Dear Members of Congress,

We, the undersigned organizations, urge you to **direct $20M to the Centers for Disease Control & Prevention (CDC) Hospitals Promoting Breastfeeding line item** in the Fiscal Year (FY) 2024 Labor, Health and Human Services, and Related Agencies appropriations bill. This $20M investment, $10.25M above the FY 2023 level, represents a critical course correction in national investment in the health, safety, and well-being of infants and young children.

No baby should ever go hungry. Yet, the COVID-19 pandemic, commercial milk formula shortage, and recent spate of weather-related natural disasters revealed deep vulnerabilities in our national infrastructure to protect infant nutrition and food security during emergencies. Lack of resilience to safety and supply chain challenges put babies in danger and forced parents to make difficult infant care and feeding decisions. The unique nutritional needs of infants and young children, who are among the most vulnerable in any emergency, requires a dedicated investment in their protection through an increase in the CDC Hospitals Promoting Breastfeeding line item. While steps have been taken to address challenges in infant formula processing and distribution, there has been a serious lack of attention to gaps in lactation support over the course of this crisis.

The CDC, our nation's leading health protection agency, is at the forefront of health efforts, including emergency preparedness and response and provides vital updates and guidance to health professionals and the public. Through CDC's effort, the nation can make necessary programmatic advancements to ensure access to lactation support, supplies, and accommodations and expand access to pasteurized donor human milk. These essential actions would work in tandem with increased efforts in the Food and Drug Administration to ensure the safety of commercial milk formulas.

Breastfeeding plays an essential role in establishing good nutrition and healthy weight, reducing the risk of chronic disease, and improving maternal and infant health outcomes. Chronic disease remains the leading cause of death and disability in the U.S. Chronic disease management results in trillions of dollars in annual healthcare costs. We are simultaneously facing a maternal health crisis. The United States has the highest maternal mortality rate of any wealthy nation in the world, and maternal and infant health outcomes lag behind our global counterparts. The pregnancy, birth, and postpartum periods through the child's first 1,000 days are pivotal moments for securing and establishing lifelong health for both mothers and babies, and continuity of care in lactation support comprises an essential component of maternal and child health care. Our nation's public health efforts will require a comprehensive approach to addressing these overlapping health crises.

**We urge the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee to direct $20M to the CDC Hospitals Promoting Breastfeeding line item in FY2024.**

Fully funding the line item will make it possible for DNPAO to:

1. Maintain and expand critical monitoring and surveillance activities, including annual analysis of the National Immunization Survey (NIS), administration of the bi-annual Maternity Practices in Infant Nutrition and Care (mPINC) Survey, bi-annual production of the National Breastfeeding Report Card, and administration of the longitudinal Infant Feeding Practices Study, which is especially needed in light of recent updates to the Dietary Guidelines for Americans, which, for the first time, provides nutritional guidance for infants and toddlers;
2. Utilize CDC's website to disseminate breastfeeding data and statistics, guidelines and recommendations, key resources, and information on emergent breastfeeding issues, which is invaluable to the public health community, including breastfeeding coalitions and direct service providers;
3. Expand quality improvement investments to implement maternity care best practices in hospitals while implementing initiatives to recover from pandemic-induced breakdowns in those settings;
(4) Expand funding for state, community, and tribal efforts to advance care coordination and strengthen the lactation support landscape through policy, systems, and environmental change interventions to reduce or eliminate breastfeeding disparities; and

(5) Enhance and deepen partnerships with other federal agencies to develop national and state-level infrastructure to integrate infant feeding and lactation support services into emergency response systems and food security programs during acute disasters and prolonged public health crises.

Within CDC, the Division of Nutrition Physical Activity and Obesity (DNPAO) works to prevent chronic disease, improve maternal and infant health outcomes, and respond to emerging health issues and emergencies. DNPAO's effort to support states, territories, tribal nations, cities and counties, hospitals, and communities in advancing breastfeeding continuity of care and in increasing access to breastfeeding-friendly environments within hospitals, workplaces, and community spaces are high-value, low-cost public health interventions.

These investments have contributed to increased initiation and duration of breastfeeding including securing an important achievement with over one million babies per year (28 percent) being born in hospitals with supportive breastfeeding practices. DNPAO has demonstrated, through funding systems-level interventions in states, and the provision of technical assistance and resources, to have the expertise and the ability to help states and communities implement upstream interventions that support breastfeeding families. This investment is good for families, public health, and the economy:

- Breastfeeding has a profound impact on population health outcomes. The evidence for the value of human milk on overall health for infants, children, and mothers is scientific, robust, and continually reaffirmed by new research. The American Academy of Pediatrics recommends infants be exclusively breastfed for about six months with continued breastfeeding while introducing complementary foods for two years or as long as mutually desired by the mother and child. Breastfed infants are at lower risk of certain infections and sudden unexplained infant death. A recent CDC study of over 3 million U.S. births found that ever breastfeeding is associated with a 26% reduction in the odds of post-perinatal (between 7-364 days) infant death. Breastfed children have decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia. Women who breastfeed reduce their risk of specific chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.

- While the vast majority of babies start out breastfeeding, barriers in healthcare, community, and employment settings continue to impede breastfeeding success. There are also persistent breastfeeding rate disparities by racial, geographic, and socioeconomic factors. Policy, systems, and environmental barriers to lactation success unduly impact Black, Indigenous, and communities of color, residents of economically distressed urban areas, and people living in rural districts. These same populations experience many other health inequities, including lesser access to nutritious foods and a disproportionate burden of overweight, obesity, and chronic disease, all of which can be reduced by increasing breastfeeding rates.

- Low breastfeeding rates in the United States cost our nation millions of dollars through higher health systems costs, lost productivity, and higher household expenditures. At the national level, improving breastfeeding practices through programs and policies has been shown to be one of the best investments a country can make, as every dollar invested is estimated to result in a US $35 economic return. Employers see significant cost savings when their workers are able to successfully breastfeed. Increased breastfeeding rates are also associated with reduced environmental impact and associated expenses.

The American people, especially our babies, are the nation's most valuable resource. Please support this crucial investment.
CO-SIGNERS

as of 5/15/2023

**International, National, & Tribal Organizations:**
A Better Balance
Academy of Lactation Policy and Practice, Inc.
Academy of Nutrition and Dietetics
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American Association of Birth Centers
American College of Obstetricians and Gynecologists
Association of Maternal & Child Health Programs
Association of State Public Health Nutritionists
Baby Café USA
Baby-Friendly USA, Inc.
Black Mothers Breastfeeding Association
Black Women Do VBAC
Black Women's Health Imperative
Breastfeeding Family Friendly Communities
Breastfeeding USA
Bright Future Lactation Resource Centre Ltd.
Center for Biological Diversity
Every Mother Counts
HealthConnect One
Heluna Health
Infant Feeding Action Coalition USA, Inc.
La Leche League Alliance for Breastfeeding Education
La Leche League International
La Leche League of Northern California, Hawaii, and Northern Nevada, Inc.
La Leche League of the United States of America, Inc.
La Leche League of United States West Area Network
Lactation Education Resources
Lamaze International
Mamava, Inc.
March for Moms
Medela LLC
MilkMate
Mom Congress
MomsRising
Mom2Mom Global
National Association of Pediatric Nurse Practitioners
National Hispanic Medical Association
National Institute for Children's Health Quality
National League for Nursing
National Nurse-Led Care Consortium
National Organization for Women
National Partnership for Women & Families
Pacify Health LLC
Prairie Band Potawatomi Nation Breastfeeding Coalition
SisterSong Women of Color Reproductive Justice Collective
U.S. Breastfeeding Committee
1,000 Days

**Regional, State, & Local Organizations:**

**Alabama**
Alabama Breastfeeding Committee

**Alaska**
Alaska Breastfeeding Coalition

**Arizona**
La Leche League of Tucson

**California**
Alameda County Breastfeeding Coalition
Amigos de Guadalupe Center for Justice and Empowerment
Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Lactation Collaborative of California
BreastfeedLA
California Breastfeeding Coalition
California League of United Latin American Citizens
LA Best Babies Network
La Leche League of Alameda
La Leche League of Fresno
La Leche League of Half Moon Bay
La Leche League of Oakland
Maternal and Child Health Access
Nursing Mothers Counsel, Inc.
San Diego County Breastfeeding Coalition
The Salvador E. Alvarez Institute for Non-Violence

Colorado
Cuenta Conmigo Lactancia
Colorado Children's Campaign
Denver Women, Infants and Children (WIC) Program
Pueblo Department of Public Health and Environment WIC office
Three Square Nutrition

Connecticut
Connecticut Breastfeeding Coalition

Delaware
Breastfeeding Coalition of Delaware

District of Columbia
District of Columbia Breastfeeding Coalition

Florida
Florida West Coast Breastfeeding Task Force
Indwelling Spirit Christian Childbirth Education and Lactation Support
Tampa Bay Breastfeeding Task Force

Georgia
Ask A Doula Newborn Services
Georgia Southern University

Hawaii
La Leche League International Maui

Illinois
La Leche League of Chicago
La Leche League of St. Louis Metro East
La Leche League of Wheaton & Glen Ellyn
Precious Jewels Moms Ministries
Sudden Infant Death Services of Illinois, Inc.

Indiana
Indiana Breastfeeding Coalition

Iowa
Iowa Breastfeeding Coalition

Kansas
Kansas Breastfeeding Coalition

Maine
Maine State Breastfeeding Coalition

Maryland
Howard County General Hospital
The Bloom Collective

Massachusetts
Healthy Children Project, Inc.
La Leche League of the Merrimack Valley
Together For Kids Coalition

Michigan
Berrien County LLL
Gratiot County Breastfeeding Coalition
Michigan Breastfeeding Network
Sacred Waters Collective
Southeast Michigan IBCLCs of Color

Minnesota
Minnesota Milk Bank for Babies

Missouri
Healthy Nourishments, LLC
La Leche League of Creve Coeur Missouri
La Leche League of Greater St. Louis
Marillac Indigent Care Fund
MidCity La Leche League Group
Missouri Breastfeeding Coalition
St. Louis Breastfeeding Coalition

Montana
La Leche League of Bozeman
Montana State Breastfeeding Coalition

Nebraska
The Nebraska Chapter of the American Academy of Pediatrics

New Hampshire
New Hampshire Breastfeeding Task Force

New Mexico
Le Leche League of Albuquerque

New Jersey
La Leche League of Hillsborough Bridgewater
La Leche League of Jersey City / Hoboken
La Leche League of Lawrenceville
La Leche League of Marlton
La Leche League of Ridgewood
La Leche League of Rockaway
La Leche League of Shark River Hills
La Leche League of the Garden State
New Jersey Breastfeeding Coalition

New York
La Leche League of Rochester South
Lehman College, CUNY
New York Statewide Breastfeeding Coalition
Stony Brook Medicine
Supporting Our Mothers Initiative LLC

North Carolina
Breastfeed Durham
Carolina Global Breastfeeding Institute
North Carolina Breastfeeding Coalition

Ohio
Ohio Breastfeeding Alliance

Oklahoma
Coalition of Oklahoma Breastfeeding Advocates

Oregon
La Leche League of Central Oregon
Micronesian Islander Community

Pennsylvania

Allegheny County Breastfeeding Coalition
La Leche League of Lancaster, PA
Reclaim Black Motherhood
The Center for Innovative Research on Gender Health Equity

Puerto Rico
Alimentación Segura Infantil

Tennessee
Milk & Honey Lactation, LLC

Texas
Tarrant County Breastfeeding Coalition

Utah
La Leche League of Utah

Vermont
Parent Child Center of Northwestern Counseling & Support Services
Vermont Donor Milk Center, Inc.

Virginia
Nurture RVA
Virginia Breastfeeding Coalition

Washington
Breastfeeding Coalition of Washington
La Leche League of Washington
Nutrition First
Inspired Beginnings Birth

West Virginia
West Virginia Breastfeeding Alliance

Wisconsin
Lac Courte Oreilles Community Health Center
Aurora Medical Center Grafton
St. Croix County Public Health
Wisconsin Association of Lactation Consultants