

Dear Member of Congress,

We, the undersigned organizations, under the auspices of the United States Breastfeeding Committee-affiliated Paid Leave Constellation, assert that guaranteed paid family and medical leave associated with the birth or adoption of a child is a vital component of maternal and child health and should be available for all parents across the United States. The following letter is drawn from the position statement adopted by the Board of Directors of the United States Breastfeeding Committee (USBC) on July 11, 2016.

We affirm the critical need for guaranteed paid family leave to support family bonding and caregiving, allow women to successfully combine their reproductive role and employment, and to prevent unequal treatment in the workplace. Paid family and medical leave provides crucial protections to preserve the health of both mother and child, as well as to provide job security, maintenance of wages and benefits, and the right to resume paid employment. Additionally, paid family and medical leave is linked to increased employee retention, reduced employee turnover and worker replacement costs for employers¹, increased worker productivity², reduced healthcare costs³, and a reduced need for public assistance.⁴⁵

All major medical authorities recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding until at least one year of age.^{6,7,8,9,10,11,12,13} While 4 out of 5 of babies born in the United States start out breastfeeding, six in ten breastfeeding mothers stop breastfeeding earlier than they intend.¹⁴ By six months of age, only 24.9 percent of U.S. infants are exclusively breastfed.¹⁵

A major barrier to breastfeeding in the United States is the social and economic pressure for women to return to paid employment soon after birth. More than half of mothers enter or return to the labor force before their children turn one year old¹⁶ with as many as one in four women returning within two weeks of giving birth.^{17,18}

Research shows a relationship between a woman's decision to start and continue breastfeeding and the length of maternity leave she has.¹⁹ Mothers who return to work before six weeks postpartum are over three times more likely to stop breastfeeding than women who did not return to work.²⁰ Research also shows that mothers who return to full-time employment shortly after giving birth are less likely to breastfeed as long as they intend.²¹ In California, access to paid family leave doubled the median duration of breastfeeding for all new mothers who used the state's paid family leave law during the six years after it went into effect.²²

Increasing access to paid family leave is especially crucial among low wage and vulnerable populations. Only 17 percent of workers in the United States have access to paid family leave. Among low-wage workers (those in the lowest 25 percent of wage earners), this number drops to 6 percent.²³ Further, there are significant disparities in access to paid family leave between racial groups.²⁴ At the same time, disparities in breastfeeding outcomes between racial groups persist. In 2015, 69.4 percent of black infants had ever been breastfed, compared to 85.9 percent of white infants.²⁵

The United States currently ranks 57th globally in infant mortality and 48th in maternal mortality.²⁶ In both developed and developing countries, paid maternity leave has been found to be associated with significantly lower neonatal, infant, and child mortality rates.²⁷ Newborns whose mothers take longer leaves are more likely to be taken for well-baby check-ups and more likely to be breastfed.²⁸ Men who

take two or more weeks off after the birth of a child are more involved in the direct care of their children nine months later than fathers who take no leave.²⁹

Maternity protection has been a core issue for the International Labor Organization (ILO), recognizing that expectant and breastfeeding mothers require protection to ensure adequate time to give birth, recover, and breastfeed their children. Current ILO Conventions call for a period of maternity leave of no less than 14 weeks (Convention No. 183, Article 4(1)), with cash benefits at no less than two-thirds of the woman's previous earnings (Convention No. 183, Article 6(3)), provided through compulsory social insurance or public funds (Convention No. 183 Article 6(8)). These Conventions apply to all employed women including those in atypical forms of dependent work such as part-time, informal, casual, or seasonal; contractual, remote, or piecework; or self-employed.³⁰ The USBC calls on policymakers and leaders in business, government, and labor to support implementation of these Conventions in the United States.

Adoption of paid family and medical leave policies not only benefits individual employees and their families, it makes financial sense for business and organizations. A 2011 study of the California Paid Leave program showed that most employers found that the Paid Family Leave had a positive effect on productivity, profitability/performance, turnover and employee morale.³¹ When new mothers have access to paid leave, they are more likely to return to work and to their same employer. Improved retention offers cost savings to businesses: the average cost of turnover is about 21 percent of an employee's annual salary.

We stand ready to work with policymakers as well as federal, state, and local agencies in the effort to establish at least 12 weeks of job-protected, paid family & medical leave as a self-funded insurance program that is affordable and cost-effective for workers, employers and the government, and is accessible to all workers, regardless of gender/marital status, and including military servicemembers.

SIGNATORY ORGANIZATIONS

International, National, and Tribal Organizations:

1,000 Days
Academy of Nutrition and Dietetics
American Academy of Nursing
American Association of Birth Centers
American Breastfeeding Institute
American College of Osteopathic Pediatricians
American Public Health Association
Association of State Public Health Nutritionists
Association of Women's Health, Obstetric and Neonatal Nurses
Attachment Parenting International
Baby Café USA
Baby-Friendly USA, Inc.
Breastcancer.org
Breasthealth.org

Center for Parental Leave Leadership
Center for WorkLife Law, University of California, Hastings College of the Law
Equal Rights Advocates
Every Mother, Inc.
HealthConnect One
Healthy Children Project, Inc.
Human Milk Banking Association of North America
ImprovingBirth
International Board of Lactation Consultant Examiners
International Childbirth Education Association
Kindred World
Lactation Education Accreditation and Approval Review Committee
Lactation Education Resources
La Leche League USA

Lamaze International
Mom2Mom Global
MomsRising
National Alliance for Breastfeeding Advocacy
National Association of Professional and Peer
Lactation Supporters of Color
National Partnership for Women & Families
National WIC Association
RESULTS
Sargent Shriver National Center on Poverty Law
U.S. Breastfeeding Committee
United States Lactation Consultant Association
URGE: Unite for Reproductive & Gender Equity
Women Employed
Women-Inspired Systems' Enrichment
Women's Law Project

Regional, State, and Local Organizations:

Appalachian Breastfeeding Network
Arizona Breastfeeding Center
Bearing, Birth, and Beginnings
Birth and Breastfeed with Confidence
Breastfeeding Coalition of Delaware
BreastfeedLA
Breastfeeding Hawaii
Coalition of Oklahoma Breastfeeding Advocates

Colorado Lactation Consultant Association
Friendly Steps Consulting
Howard County Breastfeeding Mommas
IMBY Misty Hollow
Kansas Breastfeeding Coalition
Kentuckiana Lactation Improvement Coalition
Lactation Improvement Network of Kentucky
Maine State Breastfeeding Coalition
Maryland Breastfeeding Coalition
Maternity Care Coalition (PA)
Michigan Breastfeeding Network
New Hampshire Breastfeeding Task Force
New Jersey Breastfeeding Coalition, Inc.
New Mexico Breastfeeding Task Force
New York Statewide Breastfeeding Coalition
San Antonio Breastfeeding Coalition
Schneck Medical Center
Texas Breastfeeding Coalition
Vermont Breastfeeding Network
Vermont Lactation Consultant Association, Inc.
Virginia Council of Nurse Practitioners
Wisconsin Breastfeeding Coalition
Worksites for Wellness, Inc.
Vital Village Community Engagement Networks'
Boston Breastfeeding Coalition

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⁴ Bartick MC, Stuebe AM, Schwarz EB, et al. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstet Gynecol*. 2013;122(1):111-119.

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¹² *Global Strategy for Infant and Young Child Feeding*. Geneva, Switzerland: World Health Organization; 2003.

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