

OMC

Oregon Midwifery Council

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www.OregonMidwiferyCouncil.org

March 25, 2019

Dear Chair Barker and Members of the House Committee on Business and Labor,

I am writing on behalf of the Oregon Midwifery Council, which represents midwives in Oregon and promotes evidence-based maternity care and maternal-child health policies for all families in our state, to urge you to vote yes on HB 3031. This bill would greatly improve the health of mothers, babies, and children in Oregon and would provide huge long-term cost savings to the health system.

As midwives we regularly see the health and economic hardships that families face when new mothers (and fathers) have to return to work too soon after the birth of a child. We have all seen early return to work contribute to incomplete healing of the pelvic floor, breast infection, cessation of breastfeeding, postpartum mood and anxiety disorders, and more. We know that the health of mothers and babies are optimized when the first few months after birth are focused on full recovery from birth, breastfeeding, and direct parental care of the newborn baby. We believe that at least three months of parental leave is necessary for the health of Oregon families.

We know from the research that increases in paid parental leave consistently lead to decreased perinatal, infant, and child mortality and increases in breastfeeding rates and duration of breastfeeding. In fact, supporting full healing after birth and giving parents the time to care for their new child, is one of the best things we can do at a systems level to improve the health of Oregonians. We also know from the research that parental leave leads to major cost savings for the whole health care system. The cost savings of increased breastfeeding rates alone would be massive. As Melissa Bartick and Arnold Reinhold noted in their 2010 article in *Pediatrics*, “If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save \$13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants.” (*Pediatrics*. 2010;125(5):e1048-56). If you are interested in more research on paid parental leave please see the National Partnership for Women and Families page on paid leave research:

nationalpartnership.org/our-work/workplace/paid-leave-resources.html

Supporting paid parental leave is good for Oregon. Please vote yes on HB 3031.

Thank you for your consideration,

Silke Akerson, CPM, LDM

Executive Director, Oregon Midwifery Council
