

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.<sup>i</sup> Chronic disease management results in trillions of dollars in annual healthcare costs.<sup>ii</sup> We are simultaneously facing a maternal health crisis. The United States has the highest maternal mortality rate of any wealthy nation in the world,<sup>iii</sup> and maternal and infant health outcomes lag behind our global counterparts.<sup>iv</sup> 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.<sup>v</sup> 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.<sup>vi</sup> 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.<sup>vii</sup> 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.<sup>viii</sup>
- While the vast majority of babies start out breastfeeding, barriers in healthcare, community, and employment settings continue to impede breastfeeding success.<sup>ix</sup> There are also persistent breastfeeding rate disparities by racial, geographic, and socioeconomic factors.<sup>x</sup> 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<sup>xi</sup> and a disproportionate burden of overweight, obesity, and chronic disease,<sup>xii</sup> 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.<sup>xiii</sup> 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.<sup>xiv</sup> Employers see significant cost savings when their workers are able to successfully breastfeed.<sup>xv</sup> Increased breastfeeding rates are also associated with reduced environmental impact and associated expenses.<sup>xvi</sup>

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 Colombia

District of Colombia 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

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<sup>i</sup> Chronic Diseases in America | CDC. Cdc.gov. <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>. Published 2021. Accessed April 9, 2021.

<sup>ii</sup> Chronic Disease in the United States: A Worsening Health and Economic Crisis - AAF. AAF. <https://www.americanactionforum.org/research/chronic-disease-in-the-united-states-a-worsening-health-and-economic-crisis/>. Published 2021. Accessed April 9, 2021.

<sup>iii</sup> FACT SHEET: Vice President Kamala Harris Announces Call to Action to Reduce Maternal Mortality and Morbidity | The White House. (2022). Retrieved 12 April 2022, from <https://www.whitehouse.gov/briefing-room/statements-releases/2021/12/07/fact-sheet-vice-president-kamala-harris-announces-call-to-action-to-reduce-maternal-mortality-and-morbidity/>

<sup>iv</sup> *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries*. (2020). Retrieved 13 April 2022, from <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>.

<sup>v</sup> Small, J. (2019, December 16). Baby-Friendly USA - there are now more than 600 baby-friendly designated facilities in the US! Retrieved March 13, 2023, from <https://www.babyfriendlyusa.org/news/there-are-now-more-than-600-baby-friendly-designated-facilities-in-the-us/>

<sup>vi</sup> Meek, J. Y., & Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 150(1). doi:10.1542/peds.2022-057988

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<sup>viii</sup> Making the decision to breastfeed | womenshealth.gov. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1>. Published 2020. Accessed December 20, 2022.

<sup>x</sup> *Breastfeeding Report Card, 2020*. Centers for Disease Control and Prevention; 2020. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. Accessed March 24, 2021.

<sup>xi</sup> Kris-Etherton P, Petersen K, Velarde G et al. Barriers, Opportunities, and Challenges in Addressing Disparities in Diet-Related Cardiovascular Disease in the United States. *J Am Heart Assoc*. 2020;9(7). doi:10.1161/jaha.119.014433

<sup>xii</sup> Quiñones A, Botosaneanu A, Markwardt S et al. Racial/ethnic differences in multimorbidity development and chronic disease accumulation for middle-aged adults. *PLoS One*. 2019;14(6):e0218462. doi:10.1371/journal.pone.0218462

<sup>xiii</sup> Cost of Not Breastfeeding: USA. (n.d.). Retrieved March 13, 2023, from <https://www.aliveandthrive.org/en/country-stat/usa>

<sup>xiv</sup> Walters, D., Dayton Eberwein, J., Sullivan, L., D'Alimonte, M., & Shekara, M. (2017). *An Investment Framework for Meeting the Global Nutrition Target for Breastfeeding* (Rep.). World Bank Group.

<sup>xv</sup> *Business Case for Breastfeeding* (Publication). (2008). U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau.

<sup>xvi</sup> Oot, L., Mason, F., & Lapping, K. (2021). *The First-Food System: The Importance of Breastfeeding in Global Food Systems Discussions* (Rep.). Washington, DC: Alive & Thrive.