

The Honorable Richard Shelby
Chairman
Senate Appropriations Committee

The Honorable Nita Lowey
Chairwoman
House Appropriations Committee

The Honorable Patrick Leahy
Vice Chairman
Senate Appropriations Committee

The Honorable Kay Granger
Ranking Member
House Appropriations Committee

The Honorable Roy Blunt
Chairman
Senate Appropriations Subcommittee on
Labor, HHS, Education and Related Agencies

The Honorable Rosa DeLauro
Chairwoman
House Appropriations Subcommittee on
Labor, HHS, Education and Related Agencies

The Honorable Patty Murray
Ranking Member
Senate Appropriations Subcommittee on
Labor, HHS, Education and Related Agencies

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee on
Labor, HHS, Education and Related Agencies

April 1, 2019

Dear Senators Shelby, Leahy, Blunt, and Murray; and Representatives Lowey, Granger, DeLauro, and Cole,

Preventive health care measures are a proven and effective strategy for improving health outcomes while also reducing health care costs. Breastfeeding is routinely identified as one of the most effective means for preventing disease.

Breastfeeding provides a range of economic and environmental benefits for society. A 2016 study of both maternal and pediatric health outcomes and associated costs based on 2014 breastfeeding rates showed that, if 90% of infants were breastfed according to medical recommendations, 2,600 maternal and child deaths, \$2.4 billion in medical costs, and \$10.8 billion in costs of premature death would be prevented, annually.ⁱ

Given the increasing importance of prevention and the ambitious national health goals currently being defined through the Healthy People 2030 initiative, we, the undersigned organizations, urge Congress to support those goals by directing \$13 million to Centers for Disease Control & Prevention (CDC) Hospital & Continuity of Care Breastfeeding Support in Fiscal Year 2020.

This investment continues and builds upon multi-year, multi-pronged initiatives to: provide technical assistance through collaborative partnerships between organizations assisting hospitals in implementing evidence-based practice improvements; combine health care provider education with policy, systems and environmental (PSE) approaches to strengthen continuity of care; and align activities with the aim of increasing breastfeeding initiation and duration rates and eliminating/decreasing inequities in breastfeeding support. This investment bolsters

progress to date, and reinforces multi-sector collaboration to build a public health infrastructure, as described in *The Surgeon General's Call to Action to Support Breastfeeding*.

Evidence and Benefits of Breastfeeding

We join the U.S. Department of Health and Human Services and leading medical organizations in recommending that infants be exclusively breastfed for six months and continue to breastfeed for the first year of life and as long afterwards as mutually desired by mother and infant. Our nation's breastfeeding rates continue to fall far short of medical recommendations. While 83.2 percent of babies born in the United States start out breastfeeding, six in ten breastfeeding mothers stop earlier than they intend. By six months of age, only 24.9 percent of U.S. infants are exclusively breastfed.ⁱⁱ

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness.ⁱⁱⁱ The evidence for the value of breastfeeding to children's and women's health is scientific, solid, and continually being reaffirmed by new research. Compared with formula-fed infants, those who are breastfed have a reduced risk of ear, skin, stomach, and respiratory infections; diarrhea; sudden infant death syndrome; and necrotizing enterocolitis. In the longer term, breastfed children have a reduced risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia. Women who breastfed their children have a reduced long-term risk of diabetes, cardiovascular disease, and breast and ovarian cancers. A new study links evidence-based hospital and continuity of care policies and practices to reducing stark racial disparities in breastfeeding, and improving overall breastfeeding rates.^{iv}

Federal Funding in Breastfeeding Yields Results

Federal funding for breastfeeding initiatives has been shown to provide a substantial and immediate return on investment. Since funding was first directed to support breastfeeding programs in FY2012, breastfeeding initiation has increased from 76.9 percent of infants born in 2012 to 83.2 percent of infants born in 2015, with exclusive breastfeeding at 6 months increasing from 16.3 percent to 24.9 percent.ⁱⁱ The CDC collects data on maternity care practices and policies related to infant feeding through the Maternity Practices in Infant Nutrition and Care (mPINC) Survey. The impact of this investment already has been substantial: the percentage of U.S. hospitals implementing a majority of the recommended steps has increased from about 29 percent in 2007 to 62 percent in 2015.^v

We urge that at least \$13 million be directed in FY2020 for the CDC Hospital & Continuity of Care Breastfeeding Support, to facilitate ongoing, critical efforts to build a strong public health infrastructure of breastfeeding support.

Given the consistent and well-documented health, economic, and environmental benefits of breastfeeding, this is an investment that will continue to produce measurable dividends across the country and many times over for families, employers, and the government.

Thank you for your consideration of this request. For further information or if you have any questions, please contact Amelia Psmythe, Interim Executive Director at the United States Breastfeeding Committee, at 773.359.1549 x23 or apsmythe@usbreastfeeding.org.

SIGNATORY ORGANIZATIONS

International, National, and Tribal Organizations:

1,000 Days
A Better Balance
Academy of Breastfeeding Medicine
Academy of Nutrition and Dietetics
American Academy of Pediatrics
American Association of Birth Centers
American Public Health Association
Association of Maternal & Child Health Programs
Association of State Public Health Nutritionists
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Attachment Parenting International
Baby Café USA
Baby-Friendly USA, Inc.
Breastfeeding USA
ChangeLab Solutions
Childbirth and Postpartum Professionals Association
Every Mother, Inc.
Healthy Children Project, Inc.
HealthConnect One
Human Milk Banking Association of North America
ImprovingBirth
Institute for the Advancement of Breastfeeding and Lactation Education
International Board of Lactation Consultant Examiners® (IBLCE®)
International Childbirth Education Association (ICEA)
La Leche League Alliance for Breastfeeding Education
La Leche League USA
Lamaze International
Milk of the Heart Inc.
National Association of Pediatric Nurse Practitioners

National Association of Professional and Peer Lactation Supporters of Color
National WIC Association
Nursing Mothers Counsel, Inc.
RESULTS
United State Breastfeeding Committee

Regional, State, and Local Organizations:

The Alabama Breastfeeding Committee
Alaska Breastfeeding Coalition
Alimentación Segura Infantil
Baby And Me Lactation Services
Breastfeeding Coalition of Delaware
Breastfeeding Coalition of Washington
BreastfeedLA
California Breastfeeding Coalition
Centro Pediatrico de Lactancia y Crianzas
Coalition of Oklahoma Breastfeeding Advocates
Colorado Breastfeeding Coalition
Denver WIC
District of Columbia Breastfeeding Coalition
Durham's Baby Cafe
Florida West Coast Breastfeeding Taskforce
Gender Justice
Indiana Breastfeeding Coalition
Kansas Action for Children
Kansas Breastfeeding Coalition
Kentuckiana Lactation Improvement Coalition
The Lactation Connection
Lactation Consultants of Metro Saint Louis
Lactation Improvement Network of Kentucky
Louisiana Breastfeeding Coalition
Maryland Breastfeeding Coalition
Michigan Breastfeeding Network
Minnesota Breastfeeding Coalition
MilkWorks, Lincoln & Omaha, Nebraska
Missouri Breastfeeding Coalition
Natural Choice Birth & Breastfeeding LLC

New Hampshire Breastfeeding Task Force
New Jersey Breastfeeding Coalition, Inc.
New Mexico Breastfeeding Task Force
New York Statewide Breastfeeding Coalition
North Carolina Breastfeeding Coalition
Northern Nevada Breastfeeding Coalition
Nursing Mothers Counsel, Inc.
Nurture Lactation Support
NYC Breastfeeding Leadership Council, Inc.
PathWays PA
Precious Jewels Moms Ministries

Pretty Mama Breastfeeding LLC
Saline County (MO) Breastfeeding Coalition
Southern Nevada Breastfeeding Coalition
Texas Pediatric Society
Tri-County Breastfeeding Coalition
Vermont Breastfeeding Network
Vermont Lactation Consultant Association, Inc.
West Virginia Breastfeeding Alliance
Wisconsin Breastfeeding Coalition

ⁱ Bartick MC, Schwarz EB, Green BD, et al. Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Maternal & Child Nutrition*. 2016;13(1). doi:10.1111/mcn.12366.

ⁱⁱ Breastfeeding Report Card | Breastfeeding | CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. Accessed March 15, 2019

ⁱⁱⁱ Making the decision to breastfeed. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed>. Updated March 14, 2019. Accessed March 15, 2019.

^{iv} Merewood A, Bugg K, Burnham L, et al. Addressing Racial Inequities in Breastfeeding in the Southern United States. *Pediatrics*. 2019;143(2). doi:10.1542/peds.2018-1897.

^v Maternity Practices in Infant Nutrition and Care (mPINC) Survey | Breastfeeding | CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/data/mpinc/index.htm>. Accessed March 15, 2019.