

April 19, 2021

Dear Members of Congress,

We, the 199 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) 2022 Labor, Health and Human Services, and Related Agencies appropriations bill.

The CDC, our nation's leading health protection agency, has been at the forefront of the pandemic response, providing vital updates and guidance to health professionals and the public. As we continue to grapple with COVID-19 and its variants, recovery efforts must adapt to a population experiencing substantially higher stress levels, inactivity, and an ever-expanding obesity epidemic. Research shows that there have been significant increases in childhood overweight,ⁱ and the majority of adults report undesired weight changes over the last year.ⁱⁱ While the coronavirus death toll continues to rise, chronic disease remains the leading cause of death and disability in the U.S.ⁱⁱⁱ Chronic disease management results in trillions of dollars in annual health care costs, and more than 1.7 million people die each year.^{iv} The behavioral drivers of chronic disease—poor nutrition, inactive lifestyle, excessive drinking, and tobacco use—increased during the pandemic,^v suggesting that COVID-19 will exacerbate negative health status trends for years to come.

Ongoing response and recovery efforts will require a comprehensive approach to addressing the dual health crises of COVID-19 and chronic disease. Within CDC, the Division of Nutrition Physical Activity and Obesity (DNPAO) works to prevent chronic disease by promoting good nutrition across the lifespan, regular physical activity, and a healthy weight. **Good nutrition and healthy weight begin with breastfeeding.** DNPAO's effort to support states, hospitals, and communities in advancing breastfeeding continuity of care and in increasing access to breastfeeding-friendly environments are high-value, low-cost public health interventions.

The evidence for the value of human milk to overall health for infants, children, and mothers is scientific, robust, and continually reaffirmed by new research.^{vi} The American Academy of Pediatrics recommends infants be exclusively breastfed for about six months with continued breastfeeding while introducing complementary foods for at least one year.^{vii} Breastfed infants are at lower risk of certain infections and sudden unexplained infant death.^{viii} Children who were breastfed have decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia.^{ix} Women who breastfed reduce their risk of specific chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.^x

Everyone wants to do what is best for their baby, and most pregnant people and new mothers want to breastfeed. As a nation, we met virtually all the Healthy People 2020 goals related to breastfeeding initiation, duration, and exclusivity.^{xi} We also experienced significant increases in the proportion of employers with worksite lactation support programs and in the proportion of infants born in facilities that have institutionalized maternity care practices that support breastfeeding. We are proud of these wins, yet barriers in healthcare, community, and employment settings continue to impede breastfeeding success.^{xii} There are also persistent breastfeeding rate disparities by racial, geographic, and socioeconomic factors.^{xiii}

The pandemic exacerbated matters. COVID-19 revealed fissures in our national capacity to coordinate infant and young child feeding in emergencies, destabilized already fragile maternity care practices that critically underpin breastfeeding initiation, and deepened known disparities.^{xiv} The pandemic and the myriad natural disasters that plagued the country in 2020 demonstrated that our states lack the infrastructure to coordinate lactation support services and the provision of breastfeeding equipment during emergencies. High rates of commercial formula supplementation within the first two days of delivery was a pre-pandemic issue that worsened as birthing facilities instituted infection control policies. Limitations on the number and type of birth supporters; mother-infant dyad separations, even in the absence of suspected COVID-19 infection; and rapid

discharge procedures, often with poor access to skilled in-person or virtual lactation support, were all harmful to the initiation and establishment of breastfeeding.^{xv} Dyad separations unreasonably impacted Black, Indigenous, Latinx, and immigrant communities as evidence suggest an uneven application of the policies based on race and insurance status, with communities of color and those with public insurance being unfairly targeted.^{xvi} Shortages in personal protective equipment and social distancing requirements compromised in-person lactation support services in community settings for everyone. However, people in rural communities and those in economically marginalized urban communities with limited broadband access also lacked access to telehealth lactation support services.^{xvii}

COVID-related maternity care practice shifts unduly compromised the establishment of breastfeeding in Black, Indigenous, and people of color communities, 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^{xviii} and a disproportionate burden of overweight, obesity, and chronic disease.^{xix} Given the importance of human milk feeding in establishing good nutrition, healthy weight, and in reducing the risk of chronic disease, 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 FY2022, an increase of \$10.5M from FY2021.**

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 and positively impact the health of communities. 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 breastfeeding people, 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 was invaluable to the public health community, including breastfeeding coalitions and direct service providers during the height of the pandemic, as they advised families who wanted to discontinue or not start breastfeeding based on unfounded fears of spreading COVID-19 to their infants;
- (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) Fund state and community 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) Partner with other federal agencies to develop national and state-level infrastructure to integrate infant feeding and lactation support services into emergency response systems and hunger-relief programs during acute disasters and prolonged public health crises.

We recognize these are extraordinary times, which is why an increase in the CDC Hospitals Promoting Breastfeeding line item is imperative. The American people, especially our babies, are the nation's most valuable resource. We must invest in their health, vitality, and resilience through systemic interventions that beat back the rising tide of obesity and associated chronic disease. One of DNPAO's ultimate goals is to improve the public's health by promoting and supporting optimal breastfeeding practices and increasing breastfeeding rates throughout the U.S.

CO-SIGNERS

International, National, & Tribal Organizations:

1,000 Days
A Better Balance
Academy of Breastfeeding Medicine
Academy of Lactation Policy and Practice
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American Breastfeeding Institute
American College of Obstetricians and
Gynecologists
American College of Osteopathic Pediatricians
American Medical Association
Association of Maternal & Child Health Programs
Association of State Public Health Nutritionists
Association of State and Territorial Health Officials
Attachment Parenting International
Baby Cafe USA
Baby-Friendly USA, Inc.
Birth and Breastfeeding In Color Inc
Black Mamas Matter Alliance
Black Mothers Breastfeeding Association
Breastfeeding Family Friendly Communities
Breastfeeding USA
Center for Health Equity, Education, and Research,
Boston
Childbirth and Postpartum Professional Association
Chocolate Milk Cafe National Inc.
Commonsense Childbirth Inc./National Perinatal
Task Force
Common Threads
Feeding America
Flourishing Families Inc.
HealthConnect One
Healthy Children Project, Inc.
Health Education Associates
Healthy Horizons Breastfeeding Centers, Inc.
Healthy Nourishment, LLC
Human Milk Banking Association of North America
Institute for the Advancement of Breastfeeding and
Lactation education
International Board of Lactation Consultant
Examiners

International Childbirth Education Association
International Lactation Consultant Association
Lactation Concierge Services LLC
Lactation Education Approval and Accreditation
Review Committee
Lactation Education Resources
Lake Norman Breastfeeding Solutions
La Leche League Alliance
La Leche League of the United States of America,
Inc.
LiquidGoldConcept, Inc.
Mamava
Mayo Clinic
Mom2Mom Global
MomsRising
More Than Reflexes Education
MotherJourney
National Association of County and City Health
Officials
National Birth Equity Collaborative
National Healthy Start Association
National Lactation Consultant Alliance
National WIC Association
Oya Birth and Wellness
PATH
Piece of My Heart Productions
Precious Jewels Moms Ministries
Reaching Our Sisters Everywhere, Inc
SimpliFed
The Institute for the Advancement of Breastfeeding
and Lactation Education
The Milky Mermaid LLC
United States Lactation Consultant Association
U.S. Breastfeeding Committee

Regional, State, & Local Organizations:

2 for baby
African American Breastfeeding Coalition of Oregon
Alabama Breastfeeding Committee
Alaska Breastfeeding Coalition
Albany County Public Health
Alimentacion Segura Infantil
Aloha Spirits

Ancient Song Doula Services
 Appalachian Breastfeeding Network
 Arizona Breastfeeding Coalition
 Baby And Me LC
 Baby Cafe Bakersfield
 Baobab Birth Collective
 Baylor College of Medicine
 Black Breastfeeding Coalition of Topeka
 Bourbon County Health Department WIC program
 Branches Lactation and Infant Feeding
 Breastfeed Durham
 Breastfeeding Boosters of Cottonwood, Jackson, and
 Nobles Counties
 Breastfeeding Coalition of Delaware
 Breastfeeding Coalition of Palm Beach County
 Breastfeeding Coalition of Solano County
 Breastfeeding Coalition of Washington
 Breastfeeding Hawaii
 Breastfeeding Latinas
 BreastfeedLA
 Breastfeed Orange NC
 Bronx Breastfeeding Coalition
 Brooke Knows Breast, LLC
 California Breastfeeding Coalition
 California WIC Association
 Centro Pediatrico de Lactancia y Crianza
 Chicago Region Breastfeeding Taskforce
 CHI Health Centers
 Coalition of Oklahoma Breastfeeding Advocates,
 Inc.
 Colorado Breastfeeding Coalition
 Colorado Lactation Consultant Association
 Community Alliance for Research and Engagement
 Connecticut Breastfeeding Coalition
 Coordinated Youth and Human Services
 Cuenta Conmigo Lactancia
 Denver WIC
 DePaul Community Health Centers
 District of Columbia Breastfeeding Coalition
 DPHSS NCD Consortium Breastfeeding Action
 Team
 East Central Illinois Breastfeeding Task Force
 East Side Health District
 Edwardsville Region Breastfeeding Task Force
 Every Mother, Inc.
 Fertile Ground Midwifery, LLC
 Florida Breastfeeding Coalition
 Florida Department of Health
 Florida Lactation Consultant Association
 Florida West Coast Breastfeeding Task Force
 Fullbirth, CEA/MNY
 Geelo Wellness
 Harambee Village Doulas
 Healthy Community Action Team
 Healthy Start of North Central Florida Coalition
 Indiana Breastfeeding Coalition
 Kansas Breastfeeding Coalition
 Kelsey-Seybold Clinic
 Lactation Associates of Montana
 Lactation Lighthouse
 Lake Norman Breastfeeding Solutions
 Lioness Lactation LLC
 Louisiana Breastfeeding Coalition
 LoLo Lactation LLC
 Love and Nourish Lactation Services
 Lovelace Women's Hospital
 Maine State Breastfeeding Coalition
 Marion County Health Department
 Maryland Breastfeeding Coalition
 Massachusetts Breastfeeding Coalition
 Maternity Care Coalition
 Metro Detroit/ Wayne County Breastfeeding
 Coalition
 Metro Nashville Public Health Department
 Michigan Breastfeeding Network
 Minnesota Breastfeeding Coalition
 Mothers' Milk Bank Northeast
 Mother's Own Milk Matters
 Nebraska Breastfeeding Coalition
 New Hampshire Breastfeeding Task Force
 New Jersey Breastfeeding Coalition
 New Mexico Breastfeeding Task Force
 New York City Health + Hospitals/Jacobi
 New York Statewide Breastfeeding Coalition
 North Dakota Breastfeeding Coalition
 Northern Nevada Breastfeeding Coalition
 Northwell Health
 Nourished Beginnings
 Nourishing New Families
 Nurture.

NYC Breastfeeding Leadership Council, Inc.
Ohio Breastfeeding Alliance
Oya Birth and Wellness
Parkland Health & Hospital System
Pennsylvania Breastfeeding Coalition
Perinatal Health Equity Foundation
Pretty Mama Breastfeeding LLC
Project Milk Mission
Purdue University School of Nursing
Raise Colorado Coalition
Sacramento Breastfeeding Coalition
Saginaw County Health Department
Saline County (MO) Breastfeeding Coalition
Shades of Blue Project
SimpliFed
Solutions for Breastfeeding
Somerville/Cambridge WIC program
South Bay Baby Care Nursing Services, Inc.
Southeast Michigan IBCLC's of Color
Southern Nevada Breastfeeding Coalition
South Lake Lactation and Childbirth Services, Inc.

Southwest Colorado Breastfeeding Coalition
Speaking of Birth
St Charles Hospital
Tampa Bay Breastfeeding Task Force
Texoma Medical Center
The Bronx Health Link
Trust for America's Health
University Hospitals
Virginia Breastfeeding Advisory Committee
Virginia Breastfeeding Coalition
WellSpan York Hospital
Wildflower Services & Consulting, LLC
Wisconsin Association of Lactation Consultants
Wisconsin Breastfeeding Coalition
Women, Infants and Children, Central Virginia
Department of Health
Women, Infants, Children Program, Minot Air Force
Base, North Dakota
Women-Inspired Systems' Enrichment
Wonderlove Lactation Services

ⁱ Jenssen B, Kelly M, Powell M, Bouchelle Z, Mayne S, Fiks A. COVID-19 and Changes in Child Obesity. *Pediatrics*. 2021:e2021050123. doi:10.1542/peds.2021-050123

ⁱⁱ Slightly More Than 6 in 10 U.S. Adults (61%) Report Undesired Weight Change Since Start of Pandemic. *Apa.org*. <https://www.apa.org/news/press/releases/2021/03/march-weight-change>. Published 2021. Accessed April 9, 2021.

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

^{iv} 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.

^v One year on: Unhealthy weight gains, increased drinking reported by Americans coping with pandemic stress. *Apa.org*. <https://www.apa.org/news/press/releases/2021/03/one-year-pandemic-stress>. Published 2021. Accessed April 9, 2021.

^{vi} Benefits of Breastfeeding. *AAP.org*. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/Benefits-of-Breastfeeding.aspx>. Published 2020. Accessed January 22, 2020.

^{viii} Making the decision to breastfeed | *womenshealth.gov*. [womenshealth.gov](https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1). <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1>. Published 2020. Accessed January 22, 2020.

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

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

^{xv} *Implementation Of Hospital Practices Supportive Of Breastfeeding In The Context Of COVID-19 — United States, July 15–August 20, 2020*. Centers for Disease Control and Prevention; 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6947a3.htm>. Accessed March 24, 2021.

^{xvi} Seals Allers K, Green K. Covid-19 Restrictions on Birth & Breastfeeding: Disproportionately Harming Black and Native Women. *Women's eNews*. <https://womensenews.org/2020/03/covid-19-restrictions-on-birth-breastfeeding-disproportionately-harming-black-and-native-women/>. Published 2020. Accessed April 23, 2020.

^{xvii} *Voices From The Field: COVID- 19 & Infant Feeding*. U.S. Breastfeeding Committee; 2020. <http://www.usbreastfeeding.org/d/do/3600>. Accessed April 13, 2021.

^{xviii} 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

^{xix} 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