

February 25, 2023

To Chairman Hillyer, Vice Chair Mathews, Ranking Member Galonski, and members of the House Civil Justice Committee:

Thank you for the opportunity to offer proponent testimony on House Bill 34.

I am a mother of three children, for whom I have had the opportunity to exclusively breastfeed for a significant portion of their first year of life. Exclusive breastfeeding is described by the CDC as "...feeding your baby only breast milk, not any other foods or liquids (including infant formula or water), except for medications or vitamin and mineral supplements." (Footnote 1).

In order for me to have fulfilled jury duty during the first year of my child's life, I would have had to introduce bottle feeding to my infant on short notice. My first two children did not take a bottle at any point, and my third baby, who was born prematurely was not successful at many attempts to drink fortified breastmilk by bottle. Studies describe this as "bottle refusal" (Footnote 2). I am not alone in this experience.

Not only is it impractical to switch a baby from breastfeeding to bottle feeding (particularly on a short notice), it is also risky. According to the CDC, exclusively breastfed babies need to eat every two to four hours (Footnote 3). This was consistent with my own experience. I will attach a publication, found in Footnote 4, published by Nationwide Children's Hospital. It warns that babies and younger children are at greater risk of getting dehydrated and that it can be dangerous. This publication also provides hourly minimum ounce requirements for children in different weight categories. If a baby refuses a bottle and becomes dehydrated because the mother is not available to breastfeed for a significant length of time (as in the case of jury duty) the consequences could be devastating (Footnote 5).

The mother and baby bond is also something to seriously consider (Footnote 6). I have experienced this symbiotic relationship between myself, the mother, and infants three times, and it was the most powerful after my third child was born prematurely. I believe that the time I spent with her in the first few months of her life truly enabled her to avoid life-threatening complications and go home from the hospital 30 days earlier than the average baby born at 29 weeks gestation.

My children are no longer dependent on breastfeeding. As an American mother, I would be more than willing to serve if called for jury duty. I write on behalf of the many women who are at home with their children.

I respectfully ask for your support on this issue, and on this bill.

Sincerely,

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Footnotes:

1. <https://www.cdc.gov/nutrition/infantandtoddlernutrition/definitions.html#Exclusivebreastfeeding>
2. Maxwell, C., Fleming, V., & Porcellato, L. (2023). Why have a bottle when you can have draught? Exploring bottle refusal by breastfed babies. *Maternal & Child Nutrition*, e13481. <https://doi.org/10.1111/mcn.13481>
3. <https://www.cdc.gov/nutrition/infantandtoddlernutrition/breastfeeding/how-much-and-how-often.html#:~:text=First%20Weeks%20and%20Months&text=On%20average%2C%20most%20exclusively%20breastfed, on%20the%20time%20of%20day.>
4. <https://www.nationwidechildrens.org/conditions/dehydration>
5. Ahmed A, Iqbal J, Ahmad I, Charoo BA, Ahmad QI, Ahmad SM. Complications due to breastfeeding associated hypernatremic dehydration. *J Clin Neonatol* [serial online] 2014 [cited 2023 Feb 26];3:153-7. Available from: <https://www.jcnonweb.com/text.asp?2014/3/3/153/140402>
6. Conde-Agudelo, A., & Díaz-Rossello, J. L. (2016). Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. *The Cochrane database of systematic reviews*, 2016(8), CD002771. <https://doi.org/10.1002/14651858.CD002771.pub4>



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Health Education for Patients and Families

Dehydration: Giving Liquids at Home

There are many reasons why children can get dried out or dehydrated. A child can lose too much liquid from the body from diarrhea, vomiting or fever. If the child has mouth sores or a bellyache, they may refuse to drink enough. Babies and younger children are at greater risk.

Getting dehydrated can be dangerous for infants and young children. They may not get enough electrolytes (salts) needed for their body to work the right way. If the liquids are not replaced, the child may need to have an IV (fluid given directly through a plastic tube into the vein or intravenously) to rehydrate them. We do not think your child needs an IV right now.

Kinds of liquids to give

Your child may need to drink an ORS (oral rehydration solution) like Pedialyte® to help prevent dehydration. An ORS replaces the electrolytes and fluids that your child needs. Sports drinks and home remedies should not be used instead. ORS store brands are just as good as a brand name. You can buy ORS in liquid or powder form or as popsicles at most pharmacies without a prescription.

ORS should not be given as the only fluid for more than 6 hours. Do not dilute or mix an ORS with formula.

Do not give fruit juices or liquids that are high in sugar, such as Hawaiian Punch®, Hi-C®, Kool-Aid®, sodas or syrups. Do not give teas or broths. These liquids do not have the right mix of electrolytes and can make diarrhea worse.

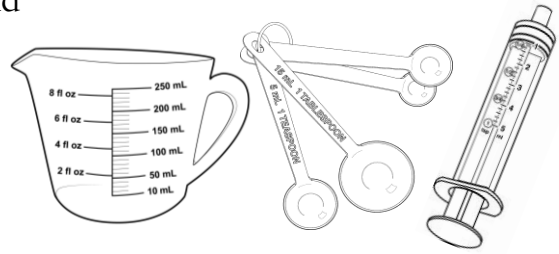
For babies younger than 12 months: Give breast milk, ORS or formula (if tolerated). Do not stop breastfeeding. Do not dilute formula.

For children over 1 year: Give the same kinds of liquids as above and water. If needed, you may hold back on milk for 1 or 2 days until your child's vomiting or diarrhea begins to improve. Avoid red-colored foods or drinks that might look like blood in diarrhea or in vomit.

How to give liquids

If your child is sick to their stomach or dehydrated, give small sips of ORS, breast milk or formula (if tolerated) every 5 to 10 minutes. Start by giving babies 1 teaspoon (5 mL) of liquid.

For toddlers and children, give 1 tablespoonful or 3 teaspoons (30 mL). Gradually work up to drinking more. Even if your child vomits some, most of the liquid is kept down. Wait for 30 to 60 minutes and try to give small amounts of liquids again.



Goals for giving liquids

Measure the amount of liquid your child needs based on their weight. If your child can not sip from a cup, try using a teaspoon or a syringe.

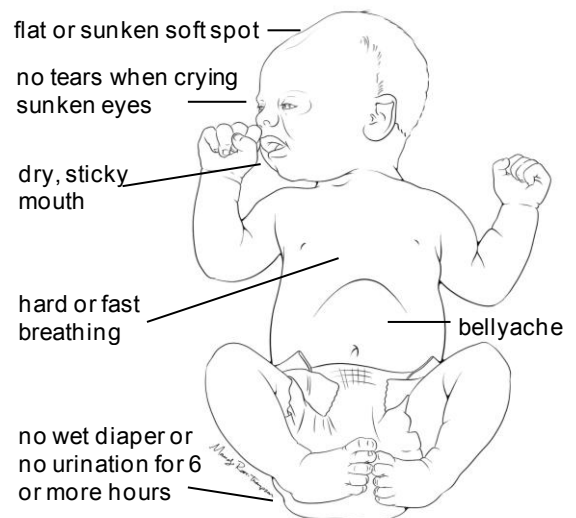
Child's weight	Minimum Goal to Give Every Hour*
7-10 lbs.	At least 2 ounces (4 tablespoons or 1/4 cup)
11-15 lbs.	At least 2½ ounces (5 tablespoons)
16-20 lbs.	At least 3½ ounces (1/2 cup)
21-40 lbs.	At least 6½ ounces (3/4 cup)
41-60 lbs.	At least 10 ounces of liquid every hour (1¼ cups per hour)

* Minimum fluid goals per hour may increase if vomiting, diarrhea or fever are present.

When to call the doctor

Call your child's doctor if you think your child is getting worse, does not get any better in 24 hours, will not breastfeed or shows these signs (Picture 1):

- No wet diaper or does not urinate (pass water) for 6 or more hours, very dark urine
- No tears when crying • Dry sticky mouth
- Sunken-looking eyes • Hard or fast breathing
- Soft spot on baby's head is flat, sunken or pulls in.
- Child is hard to wake up (lethargic), acts confused or does not know what they are doing.
- Constant abdominal pain (bellyache)
- Vomit has blood, dark brown specks that look like coffee grounds or is bright green.
- Vomiting is more severe or happens more often.
- Fever over 100.4°F (38°C) for babies under 3 months of age or over 102°F (38.9°C) at any age for 2 days or more.



Picture 1 Signs of dehydration