



April 22, 2025

Senator Tipping, Representative Roeder, and Honorable Members of the Labor Committee,

My name is Kara Kaikini, and I live in Freeport. I am a Board-Certified Lactation Consultant and the Executive Director of the Maine State Breastfeeding Coalition. I'm writing to express strong support for Maine's Paid Family and Medical Leave program and to urge you to **oppose the bills before you today** that threaten to delay or weaken this vital program before it even begins. (Specifically LD406, LD539, LD952, LD 1169, LD1221, LD1249, LD1273, LD1307, LD1333, LD1400, and LD 1712.)

The core purpose of PFML is simple but powerful: to ensure Maine workers can care for themselves or their loved ones during life's most vulnerable moments—without risking their financial security. PFML gives parents time to recover from birth, establish breastfeeding, attend postpartum and pediatric visits, and seek lactation support—all of which improve health outcomes and reduce long-term costs. It supports mental health, lowers stress, and builds stronger, more resilient families. And it's not just good for families—it's good for employers too, improving retention and morale.

In 2021, 88.8% of Maine mothers initiated breastfeeding. But by 3 months, exclusive breastfeeding dropped to just 50.4%, and by 6 months, it fell to 27.5%—far below the **American Academy of Pediatrics recommendation of exclusive breastfeeding for the first 6 months^{1,2}**.

Why the drop? For many families, it's the financial pressure to return to work. Without paid leave, even the most determined parents struggle to meet their feeding goals. Among postpartum individuals with a Medicaid-covered delivery, those living in states with the most generous paid family and medical leave coverage had a 32% greater likelihood of breastfeeding at six months postpartum and a 15% lower likelihood of having postpartum depression symptoms, a 2024 study found³.

At the Maine State Breastfeeding Coalition, we work every day to support new parents. But we know that better education and care alone are not enough. Without supportive **policy**, families are set up to fail. Paid leave is a crucial piece of that support system.

Creating carve outs or making it easier for employers to claim hardship is not parent friendly. This just sends the messages to new and expectant parents that certain industries aren't for them, or they will be kept from the benefits they deserve as they recover from childbirth and welcome a new child into their home.

Too often, mothers blame themselves when breastfeeding doesn't work out—even when they're doing everything right. We need to remove the systemic barriers, not put more in place.

Lowering the wage replacement is not feasible for many low income workers. This would force many parents back to work too soon only because they cannot afford to take the time off. While I understand concerns about implementation and costs, it's important to recognize that the program is designed with **shared responsibility** in mind, balancing the needs of both employers and employees. Adjustments can and should be made once the program is operational and data is available—not preemptively in ways that could undermine its effectiveness.

I urge you to stand with Maine's families. Please vote **Ought Not to Pass** on the bills that would undermine Paid Family and Medical Leave before it's even given a chance to succeed.

Thank you for your time and commitment to the well-being of all Mainers.

~Kara Kaikini

Executive Director

Maine State Breastfeeding Coalition

Sources:

1. Joan Younger Meek, Lawrence Noble, Section on Breastfeeding; Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics* July 2022; 150 (1): e2022057988. 10.1542/peds.2022-057988
2. Centers for Disease Control and Prevention, Breastfeeding rates by state and sociodemographics characteristics, 2021, <https://www.cdc.gov/breastfeeding-data/modules/2021-rates-any-exclusive-bf-state.htm>
3. Perry, Madeline F. MD; Bui, Lilian BS; Yee, Lynn M. MD, MPH; Feinglass, Joe PhD. Association Between State Paid Family and Medical Leave and Breastfeeding, Depression, and Postpartum Visits. *Obstetrics & Gynecology* 143(1):p 14-22, January 2024. | DOI: 10.1097/AOG.0000000000005428