STATE OF OKLAHOMA

2nd Session of the 49th Legislature (2004)

SENATE CONCURRENT
RESOLUTION 36

By: Riley of the Senate

and

Carey of the House

AS INTRODUCED

A Concurrent Resolution encouraging the State of Oklahoma and all Oklahoma employers to strongly support and encourage the practice of breast-feeding; memorializing the Governor to declare by executive order that all female State of Oklahoma employees shall be provided with adequate facilities for breast-feeding or expressing milk; and directing distribution.

WHEREAS, extensive research, especially in recent years, documents diverse and compelling advantages to infants, mothers, families and society from breast-feeding and the use of human milk for infant feeding, including health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits; and

WHEREAS, epidemiologic research shows that human milk and breast-feeding of infants provide advantages with regard to general health, growth and development, while significantly decreasing risk for a large number of acute and chronic diseases. Research in the United States, Canada, Europe, and other developed countries, among predominantly middle-class populations, provides strong evidence that human milk feeding decreases the incidence, or severity, or both, of diarrhea, lower respiratory infection, otitis media, bacteremia, bacterial meningitis, botulism, urinary tract infection, and necrotizing enterocolitis. In addition, a number of studies show a possible protective effect of human milk feeding against

sudden infant death syndrome (SIDS), insulin-dependent diabetes mellitus, Crohn's disease, ulcerative colitis, lymphoma, allergic diseases, and other chronic digestive diseases. Breast-feeding has also been related to possible enhancement of cognitive development; and

WHEREAS, a number of studies also indicate potential health benefits for mothers, as it has long been acknowledged that breast-feeding increases levels of oxytocin, resulting in less postpartum bleeding and more rapid uterine involution, and lactational amenorrhea causes less menstrual blood loss over the months after delivery. Recent research demonstrates that lactating women have an earlier return to pre-pregnancy weight, delayed resumption of ovulation with increased child spacing, improved bone remineralization postpartum with reduction in hip fractures in the postmenopausal period, and reduced risk of ovarian cancer and pre-menopausal breast cancer; and

WHEREAS, in addition to individual health benefits, breast-feeding provides significant social and economic benefits to the nation, including reduced health care costs and reduced employee absenteeism for care attributable to childhood illnesses. The significantly lower incidence of illness in the breast-fed infant allows the parents more time to give attention to siblings and other family duties, and reduces parental absence from work and lost income. The direct economic benefits to the family are also significant. It has been estimated, for example, that in 1993, the cost of purchasing infant formula for the first year after birth was $855; and

WHEREAS, increasing the rates of breast-feeding initiation and duration is a national health objective, and one of the goals of Healthy People 2000, a national prevention initiative to improve the health of all Americans. The target of Healthy People 2000 is to increase to at least 75% the proportion of mothers who breast-feed

their babies in the early postpartum period and to at least 50% the proportion who continue breast-feeding until their babies are five to six months old. Although breast-feeding rates have increased slightly since 1990, the percentage of women currently electing to breast-feed their babies is still lower than levels reported in the mid-1980's, and is far below the Healthy People 2000 goal. In 1995, 59.4% of women in the United States were breast-feeding either exclusively or in combination with formula feeding at the time of hospital discharge, but only 21.6% of mothers were nursing at six months, and many of these were supplementing with formula; and

WHEREAS, the American Academy of Pediatrics recommends exclusive breast-feeding as ideal nutrition, sufficient to support optimal growth and development for approximately the first six months of life, with the gradual introduction of iron-enriched solid foods in the second half of the first year to complement the breast milk diet. It is recommended that breast-feeding continue for at least 12 months, and thereafter for as long as mutually desired; and

WHEREAS, hundreds of millions of dollars continue to be spent by the United States government to purchase artificial milk for babies. Yet, one study indicated that the national Women, Infants, and Children (WIC) nutrition program could save $93 million a month in lower food package costs alone if all mothers breast-fed their infants. According to a report released in the fall of 1996, compared to formula-fed babies, each breast-fed baby saved $478 in WIC and other health care costs for the first six months of life. The International Journal of Gynecology and Obstetrics reported in 1994 that, in the United States, two to four billion dollars could be saved in annual health care costs if women breast-fed their infants for as little as 12 weeks; and

WHEREAS, employers, employees, and society benefit by supporting a mother's decision to breast-feed and by helping reduce the obstacles of continuing to do so after returning to work. A study

by a major health maintenance organization found that infants who were breast-fed for a minimum of six months experienced $1,435 less in health care claims than formula-fed infants, and a study from the University of California at Los Angeles School of Nursing found that breast-fed babies have 35% fewer illnesses than formula-fed babies, and their nursing moms have a corresponding 27% lower absentee rate; and

WHEREAS, employers clearly benefit by having lower health care costs, less employee absenteeism, and better morale, and employees are also more likely to return to work earlier from maternity leave if they do not foresee complications with being able to continue to breast-feed; and

WHEREAS, multiple obstacles reduce the number of mothers that continue breast-feeding after returning to work including, but not limited to, finding an adequate place for feeding or expressing milk, finding the time or flexibility in breaks or working hours, having a place to store the milk, and concerns about the acceptability of these activities; and

WHEREAS, most employers are sympathetic to the needs of nursing mothers, and are very supportive of their employees when it is brought to their attention, however, employees must be encouraged to discuss their needs with their employers; and

WHEREAS, most employees can successfully continue to provide for the needs of their children, given adequate facilities and support. Adequate facilities include a clean, private place, with a chair, an electrical outlet, with access to running water and refrigerated storage.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE 2ND SESSION OF THE 49TH OKLAHOMA LEGISLATURE, THE HOUSE OF REPRESENTATIVES CONCURRING THEREIN:

THAT the Legislature encourages the State of Oklahoma and all Oklahoma employers to strongly support and encourage the practice of

breast-feeding by ensuring that female employees are provided with adequate facilities for breast-feeding or expressing milk.

THAT the Legislature respectfully memorializes the Governor to declare by executive order that all female State of Oklahoma employees shall be provided with adequate facilities for breast-feeding or expressing milk.

THAT a copy of this resolution be distributed to the Governor for distribution to all state agencies, and the State Chamber of Commerce for distribution to Oklahoma businesses.

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