



The Honorable Jaime Herrera Beutler  
United States House of Representatives  
1130 Longworth House Office Building  
Washington, DC 20515

The Honorable Kelly Ayotte  
United State Senate  
144 Russell Senate Office Building  
Washington, DC 20510

November 14, 2016

Dear Congresswoman Herrera Beutler & Senator Ayotte:

We, the undersigned organizations, thank you for introducing the Bottles and Breastfeeding Equipment Screening (BABES) Act. By leading Congress to protect and support breastfeeding, you demonstrate a commitment to our nation's families.

The BABES Act would require the Transportation Security Administration (TSA) to provide ongoing training to ensure its officers consistently enforce TSA Special Procedures related to breast milk, formula, and infant feeding equipment across all airport security checkpoints. Although travelers are [explicitly permitted to bring "formula, breast milk and juice for infants or toddlers"](#) that exceed the TSA's 3-1-1 Liquids Rule for carry-on baggage, many report experiencing inconsistent implementation of these procedures during airport security screening. These issues have sometimes gone so far as to force travelers to dump expressed breast milk, leave behind ice packs or coolers needed for proper milk storage, or miss their flights.

Human milk is the preferred and most appropriate source of infant nutrition, adapting over time to meet the changing needs of the growing child. The United States Breastfeeding Committee joins the U.S. Department of Health and Human Services and all major medical authorities in recommending that infants get no food or drink other than human milk for their first six months and continue to breastfeed for at least the first 1-2 years of life.

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 children, 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.

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Breastfeeding mothers who choose or need to travel should not have to sacrifice these positive health outcomes simply because TSA employees are inadequately trained.

Breastfeeding also provides a range of economic and environmental benefits for society. A 2016 study of both maternal and pediatric health outcomes shows that optimal breastfeeding could prevent 3,340 deaths, \$3 billion in medical costs, and \$14.2 billion in costs of premature death, annually!

For all of these reasons, *The Surgeon General's Call to Action to Support Breastfeeding*; the Institute of Medicine report, *Accelerating Progress in Obesity Prevention*; and the National Prevention Strategy each call for promotion of breastfeeding-friendly environments.

Most families today choose to breastfeed, but a range of obstacles can make it difficult to fit breastfeeding into parents' lives. No matter what they're doing or where they are, breastfeeding mothers need to express milk every few hours. Expressed milk must be stored properly to ensure it can be safely fed to the infant or child at a later date. Similarly, formula fed babies must have access to nutrition throughout the traveling experience. It's clear that TSA training efforts have not been sufficient to ensure that the existing Special Procedures are implemented for all air passengers traveling with breast milk, formula, and/or infant feeding equipment.

The U.S. Department of Health and Human Services' Healthy People 2020 objectives include increasing the proportion of infants who are breastfed exclusively through 3 months and 6 months, and who continue breastfeeding for twelve months. The BABES Act would ensure breastfeeding travelers' rights are protected to make this possible, and that all families—regardless of feeding method—are able to meet their children's needs while traveling. This is an important step toward ensuring all families have the opportunity to reach their personal breastfeeding goals.

Again, we applaud your leadership in introducing the BABES Act and stand ready to help you achieve its passage.

#### **SIGNATORY ORGANIZATIONS**

##### **United States Breastfeeding Committee**

##### **National Organizations:**

American Academy of Pediatrics  
American Association of Birth Centers  
Association of Maternal & Child Health Programs  
Association of Women's Health, Obstetric and Neonatal Nurses  
Baby Café USA  
Black Mothers' Breastfeeding Association

Childbirth and Postpartum Professionals Association  
HealthConnect One  
Lactation Education Accreditation and Approval Recommendation Committee  
MomsRising  
National Association of County and City Health Officials  
National Healthy Start Association  
National Perinatal Association  
National WIC Association  
Public Citizen  
RESULTS

**State-Based Organizations:**

Arkansas Breastfeeding Coalition, Inc.

Breastfeeding Task Force of Nevada

Colorado Breastfeeding Coalition

Connecticut Breastfeeding Coalition

District of Columbia Breastfeeding Coalition

Florida Breastfeeding Coalition, Inc.

Kansas Breastfeeding Coalition, Inc.

Kentuckiana Lactation Improvement Coalition

Lactation Improvement Network of Kentucky, Inc.

Louisiana Breastfeeding Coalition

New Hampshire Breastfeeding Task Force

Vermont Breastfeeding Network