

March 18, 2021

Dear Civil Rights and Human Services Subcommittee and Workforce Protections Subcommittee:

We, the undersigned organizations, urge you to support the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act. The PUMP for Nursing Mothers Act would protect breastfeeding employees across the nation by strengthening the existing Break Time for Nursing Mothers law and has bipartisan support.

The Break Time for Nursing Mothers law (Break Time law), passed in 2010, provided critical protections to ensure that employees would have reasonable break time and a private place to pump breast milk.

Unfortunately, the placement of the law within the part of the Fair Labor Standards Act (FLSA) that sets minimum wages and overtime resulted in 9 million women — nearly one in four women of childbearing age — being unintentionally excluded from coverage and as such they have no clear right to break time and space to pump breast milk. Those left unprotected include teachers, software engineers, and many nurses, among others.

Without these protections, breastfeeding employees face serious health consequences, including risk of painful illness and infection, diminished milk supply, or inability to continue breastfeeding. According to a report from the University of California's Center for WorkLife Law,ⁱ the consequences of this coverage gap also include harassment at work, reduced wages, and job loss.

Breastfeeding mothers who return to work should not have to struggle to find time and space to express milk, risking their supply and thereby their ultimate breastfeeding success. The PUMP for Nursing Mothers Act would strengthen the 2010 Break Time law by closing the coverage gap, providing employers clarity on when pumping time must be paid and when it may be unpaid, and providing remedies for nursing mothers.

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness, and adapting over time to meet the changing needs of the growing child. The evidence for the value of breastfeeding to children's and women's health is scientific, solid, and continually being reaffirmed by new research. Breastfeeding is proven to prevent a wide range of illnesses and conditions. Compared with formula-fed children, those who are breastfed have a reduced risk of ear, skin, stomach, and respiratory infections; diarrhea; sudden infant death syndrome; and necrotizing enterocolitis.ⁱⁱ 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.ⁱⁱⁱ

More than half of mothers return to the paid labor force before their children are three months old, with as many as one in four returning within just two weeks of giving birth. Many of these mothers choose to continue breastfeeding well after their return to work to meet standard health guidelines—and those employees need to express (or pump) breast milk on a regular schedule.

Businesses of all sizes and in every industry have found simple, cost-effective ways to meet the needs of their breastfeeding employees as well as their business. The HHS Office on Women's Health hosts the *Supporting Nursing Moms at Work: Employer Solutions* resource,^{iv} which provides a critical link between the need for workplace support for breastfeeding families and the need for implementation guidance for their employers.

The online resource provides a user-friendly tool that employers can easily navigate to identify and implement industry-specific solutions to providing time and space accommodations.

According to the HHS *Business Case for Breastfeeding*, employers that provide lactation support see an impressive return on investment (almost 3:1), including lower health care costs, absenteeism, and turnover, and improved morale, job satisfaction, and productivity.^v It is easier to provide temporary, scheduled breaks for milk expression than to cover the missed work shifts of an employee who is absent because either they or their baby is sick.

While 84% of babies are breastfed at birth, only 25% of U.S. infants are still exclusively breastfed at six months of age.^{vi} Obstacles, especially workplace barriers, can make it difficult to fit breastfeeding into many parents' lives. But research clearly shows that employed mothers with access to workplace support are less likely to stop breastfeeding early.

The Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act is a common-sense and important step toward eliminating the barriers to breastfeeding and ensuring all families have the opportunity to reach their personal breastfeeding goals.

Sincerely,

CO-SIGNERS

International, National, & Tribal Organizations:

1,000 Days	Dancing For Birth, LLC
2020 Mom	Every Mother, Inc.
A Better Balance	HealthConnect One
Academy of Breastfeeding Medicine	Healthy Children Project, Inc.
Academy of Nutrition and Dietetics	International Board of Lactation Consultant Examiners
Alimentacion Segura Infantil	International Childbirth Education Association
American Academy of Family Physicians	Lactation Training Lab
American Academy of Nursing	La Leche League Alliance
American Association of University Women	La Leche League USA
American Civil Liberties Union	Mom2Mom Global
American Public Health Association	Mom Congress
Association of Maternal & Child Health Programs	MomsRising
Association of State Public Health Nutritionists	National Association of Pediatric Nurse Practitioners
Baby Cafe USA	National Women's Law Center
Baby-Friendly USA, Inc.	Native Breastfeeding Council
Birthing Miracles Pregnancy Services LLC	pumpspotting
Black Breastfeeding Caucus	Precious Jewels Moms Ministries
Breastfeeding Family Friendly Communities	Reaching Our Sisters Everywhere, Inc
Breastfeeding USA	The Institute for the Advancement of Breastfeeding and Lactation Education
Bright Future Lactation Resource Centre Ltd.	U.S. Breastfeeding Committee
Center for Health Equity, Education, and Research	
Center for WorkLife Law	

Regional, State, & Local Organizations:

Alabama Breastfeeding Committee	Metropolitan Hospital
Alaska Breastfeeding Coalition	Michigan Breastfeeding Network
API Breastfeeding Task Force	Mothers' Milk Bank Northeast
Baby And Me LC	Mother's Own Milk Matters
Baby Cafe Bakersfield	New Hampshire Breastfeeding Task Force
Breastfeeding Coalition of Palm Beach County	New Jersey Breastfeeding Coalition
Breastfeeding Coalition of Washington	New Mexico Breastfeeding Task Force
Breastfeeding Hawaii	New York Statewide Breastfeeding Coalition
Breastfeeding Task Force of Greater Los Angeles	Nursing Mothers Counsel, Inc.
Bronx Breastfeeding Coalition	Nurture.
California Breastfeeding Coalition	Nutrition First
Centro Pediatrico de Lactancia y Crianza	NYC Breastfeeding Leadership Council, Inc.
Coalition of Oklahoma Breastfeeding Advocates	Ohio Breastfeeding Alliance
Constellation Consulting, LLC	Solutions for Breastfeeding
Courthouse Lactation Space Task Force of the Florida Association for Women Lawyers	Southeast Michigan IBCLC's of Color
Geelo Wellness	West Virginia Breastfeeding Alliance
Indiana Breastfeeding Coalition	WIC Nutrition, Sonoma County Indian Health Project, Inc.
Justice for Migrant Women	Wisconsin Breastfeeding Coalition
Kansas Breastfeeding Coalition	Women Employed
Lactation Improvement Coalition of Kentucky	Women's Law Project
Maryland Breastfeeding Coalition	Virginia Breastfeeding Advisory Committee

ⁱ EXPOSED: Discrimination Against Breastfeeding Workers. Center for WorkLife Law; 2019. <https://www.pregnantatwork.org/breastfeeding-report-fullpage/>. Accessed March 12, 2021.

ⁱⁱ Systematic Review of Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries | Effective Health Care Program. Effectivehealthcare.ahrq.gov. <https://effectivehealthcare.ahrq.gov/products/breastfeeding/research-protocol>. Published 2020. Accessed January 22, 2020.

ⁱⁱⁱ Making the decision to breastfeed | womenshealth.gov. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1>. Published 2020. Accessed January 22, 2020.

^{iv} Supporting Nursing Moms at Work. womenshealth.gov. <https://www.womenshealth.gov/supporting-nursing-moms-work>. Published 2016. Accessed March 12, 2021.

^v Business Case for Breastfeeding | Womenshealth.gov. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>. Accessed January 22, 2020.

^{vi} Results: Breastfeeding Rates | Breastfeeding | CDC. Cdc.gov.
https://www.cdc.gov/breastfeeding/data/nis_data/results.html. Published 2019. Accessed January 22, 2020.