, the:

- American Academy of Pediatrics
- American Academy of Family Physicians
- American College of Obstetricians and Gynecologists
- American Dietetic Association
- American College of Nurse-Midwives
- U.S. Department of Health and Human Services, Office on Women's Health

Healthy mothers should consider breastfeeding exclusively (no formula) for the first six months of life and ideally continue until the baby is one year old or beyond. Ideally, solid foods should only be introduced after six months of age.

While most new mothers breastfeed in the weeks following delivery (called the early postpartum period), only one in three continues to nurse when her baby reaches six months of age. The likelihood of breastfeeding is even lower among African-American women, as well as women with lower levels of education.

Initiatives to educate new mothers and their partners, health care professionals and employers about the clear, long-lasting health benefits of breastfeeding for both mom and baby are ongoing. Changes to routine maternity unit practices, including "rooming in" policies, allow mom and baby to stay together in the hospital, are increasingly common and help support mothers who wish to breastfeed. *Healthy People 2010*, a national prevention initiative to improve the health of all Americans, set forth goals to increase breastfeeding rates.

### Health Benefits for Mom and Baby

#### Benefits for Baby:

- Breast milk provides just the right balance of nutrients for optimal growth and development.
- Breast milk has antibodies that help protect your baby from common childhood illnesses and infections, such as bacterial meningitis, diarrhea, painful ear infections and certain lung infections. This natural immunity—or ability to fight off infection—means breast-fed babies have fewer:
  - Illnesses (less severe and shorter)
  - Visits to the pediatrician
  - Hospitalizations
- Research shows that breastfeeding also reduces newborns' and infants' risk for developing chronic diseases, such as celiac disease, inflammatory bowel disease, allergies, asthma and some childhood cancers.
- Breastfed babies are at lower risk for sudden infant death syndrome (SIDS), the leading cause of death among infants one month to one year old.
- Breast milk may offer protection against overweight/obesity years later in childhood and possibly adulthood, too. At one year of age, breastfed babies have significantly less fat than those who are fed formula.

#### Benefits for Mom:

- Breastfeeding releases a hormone called oxytocin that helps the uterus return to its normal size and reduces post-delivery bleeding.
- It also burns extra calories (up to 500 calories per day), making it easier for you to shed those pregnancy pounds.

- Breastfeeding can deepen the emotional bond between you and your baby. Such physical contact helps your baby feel secure and warm and eases his/her transition from the womb.
- Breastfeeding may guard against postpartum depression.
- Nursing can delay the return of regular periods, although you still need to use birth control.
- There is growing evidence that certain cancers (breast, uterine and ovarian cancer) occur less often in women who breastfed. A recent study found that breastfeeding may protect women at increased risk of breast cancer due to delayed childbirth.
- Breastfeeding may also reduce the risk of osteoporosis.
- Breastfeeding saves time and money. There are no bottles to sterilize or formula to mix or warm. In fact, families save an estimated \$1,000 on health care costs in the first year because breastfed babies are healthier and tend not to need as many visits to the pediatrician.

**The National Women's Health Information Center**

U.S. Department of Health and Human Services, Office on Women's Health

<http://www.womenshealth.gov/breastfeeding/benefits/>

**Benefits for Babies, Moms, and Families**

Breastfeeding is normal and healthy for infants and moms. Breast milk has disease-fighting cells called antibodies that help protect infants from germs, illness, and even SIDS. Infant formula cannot match the exact chemical makeup of human milk, especially the cells, hormones, and antibodies that fight disease.

Breast milk is different from infant formula. Colostrum, the thick yellow breast milk that you make during pregnancy and just after birth, will give your baby the best start at life. It is known as "liquid gold." It is very rich in nutrients and antibodies to protect your baby as he or she first enters the world. Although your baby only gets a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach can hold. A newborn stomach is only the size of a large marble at first!

Your milk changes over time to meet your baby's needs. Your breast milk that begins to be made by the third to fifth day after birth has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth. It will be a thinner type of milk, but just as full of all of the nutrients and antibodies for your baby.

For most babies, breast milk is easier to digest than formula. It takes time for their stomachs to adjust to digesting the proteins in formula because they are made from cow's milk. Premature babies do better when breastfed compared to premature babies who are fed formula.

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 makes your life easier. You do not have to purchase, measure, and mix formula. Breastfeeding can save you between \$1,160 and \$3,915 per year, depending on the brand of formula.

A mother can satisfy her baby's hunger right away with breastfeeding. Breastfeeding requires a mother to take some quiet relaxed time for herself and her baby, helping them bond. 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.

#### The U.S. Surgeon General Recommends Breastfeeding

The U.S. Surgeon General recommends that babies be fed with breast milk only for the first six months of life. This means not giving your baby any other food or drink — not even water — during this time. Drops of liquid vitamins, minerals, and medicines are, of course, fine, as advised by your baby's doctor. It is even better if you can breastfeed for your baby's first year or longer, for as long as you both wish.

Solid iron-rich foods, such as iron-fortified cereals and pureed vegetables and meats, can be started when your baby is around six months old. Before that time, a baby's stomach cannot digest them properly. Solids do not replace breastfeeding. Breast milk stays the baby's main source of nutrients during the first year. Beyond one year, breast milk can still be an important part of your child's diet.

#### **World Health Organization (WHO)**

<http://www.who.int/topics/breastfeeding/en/>

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed,

provided they have accurate information, and the support of their family, the health care system and society at large.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.

Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

### Nutrition

Good nutrition is essential for survival, physical growth, mental development, performance, productivity, health and well-being across the entire life-span: from the earliest stages of fetal development, at birth, and through infancy, childhood, adolescence and on into adulthood.

### Infant and Young Child Feeding and Nutrition

Breastfeeding and complementary feeding are a critical aspect of caring for infants and young children. Appropriate feeding practices stimulate bonding with the caregiver and psycho-social development. They lead to improved nutrition and physical growth, reduced susceptibility to common childhood illnesses and better resistance to cope with them. Improved health outcomes in young children have long-lasting health effects throughout the life-span, including increased performance and productivity, and reduced risk of certain non-communicable diseases.

The Department of Child and Adolescent Health and Development (CAH) makes significant investments in the promotion and improvement of infant and young child feeding. The Global Strategy for Infant and Young Child Feeding (see below) provides a framework for the Department's efforts, including the production of technical information, the development of feeding recommendations, supporting research and designing training materials.

[http://www.who.int/child\\_adolescent\\_health/topics/prevention\\_care/child/nutrition/en/index.html](http://www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/en/index.html)

### Breastfeeding

Over the past decades, evidence for the health advantages of breastfeeding and recommendations for practice have continued to increase. WHO can now say with full confidence that breastfeeding reduces child mortality and has health benefits that extend into adulthood. On a population basis, exclusive breastfeeding for the first six months of life is the recommended way of feeding infants, followed by continued breastfeeding with appropriate *complementary foods* for up to two years or beyond.

To enable mothers to establish and sustain exclusive breastfeeding for six months, WHO and UNICEF recommend:

- Initiation of breastfeeding within the first hour of life;
- Exclusive breastfeeding - that is, the infant only receives breast milk without any additional food or drink, not even water;
- Breastfeeding on demand - that is, as often as the child wants, day and night;
- No use of bottles, teats or pacifiers.

Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life.

Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness.

Breastfeeding contributes to the health and well-being of mothers, it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment.

While breastfeeding is a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices. WHO and UNICEF launched the *Baby-Friendly Hospital Initiative* (BFHI) in 1992, to strengthen maternity practices to support breastfeeding. The BFHI contributes to improving the establishment of exclusive breastfeeding worldwide and, coupled with support throughout the health system, can help mothers sustain exclusive breastfeeding.

WHO and UNICEF developed the 40-hour *Breastfeeding Counselling: A Training Course* and more recently the five-day *Infant and Young Child Feeding Counselling: An Integrated Course* to train a cadre of health workers that can provide skilled support to breastfeeding mothers and help them overcome problems. Basic breastfeeding support skills are also part of the *Integrated Management of Childhood Illness training course* for first-level health workers.

The *Global Strategy for Infant and Young Child Feeding* describes the essential interventions to protect, promote and support breastfeeding.

[http://www.who.int/child\\_adolescent\\_health/topics/prevention\\_care/child/nutrition/breastfeeding/en/index.html](http://www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/breastfeeding/en/index.html)

**American Academy of Pediatrics**  
<http://www.aap.org/breastfeeding/>

**Policy Statement**

This policy statement on breastfeeding replaces the previous policy statement of the American Academy of Pediatrics, reflecting the considerable advances that have occurred in recent years in the scientific knowledge of the benefits of breastfeeding, in the mechanisms underlying these benefits, and in the practice of breastfeeding. This document summarizes the benefits of breastfeeding to the infant, the mother, and the nation, and sets forth principles to guide the pediatrician and other health care providers in the initiation and maintenance of breastfeeding. The policy statement also delineates the various ways in which pediatricians can promote, protect, and support breastfeeding, not only in their individual practices but also in the hospital, medical school, community, and nation.

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;100/6/1035>

**American Academy of Pediatrics Breastfeeding Initiatives Web site**

The AAP is here to help you with breastfeeding whether you are a parent, professional, advocate for breastfeeding — or all 3. Advocating for children through the protection, promotion, and support of breastfeeding is a high priority for the AAP. On this site, you will find information for families about our breastfeeding recommendations, advocacy materials, and resources for health professionals who want to learn more about the importance of their role in supporting breastfeeding families.

<http://www.aap.org/breastfeeding/>

**SCHOOL-PLACE BREASTFEEDING SUPPORT**

**New Mexico School-place Breastfeeding Support (SBS):  
A Review of the Literature**

**Lissa Knudsen, MPH  
University of New Mexico  
October 2, 2009**

Literature Review

Past research has established that breastfeeding imparts positive health outcomes for both mother and child. The American Academy of Pediatrics recommends breastfeeding for at least one year because of the associated health benefits. These include fewer gastrointestinal and urinary tract infections, respiratory tract illnesses, incidences of ear infections, and meningitis for the infant (American Academy of Pediatrics, 2005;1997; WHO, 2001; USDHHS, 2000). In addition, women who have breastfed are reported to be less likely to develop breast and ovarian cancers, and have lower rates of osteoporosis later in life (USDHHS, 2000). New Mexico's breastfeeding rates are better than the national average (78.6% in 2005), however our breastfeeding rates drop dramatically by 8 weeks, by 6 months less than half of New Mexico's mothers (46.4%) are still breastfeeding, and by one year, only 26.7% of New Mexican mothers are still breastfeeding (PRAMS, 2005).

Ruowei, et al state that "special attention needs to be paid to the sharp decline in exclusive breastfeeding between 3 and 5 months; for many mothers, this is time at which they return to school or work and need additional support to continue exclusive breastfeeding" (2002, p. e34). Studies have demonstrated that mothers who work in lactation inhibiting environments breastfeed for shorter durations (Kimbrow, 2006; Scott, Binns, Oddy, & Graham, 2006; Kosmala-Anderson & Wallace, 2006; Ryan, Zhou, & Arensberg, 2006; Fein & Roe, 1998; Frank, 1998). It is expected that these findings will hold true in the school place as well. Lack of support for mothering has been cited as a barrier to maintaining breastfeeding for young mothers (Lindberg, 1996; Fein & Roe, 1998).

Research suggests that educational enrollment and breastfeeding rates are inversely correlated. Though studies are scarce some suggest that mother-students may have similar

experiences to mother-employees and mothers who work full time have shorter breastfeeding durations than mothers who work part time or do not work at all (Fein & Roe, 1998; Frank, 1998). According to Frank (1998) there are many “family-hostile” factors in the U.S. society. For example in the late 1990’s Norway provided 100% pay for 42 weeks or 80% for 52 weeks of maternity leave for young mothers while the US stipulates no leave for unemployed school age mothers and only 12 weeks of unpaid leave for employee-mothers.

It is expected that lactation supportive school environments will result in higher breastfeeding initiation and duration rates however further research is needed. A lactation supportive environment is defined as one that provides private, clean, conveniently located, non-bathroom space and flexible break times from classes for the purpose of breastpumping. Without time, space, and work-place support, mothers who attempt to combine full time employment and breastfeeding are likely to delay or skip milk expression. This may cause them to experience breastfeeding problems, resulting in premature weaning (Arthur, Saenz, Replogle, 2003, p. 383). This research suggests that like their working counterparts, without supports in the school environment, student-mothers who are enrolled full time are likely to delay or skip milk expression. The timing of quitting breastfeeding and the return to school or work are closely and powerfully linked (Kimbrow, 2006) and it is believed that lactation support in the school-place, will create a space for and empower young mothers to maintain breastfeeding. According to La Leche League International to date one state has proposed school based breastfeeding support legislation, however no legislation has yet to be enacted in the US.

Like company-sponsored lactation programs, school-sponsored programs may enable student-mothers to provide breast milk for their infants as long as they wish (Ortiz, McGilligan, & Kelly, 2004, p. 111). Ortiz et al. found that in a lactation supportive environment 78.9% of the

participants who returned to work after giving birth attempted pumping milk at work, and 336 (98%) were successful. “They expressed milk in the workplace for a mean of 6.3 months (SD = 3.9, range 2 weeks to 21 months). The mean age of infants when the mothers stopped pumping at work was 9.1 months (SD = 4.1, range 1.9 to 25 months). Most of the women who pumped their milk at work were working full time (84.2%). The mean postnatal maternity leave was 2.8 months” (2006, p. 111). These findings suggest that with the right supports neither working nor attending school, must preclude breastfeeding and that lactation supportive environments report higher than average breastfeeding initiation and duration rates.

Women with infants and toddlers are the fastest-growing segment of today's workforce. More than 50 percent of women who are working when they become pregnant return to work by the time their infant is only eight to 12 weeks old. (NMDOH, 4/13/08). As education is often a precursor to employment, it is expected that these trends will also be evidenced in the school environment as well. As in the workplace, breastfeeding support in the school-place can also offer a considerable return on investment by lowering healthcare costs, decreasing absenteeism, and enhancing productivity. School-places that support breastfeeding can make the transition back to school easier for the mother such that more new mothers may be willing to take shorter maternity leaves, and student satisfaction and morale can also increase graduation rates and the likelihood of continued educational attainment.

Breastfed children report 50% fewer infant illnesses (NHDHHS, 2006), decreased severity of illnesses, and reduced health care costs (Mezzacappa, Guethlien, Vaz, & Bagiella, 2000). In 1999 Ball and Wright reported that never breastfed babies incurred excess health care costs between \$331 and \$475 in the first year of life. These costs are likely much higher today given the inflation of health care costs over the last decade.

Research suggests that nursing mothers have significantly lower absenteeism rates than non-nursing mothers (Cohen, et al., 1995; NHDHHS, 2006). Cohen, Mrtek & Mrtek (1995) have shown that mothers of children who were breastfed are less than half as likely to have a one-day absence due to child illness than their formula-feeding counterparts ( $\alpha < .05$ ). Cohen, et al., report that breastfeeding mothers take 27% fewer maternal days off as compared to non-breastfeeding mothers. Thus, providing lactations space and encouraging mothers to breastpump while away from their child, can improve educational success.

Aside from absenteeism and decreased healthcare costs, research suggests that school-place lactation support may result in increased student productivity (Glass & Estes, 1997; Faught, 1994), improved study concentration (Faught, 1994), decreased student fatigue (Faught, 1994), and improved morale among student mothers and student non-mothers (Moore & Jansa, 1987; Cardenas & Major, 2005). Cardenas and Major's research (2005) also suggests that lactation accommodations in the school-place may increase retention rates.

Breastfeeding and educational attainment are both "worthwhile, and deserve familial, professional, and societal support" (Frank, 1998, p. 1084). According to Ryan, et al. breastfeeding rates among full-time working mothers have increased by 204.5% since 1984 (Ryan, et al., 2006). However, women who return to school have an increased risk of lower breastfeeding rates. These trends suggest that school-place environmental factors should be the target of public health efforts. This proposal calls for the state of New Mexico to convene a task force for the purpose of 1) assessing the level of support experienced by mother-students across the state and 2) making recommendations on how to further improve the breastfeeding initiation and duration rates among mother-students. Full time enrollment in and of itself does not preclude

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young women from breastfeeding, it is expected that the type of support and social pressure a breastfeeding-student experiences once they return to school is what makes the difference.

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## School-place Breastfeeding Support Fact Sheet

### Health Implications

- The American Academy of Pediatrics recommends breastfeeding for at least one year because of the associated health benefits (American Academy of Pediatrics, 2005;1997; World Health Organization, 2001; US Department of Health and Human Services, 2000)
- Breastfed children report 50% fewer infant illnesses (New Hampshire Department of Health and Human Services, 2006), decreased severity of illnesses, and reduced health care costs (Annals of Behavioral Medicine, 2000).
- Never breastfed babies incurred excess health care costs between \$331 and \$475 in the first year of life. These costs are likely much higher today given the inflation of health care costs over the last decade (Pediatrics, 1999).

### Absenteeism

- Mothers of children who were breastfed are less than half as likely to have a one-day absence due to child illness than their formula-feeding counterparts (American Journal of Health Promotion, 1995).
- Cohen, et al., report that breastfeeding mothers take 27% fewer maternal days off as compared to non-breastfeeding mothers (American Journal of Health Promotion, 1995).

### Student Productivity

- School-place lactation support may result in increased student productivity, improved study concentration, decreased student fatigue, and improved morale among student mothers and student non-mothers.

### Statement of the Problem

- Special attention needs to be paid to the sharp decline in exclusive breastfeeding between 3 and 5 months; for many mothers, this is time at which they return to school or work and need additional support to continue exclusive breastfeeding (Pediatrics, 2002).
- New Mexico's breastfeeding rates drop dramatically by 8 weeks, by 6 months less than half of New Mexico's mothers (46.4%) are still breastfeeding, and by one year, only 26.7% of New Mexican mothers are still breastfeeding (Pregnancy Risk Assessment Monitoring System, 2005).

### Call to Action

- Lactation supportive school environments include those that provide private, clean, conveniently located, non-bathroom space and flexible break times from classes for the purpose of breastpumping. Policy should be drafted that protects the rights of breastfeeding student mothers to have access to appropriate lactation spaces and flexible break times to accommodate lactation.

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