Testimony

of

Deborah Kaplan, DrPH, MPH, R-PA
Assistant Commissioner, Bureau of Maternal, Infant and Reproductive Health
New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Women’s Issues

on

Intro 1063

March 30, 2016
250 Broadway – Committee Room
New York City
Good morning Chair Cumbo and members of the Committee. I am Deborah Kaplan, Assistant Commissioner of the Bureau of Maternal, Infant and Reproductive Health at the New York City Department of Health and Mental Hygiene. On behalf of Commissioner Bassett, I want to thank you for the opportunity to testify on the topic of breastfeeding and its many public health benefits.

The Department works to promote breastfeeding as a way to improve the health of infants and mothers. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life and continued breastfeeding with complementary foods until at least one year of age. Babies who are breastfed are less likely to experience medical problems such as respiratory illness and ear infections. Additionally, studies suggest that mothers who breastfeed are less likely to develop breast and ovarian cancer, and cardiovascular disease.

However, many mothers who want to breastfeed face barriers to continued and exclusive breastfeeding, which can lead to disparities in breastfeeding rates for low-income communities and communities of color. The Department recently released data showing that in 2013, babies born to women from high-poverty neighborhoods in New York City were 1.6 times less likely to be exclusively breastfed during the first five days after birth, compared with babies born to mothers from low-poverty neighborhoods. In addition, babies born to Black women were 1.6 times less likely to be exclusively breastfed than babies born to White women. Too many New York City mothers stop breastfeeding within a few weeks after childbirth.

The Department has several initiatives to encourage breastfeeding. For example, we offer breastfeeding education and pumps to new mothers through our Nurse-Family Partnership and Newborn Home Visiting Program; develop and distribute educational materials and information to providers and consumers about breastfeeding; work with community-based organizations to build local capacity to support breastfeeding; and offer trainings to local health care providers, hospital staff and field workers, including Certified Lactation Counselor, Train the Trainer, and Community Breastfeeding Educator courses. We also offer a lactation program for our own employees, including lactation rooms and a loaner breast pump program at Department offices and support services for employees. And we offer technical assistance to other City agencies interested in building their own employee lactation programs.

As part of a multifaceted strategy to promote breastfeeding, the Department collaborates with maternity hospitals and birthing centers on a variety of initiatives. As part of Latch On NYC, we work with hospitals to support mothers who choose to breastfeed, reduce formula supplementation to healthy breastfed infants during the hospital stay, and discontinue distribution of promotional or free infant formula that can interfere with a mother’s choice to breastfeed. Currently, 13 of 39 New York City maternity hospitals participate in this program. The New York City Breastfeeding Hospital Collaborative works to increase the number of maternity facilities that achieve the World Health Organization and UNICEF “Baby-Friendly” designation, a special recognition to encourage and distinguish hospitals and birthing centers that offer an optimal level of care for infant care and feeding and mother/baby bonding. To date, 18 NYC maternity facilities are participating in this collaborative, including 17 hospitals and one birthing center. Four of these facilities have achieved and maintained this prestigious designation: Harlem Hospital, Queens Hospital Center, Lincoln Medical and Mental Health Center, and NYU
Langone. All of the hospitals that have Baby-Friendly designation accommodate nursing mothers, whether employees or visitors. Hospitals pursuing this designation are creating those accommodations as well.

We have also introduced community-based initiatives to address breastfeeding disparities, including work through the City Council-funded Infant Mortality Reduction Initiative, home visiting through the Newborn Home Visiting Program and the Nurse-Family Partnership, and the Brooklyn Breastfeeding Empowerment Zone. The Brooklyn Breastfeeding Empowerment Zone (BFEZ) is a place-based initiative in North and Central Brooklyn run by our Center for Health Equity’s Brooklyn Health Action Center. This program trains and empowers community members to support breastfeeding parents and families, and activates faith-based leaders, small businesses, policy makers, and others to ensure that every mother and baby has the opportunity to experience the health benefits of breastfeeding and to reduce the racial and ethnic disparities in breastfeeding. Brooklyn Breastfeeding Empowerment Zone strategies include increasing awareness of the benefits of breastfeeding, involving male partners and family members in supporting breastfeeding, mobilizing the community to support breastfeeding, and providing economic opportunities by training local residents to become Certified Lactation Counselors and Doulas. As part of this effort, we’ve worked closely with Council Member Cornegy and Brooklyn Borough President Adams to support their Family-Friendly Brooklyn initiative, including the establishment of community lactation rooms for their constituents; they have been excellent partners in this work and we thank them for their commitment to this cause. Additionally, we engage local groups, faith-based organizations, employers, and employees to adopt practices that protect, promote, and support breastfeeding through our Breastfeeding-Friendly Spaces initiative and Know Your Rights workshops.

**Intro. 1063**

The Administration supports the intent of Intro. 1063, and is already working to create supportive environments where women are comfortable to breastfeed or pump whenever and wherever needed. For example, the Department currently offers employee lactation rooms at five sites, and six more are planned for 2016, including one in each of the planned Neighborhood Health Action Centers. All of the five current sites are open for both staff and visitors to utilize. However, the Administration is concerned about limitations to existing agency space and would like to work with the Council to give agencies flexibility to determine which of their sites can accommodate a designated lactation room. Additionally, the Department is concerned about how it would ensure the compliance of other agencies.

In order to evaluate the bill and its effect on City agencies, it would be helpful to clarify the extent of the mandate. For example, would the bill require lactation rooms only in City-owned buildings that house public-facing programming, or would lactation rooms be required in space leased by the City? And, would agencies be required to retrofit existing spaces to facilitate the availability of lactation rooms?

We would like to stress the need for flexibility in determining which spaces are appropriate for use as lactation rooms. To address the broad and diverse health needs of New
Yorkers, the Department balances many initiatives simultaneously, each with their own space, staffing, and other resource requirements. For example, as part of Mayor de Blasio’s commitment to Ending the Epidemic of HIV/AIDS in New York City, we are substantially expanding the services that our STD clinics provide. These clinics will be operating at or near capacity, and creating a designated lactation room could jeopardize the availability of clinical services at these sites. Another example is at our Tuberculosis clinics, where due to the nature of the illness being treated in that space, we strongly discourage infants on site to protect their health.

Instead of mandating lactation rooms, we might want to consider requiring agencies to adopt policies outlining their plans to become more breastfeeding friendly. The Department currently offers technical assistance to other agencies on breastfeeding in the workplace, and is happy to provide additional guidance on how to develop policies around the provision of signage and educational posters, employee training, and the availability of multipurpose spaces for breastfeeding and pumping on request.

Thank you again for the opportunity to testify, and I look forward to continue working with the Council on this important issue. I am happy to answer any questions.