

**AFFIDAVIT OF LAWRENCE LEEMAN, M.D., M.P.H.**

I, Lawrence Leeman, M.D., M.P.H., being duly sworn, state as follows.

1. I am a physician board certified by the American Board of Family Medicine, tenured Professor in Family Medicine and Obstetrics and Gynecology at the University of New Mexico School of Medicine, Medical Director of the Milagro Perinatal Substance Abuse program and co-medical director of the University Hospital Mother Baby Unit. My academic research includes publications on neonatal opioid withdrawal syndrome (NOWS), including ongoing research into optimal care of infants with NOWS. In addition to my general and specialty qualifications, I was also one of the treating and supervising physicians at the University of New Mexico Hospital (UNMH) for both Monique Hidalgo and her daughter, born May 22, 2017, from the date of her admission, through the date of her discharge on June 8, 2017. My CV is attached as Exhibit 1 to this Affidavit.

2. At the time that Ms. Hidalgo went into labor, she had been taking methadone throughout her pregnancy, under physician supervision, to treat her opioid use disorder. Ms. Hidalgo's now newborn infant absorbed that medication in utero through the maternal-fetal blood barrier, and as a result developed NOWS soon after birth, which required treatment with morphine starting at day of life three. Although the New Mexico Corrections Department (NMCD) encouraged me to discharge Ms. Hidalgo shortly after the infant's birth, it was, and remains, my medical opinion that Ms. Hidalgo needed to stay inpatient for enough days as would allow for safe tapering of her methadone prescription as well as to enable her to participate in her infant's treatment program for NOWS, which includes skin-to-skin contact and breastfeeding. As a consequence, Ms.

Hidalgo was in the hospital for two weeks, during which time she successfully initiated and sustained breastfeeding. At the conclusion of her stay, Ms. Hidalgo had been safely and humanely weaned off of methadone while maintaining her supply of breast milk.

3. Pursuant to the treatment plan, Ms. Hidalgo's infant daughter was able to enjoy both the general and well-recognized benefits of breastfeeding and breast milk, as well as those benefits recognized specifically for the treatment of NOWS, which include a decreased neonatal need for pharmacological treatment, decreased signs and symptoms of NOWS and decreased length of hospital stay.

4. Although Ms. Hidalgo was able to successfully breastfeed her baby while in the hospital, I did witness several instances that were disturbing and disruptive to her care. At one point, I witnessed correctional officers read a letter Ms. Hidalgo had written for her attorney and then refuse to send that letter. Additionally, on May 27, 2017, one day after Ms. Hidalgo's attorney attempted, but was denied the ability, to visit Ms. Hidalgo in the hospital, I became aware that NMCD guards had placed shackles on Ms. Hidalgo's ankles. I advised the guards that this created an unsafe condition for both Ms. Hidalgo, who was still recovering from childbirth and suffering from swelling in her legs and ankles, and for her baby, who was in her arms and in her care.

5. On May 31, 2017, Ms. Hidalgo attempted to stand up while holding her infant, tripped on the shackles, and fell to the floor with the baby in her arms. As a result of the fall, the baby had to spend the next 24 hours in the neonatal intensive care unit and receive x-rays of her head.

6. After that incident, Ms. Hidalgo and her infant continued their care plan of skin-to-skin contact and regular breastfeeding.

7. Prior to Ms. Hidalgo's discharge, my team established a continuing treatment plan whereby Ms. Hidalgo would continue lactation support, the expression of milk for her baby, and breastfeeding during visitation once she was back in the NMCD facility. Each component of this treatment plan has necessary and distinct benefits to optimize the health outcomes for both Ms. Hidalgo and her baby.

8. For Ms. Hidalgo, continued lactation support and breastfeeding will help to minimize the potential affects of postpartum depression, avoid pain in, and infection of, the breast, decrease both the volume and duration of postpartum bleeding, assist Ms. Hidalgo in returning to her pre-pregnancy weight, and decrease the risk of both breast and ovarian cancer later in life. In person breastfeeding, even if only periodically done, will increase Ms. Hidalgo's ability to maximize of those benefits. It is live breastfeeding that enables the beneficial bonding between mother and child, enhanced psychological wellbeing and the decreased likelihood of child abuse later in life.

9. Ms. Hidalgo's infant, who is considered to be particularly vulnerable as a result of her ongoing recovery from NOWS, will also receive distinct and important benefits from live breastfeeding, in addition to those more general benefits from the ingestion of human milk. Continued, even if periodic, skin-to-skin contact and breastfeeding are likely to decrease the infant's neonatal need for pharmacological treatment as well as to decrease her signs and symptoms of NOWS.

10. In person breastfeeding will also be medically beneficial for both Ms. Hidalgo and her baby because of the efficacy with which the baby will be able to express milk and stimulate Ms. Hidalgo's milk production. Through suckling directly from Ms. Hidalgo's breast, the infant is likely to express more milk than Ms. Hidalgo can otherwise pump.

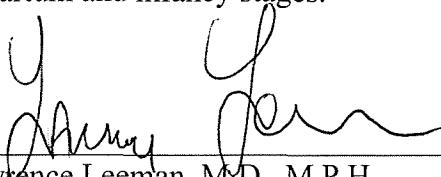
Similarly, in any event where Ms. Hidalgo will be able to feed her baby consecutively and for multiple times, as will happen if she spends three or more hours with baby in a stretch because the baby, at this stage, needs to eat approximately every two to three hours, it is likely that the baby's suckling will have stimulated and enhanced Ms. Hidalgo's production of milk in the days immediately following the visit. In the event that Ms. Hidalgo is not able to breastfeed her baby directly during this several hour stretch, she will instead need to express milk by pumping at regular intervals in order to maintain a milk supply.

11. Most handheld breast pumps, however, are not intended to serve as a sole means by which a mother expresses and maintains her milk supply for her baby. Ms. Hidalgo is presently using a Medela Harmony™ Breast Pump, which is a handheld pump that requires manual stimulation to express milk. The Pump's manufacture describes its intended use as for "occasional time away from baby." The standard of care, in contrast, indicates that a mother who is for any reason unable to breastfeed directly should use a medical grade electric pump to express milk for her baby and maintain her supply to continue to be able to do so.

12. It is my understanding that Ms. Hidalgo is presently expressing no more than eight ounces per day, and four ounces at night, through pumping with the handheld device. This amount is low, given the number of weeks she is postpartum. To maintain even this amount, it is critical that Ms. Hidalgo pump consistently, approximately every three hours. However, even with this consistency, in the absence of adequate stimulation, either from an infant directly or from an appropriate breast pump, Ms. Hidalgo's milk supply is likely to dwindle over the next few weeks.

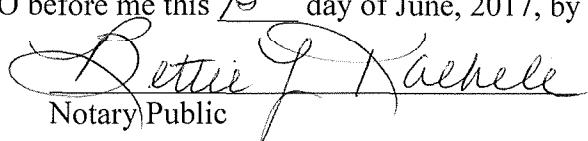
13. Additionally, If Ms. Hidalgo's infant is prevented from breastfeeding directly from her mother during her weekly visitation, beginning with her first visit, there is a substantial likelihood that the baby will lose the inclination and even ability to breastfeed directly from the breast, so that the opportunity for live breastfeeding will have been permanently lost.

14. In light of the present circumstances, whereby Ms. Hidalgo and her baby are necessarily separated as a result of Ms. Hidalgo's incarceration, in order for both Ms. Hidalgo and her baby to reach optimal health outcomes, it is my opinion, pursuant to my medical training and experience, that Ms. Hidalgo must be allowed to breastfeed her baby in person and whenever possible, even if only one day per week, and that she must similarly be allowed access to a medical grade, or otherwise equally effective electric breast pump, when she is not able to breastfeed directly so as to maintain an adequate and steady supply of breast milk for her baby. Without access to these types of lactation and breastfeeding support, it is probable that neither Ms. Hidalgo nor her infant will maximize their health outcomes during the postpartum and infancy stages.



\_\_\_\_\_  
Lawrence Leeman, M.D., M.P.H

SUBSCRIBED AND SWORN TO before me this 15<sup>th</sup> day of June, 2017, by  
Lawrence Leeman.



\_\_\_\_\_  
BETTIE L KAEHELE  
Notary Public

My commission expires:

3/20/2018

