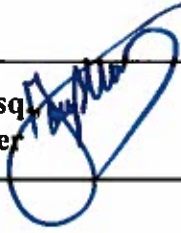



F R O M	Name & Title	Mary Beth Haller, Esq. Interim Commissioner 	Health Department AGENCY REPORT	
	Agency Name & Address	Health Department 1001 E. Fayette Street Baltimore, Maryland 21201		
	Subject	18-0276 – Lactation Accommodations in the Workplace		

**To: President and Members
of the City Council
c/o 409 City Hall**

October 17, 2018

The Baltimore City Health Department (BCHD) is pleased to have the opportunity to review #18-0276. This legislation would require employers to provide break time and a safe and clean space for employees to express breast milk.

18-0276 would represent a major victory for public health, as well as gender and socioeconomic equity, in Baltimore City. Breast feeding is considered a medical best practice, one that was acknowledged by San Francisco in its similar 2017 lactation accommodation bill.¹ According to the American Academy of Pediatrics (AAP), it is recommended that infants “be fed breast milk exclusively for the first 6 months after birth.”² Similarly, the World Health Organization recommends that “infants be exclusively breastfed for the first 6 months after birth to achieve optimal growth, development, and health.”³

Yet, for most new mothers, breast feeding faces a number of different obstacles. Working mothers, especially those earning lower incomes, are limited in their ability to express milk during the day, specifically because of their workplace accommodations. The Society for Human Resource Management conducted a study in 2009, in which “only 25 percent of companies surveyed had lactation programs or made special accommodations for breastfeeding.”⁴ Also in 2009, a National Employment Law Project study found that “more than two-thirds (69 percent) [of surveyed low income workers] received no [work] break at all, had their break shortened, were interrupted by their employer, or worked during the break.”⁵

Other breast feeding obstacles include stigma and a lack of social supports. The United States Surgeon General noted, “Women with friends who have breastfed successfully are more likely to choose

¹ Ordinance No. 131-17, <https://sfgov.legistar.com/View.ashx?M=F&ID=5293283&GUID=D2B32479-4B90-4468-B365-BADB1F5AC8DC>

² American Academy of Pediatrics, “Breastfeeding and the use of human milk,” Pediatrics, 129(3), e827–e841, <http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html>

³ World Health Organization, “The World Health Organization’s infant feeding recommendation,” http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html

⁴ Society for Human Resource Management, “Employee benefits: examining employee benefits in a fiscally challenging economy,” www.shrm.org/Research/SurveyFindings/Articles/Documents/09-0295_Employee_Benefits_Survey_Report_spread_fnl.pdf

⁵ National Employment Law Project, “Broken Laws, Unprotected Workers,” <https://www.nelp.org/wp-content/uploads/2015/03/BrokenLawsReport2009.pdf>

to breastfeed. On the other hand, negative attitudes of family and friends can pose a barrier to breastfeeding." Moreover, "Embarrassment remains a formidable barrier to breastfeeding in the United States and is closely related to disapproval of breastfeeding in public."⁶ By passing this bill and enforcing its provisions, the City would likely be increasing the number of breast feeding mothers, thereby decreasing public stigma and increasing the support pool for said mothers.

For the forgoing reasons, the Baltimore City Health Department urges a favorable report on Council Bill #18-0276.

⁶ United States Surgeon General, "The Surgeon General's Call to Action to Support Breastfeeding," <https://www.ncbi.nlm.nih.gov/books/NBK52688/>