ENROLLED HOUSE
CONCURRENT
RESOLUTION NO. 1015

By: DePue, Wesselhoft and Carey of the House

and

Eason McIntyre of the Senate

A Concurrent Resolution encouraging the State of Oklahoma and all Oklahoma employers to strongly support and encourage the practice of breast-feeding; and directing distribution.

WHEREAS, extensive research documents the health, nutritional, immunologic, developmental, psychological, social, economic and environmental benefits that accrue to infants, mothers, families and society from breast-feeding and the use of human milk for infant feeding; and

WHEREAS, epidemiologic research shows that human milk and breast-feeding of infants provide advantages with regard to child health and human growth and development, while substantially decreasing risks for a large number of acute and chronic diseases. Research among predominantly middle-class populations in the United States, Canada, Europe and other developed countries provides overwhelming evidence that the lack of breast-feeding increases the risk and/or severity of allergies, asthma, diarrhea, meningitis, obesity, otitis media, respiratory infections and respiratory syncitial virus. In addition, prematurely born infants who do not receive human milk feedings develop necrotizing enterocolitis at ten times the rate of infants who are fed their own mothers' milk. Several studies have documented decreased IQ and other developmental scores in infants who are not breast-fed; and

WHEREAS, a number of studies also demonstrate significant health benefits for mothers who breast-feed, including decreased postpartum bleeding, quicker uterine involution, and decreased menstrual blood loss and anemia over the months after delivery due to lactational amenorrhea. Research demonstrates that lactating women have an earlier return to prepregnancy 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 premenopausal breast cancer. A 2002 Lancet review of data from 47 countries, including more than 50,000 women diagnosed with breast cancer, calculated that an increase of six months in breast-feeding duration by women in developed countries would decrease breast cancer cases by 15,000 per year; 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. For private and public insurers, a minimum of $3.6 billion is spent each year to treat diseases and conditions that are preventable by breast-feeding. For United States employers, formula-feeding results in increased health claims, decreased productivity and increased employee absenteeism to care for sick children. A 1999 Pediatrics study calculated the cost to health care for formula-fed infants as $331 per breast-fed infant to $475 per never-breast-fed infant, for three common illnesses. A 2001 USDA report calculated a cost to insurers, including Medicaid, of an additional $1.3 billion to cover sick-child office visits and prescriptions to treat the three most common illnesses in the first year of life for formula-fed infants versus breast-fed infants; and

WHEREAS, increasing the rates of breast-feeding initiation and duration is a national health objective, and one of the goals of Healthy People 2010, a national prevention initiative to improve the health of all Americans. The target of Healthy People 2010 is to increase to at least 75% the proportion of mothers who breast-feed their babies in the early postpartum period; to at least 50% the proportion who continue breast-feeding until their babies are five to six months old; and to at least 25% the proportion who continue breast-feeding their babies until 12 months of age. Although breast-feeding rates have increased, the percentage of women currently breast-feeding their babies is still below the Healthy People 2010 goals. Data from the 2001 National Immunization Survey indicates that 65% of women in the United States were breast-feeding either exclusively or in combination with formula-feeding at the time of hospital discharge, while only 27% of mothers were nursing at six months, and only 12% of babies were receiving any human milk at 12 months of age; and

WHEREAS, the American Academy of Pediatrics and the World Health Organization recommend exclusive breast-feeding 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, $578 million is spent annually by the United States government to purchase artificial milk for babies. Approximately $2 billion per year is spent by American families to purchase breast milk substitutes such as infant formula. One study estimates 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; and

WHEREAS, employers, employees and society benefit by supporting a mother's decision to breast-feed and by helping to reduce the obstacles of continuing to do so after returning to work. Employers that have adopted breast-feeding support programs have noted cost savings of $3 for every $1 invested in such programs; decreased illnesses among breast-fed children of employees; decreased health care costs of about $400 per breast-fed baby in the first year of life; decreased parental absenteeism; increased employee productivity; increased employee morale and loyalty; and increased

recruitment and retention. Data from two corporate lactation programs with over 3,600 female employees indicates that 75% of maternal one-day absences were due to problems related to formula-fed infants; and

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

WHEREAS, most employers are sympathetic to and very supportive of the needs of nursing mothers when these concerns are brought to their attention. Nursing mothers must be encouraged to discuss their needs with their employers; and

WHEREAS, most nursing mothers can successfully continue to provide for the needs of their children when given adequate facilities and support that include, but are not limited to, a clean, private place, other than a toilet stall, that has a chair, an electrical outlet, and access to running water and refrigerated storage.

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE 1ST SESSION OF THE 50TH OKLAHOMA LEGISLATURE, THE SENATE CONCURRING THEREIN:

THAT the Oklahoma Legislature hereby encourages the State of Oklahoma and all Oklahoma employers to strongly support and encourage the practice of breast-feeding by ensuring that female employees who are nursing mothers are provided with adequate facilities for breast-feeding or expressing and safely storing breast milk.

THAT the Oklahoma Legislature further encourages all Oklahoma employers to respect the rights of female employees to use their own meal breaks and/or break times for breast-feeding or expressing breast milk.

THAT the Oklahoma Legislature hereby expresses intent that no Oklahoma employer shall prohibit a female employee from breast-feeding or expressing breast milk during any meal period or other break period required by law to be provided by the employer or required by collective bargaining agreement.

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.

Adopted by the House of Representatives the 19th day of April, 2005.

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Presiding Officer of the House of Representatives

Adopted by the Senate the 25th day of May, 2005.

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Presiding Officer of the Senate