



**Testimony for Public Hearing  
Committee on Labor and Public Employees  
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**H.B. 5158 AN ACT CONCERNING BREASTFEEDING IN THE WORKPLACE**

Chairs and members of the Labor and Public Employees Committee, my name is Liz Gustafson and I am the State Director of NARAL Pro-Choice Connecticut. I testify in strong support of H.B. 5158 An Act Concerning Breastfeeding in the Workplace, which will improve protections for breastfeeding women in our state.

Anecdotal data highlights the barriers women in our state currently face when pumping breastmilk these include a lack of privacy in workplaces, often forcing individuals to cars, unsanitary bathrooms, or have to share space that is only divided off from colleagues by a screen when they are pumping. Private rooms that lock provide dignity for women who are pumping, and this feeling of privacy and comfort is often important to the process of women being able to successfully pump milk for their babies for the duration of their choosing. H.B. 5158 includes provisions that would require employers to offer private spaces for women to pump breastmilk, as long as this was possible within the physical limitations of the workspace. Across a spectrum of professions, and for students and teachers at schools and colleges, there continue to be a series of small impediments that every day make it harder for women too continue to breastfeed their children in the manner that they want to.

Breastfeeding has been shown to provide benefits including lowered risk of sudden infant death syndrome, ear infections, and a range of other conditions. These benefits frame the American Academy of Pediatrics recommendation that infants be exclusively breastfed for the first six months of life.<sup>1</sup> In 2010, Health and Human Services set goals for breastfed infants as part of the “Healthy People 2020” goals, designed to be an ambitious set of goals for improving health across the U.S. These goals included ensuring that 81.9% of babies born in 2020 are ever breastfed (74% of infants born in 2006 met this goal) and that 60.6% are breastfed at 6 months (43.5% of infants born in 2006 met this goal).<sup>2</sup>

Setting these goals relates to clear evidence of the health benefits delivered by breastfeeding. More advantaged mothers have already met or exceeded these goals, while low-income mothers and women of color still lack the support needed to continue to breastfeed their children.<sup>3</sup> This is not only an issue of

reproductive freedom, but also racial justice and economic justice. The need to return to work, the cost of support needed for successful breastfeeding, and lack of access to professional supports are among the systemic barriers faced by Black breastfeeding mothers.<sup>3</sup>

Furthermore, returning to work soon after birth means that women are less likely to start breastfeeding, and mothers who work in low-wage, on-call scheduling jobs such as retail or food service often cannot afford to take extended leave to care for a newborn soon after giving birth.<sup>4</sup> Decision to breastfeed often depends heavily on workplace environments, and improving breastfeeding protections across our state will provide better support for mothers who want to pump milk.

Breastfeeding is a personal choice, but also one that brings health and emotional benefits for those who choose to pursue it. New parents should not have to make an impossible choice between breastfeeding their child and continuing to pursue employment, and we must make sure that we support those who are currently making this investment in their children. I strongly urge the committee to support H.B. 5158.

Liz Gustafson, NARAL Pro-Choice Connecticut

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<sup>1</sup> American Academy of Pediatrics. 2012. Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics* 129(3).

<sup>2</sup> Healthy People 2020. Maternal, Infant, and Child Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives> (Accessed Feb 2020)

<sup>3</sup> Centers for Disease Control and Prevention. Racial and Geographic Differences in Breastfeeding- United States, 2011-2015. <https://www.cdc.gov/mmwr/volumes/66/wr/mm6627a3.htm>

<sup>4</sup> U.S. Department of Health and Human Services. 2011. The Surgeon General's Call to Action to Support Breastfeeding. *Advances in Nutrition* 2: 523-524.