

# HELP FAMILIES GET OFF TO A STRONG START

## Support CDC Funding for Breastfeeding Support Programs

### The Problem:

Low rates of breastfeeding add more than \$3 billion a year to medical costs for women and children in the United States. Although more than 80% of mothers start out breastfeeding, about 60% stop sooner than they planned. Policies, systems, and environmental factors that surround families have a significant impact on the breastfeeding experience. Families of color and low-income families experience additional structural barriers, including limited access to birthing facilities that implement evidence-based breastfeeding practices and access to lactation support. **Prenatal and postpartum care influence whether and how long babies are breastfed.** Routine hospital practices can disrupt early feeding and undermine breastfeeding. Despite the importance of breastfeeding for population health, many health care providers receive limited training in lactation management. In addition, a lack of support in community and employment settings can stand in the way of continued breastfeeding.

### The Solutions:

Appropriations for breastfeeding help build and strengthen critical programs and initiatives helping to ensure that parents who want to breastfeed get the support they need before birth, while in the hospital, and once they return home. Over 1 million babies—more than 26% of all births in 2018—were born in hospitals that had optimal policies and practices that support mothers who want to breastfeed. This represents an increase from less than 2% of births in 2007. CDC funding is provided through the Fiscal Year 2020 Labor, Health and Human Services, Education, and Related Agencies bill (H.R. 2740).

### Current Status and Opportunities for Action:

The Centers for Disease Control and Prevention (CDC), Division of Nutrition Physical Activity and Obesity (DNPAO) helps hospitals improve maternity care practices that support breastfeeding and promotes breastfeeding support for mothers, parents, and babies in worksites, child care settings, and communities.

- **Support increased funding to \$114 M for CDC/DNPAO**
  - DNPAO measures progress by conducting the national Maternity Practices in Infant Nutrition and Care (mPINC) survey, and Breastfeeding Report Card, which tracks national progress by compiling data on breastfeeding practices and supports in all states, the District of Columbia, Puerto Rico, Guam, and the US Virgin Islands. An increase of \$10 M for DNPAO from FY19 levels allow more states to participate in CDC's vital State Physical Activity and Nutrition (SPAN) Program.
- **Enhance funding to \$10M for the CDC/Hospital Breastfeeding Support program**
  - This program improves maternity care practices with an emphasis on provider education and community linkages for continuity of support across systems. H.R. 2740 includes \$10M for Hospital Breastfeeding Support, an increase of \$2M.
- **Support increased funding of \$71.95M to CDC/REACH**
  - The REACH (Racial and Ethnic Approaches to Community Health) program works to reduce racial and ethnic health disparities through local, culturally appropriate programs, including breastfeeding support programs. H.R. 2740 includes \$71.95M for REACH, an increase of \$16M.

### Demonstrated Effectiveness & Support:

Starting in Fiscal Year 2012 (FY12) and continuing every year since, funding has been allocated to the **Centers for Disease Control & Prevention (CDC) especially to fund initiatives to support hospitals in promoting breastfeeding** (FY14-FY19 = \$8M/year). **From 2012 to 2015, there has been a 4% increase in breastfeeding initiation rates and 13.7% increase in exclusive breastfeeding rates at 6 months.**

**Please maintain and expand federal funding for breastfeeding support programs in Labor-HHS Appropriations Bills.**

**U.S. Breastfeeding Committee • [www.USBreastfeeding.org](http://www.USBreastfeeding.org)**