



The Honorable Carolyn Maloney
United States House of Representatives
2308 Rayburn House Office Building
Washington, DC 20515

The Honorable Jeff Merkley
United States Senate
313 Hart Senate Office Building
Washington, DC 20510

September 20, 2017

Dear Congresswoman Maloney and Senator Merkley:

We, the undersigned organizations, thank you for introducing the Supporting Working Moms Act of 2017. By leading Congress to protect and support breastfeeding, you demonstrate a commitment to our nation's families. Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. 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 Supporting Working Moms Act would expand existing federal law that requires employers to provide reasonable break time and a private, non-bathroom place for most hourly wage-earning (nonexempt) workers to express breast milk at work. Although it was intended to cover all employees, its placement within existing statute means that it does not cover millions of salaried executive, administrative, and professional employees, including teachers. While it provides protection and support for the most vulnerable workers, this distinction in the law was unintentional, causes confusion, and could be addressed with a simple amendment.

Human milk is the preferred and most appropriate "First Food," 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 also provides a range of benefits for employers and society. A 2016 study of both maternal & pediatric health outcomes and associated costs based on 2012 breastfeeding rates showed that, if 90% of infants were breastfed according to medical recommendations, 3,340 deaths, \$3 billion in medical costs, and \$14.2 billion in costs of premature death would be prevented, annually!

In addition, the HHS *Business Case for Breastfeeding* shows an impressive return on investment (almost 3:1) for employers that provide lactation support, including lower health care costs, absenteeism, and turnover, and improved morale, job satisfaction, and productivity. 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 her baby or family members are sick.

For all 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 on employers to establish and maintain lactation support programs for their employees. Yet in spite of this tremendous recognition and recent expansion of support for breastfeeding moms in the workplace, only some moms are guaranteed this right.

We know that 80% of mothers intend to breastfeed, and 82.5% actually do breastfeed at birth. Yet only 25% of U.S. infants are still exclusively breastfed at six months of age. 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 in order to keep up their supply. Missing even one needed pumping session can have several undesirable consequences, including discomfort, leaking, inflammation and infection, decreased supply, and ultimately, breastfeeding cessation. As a result, mothers typically find returning to work a significant barrier to breastfeeding.

Among mothers of infants in their first year, 35.5% work full time and 16.1% work part time outside the home. They often face inflexibility in work hours/locations and a lack of privacy for expressing milk, have no place to store the milk, are unable to find child care facilities at or near the workplace, face fears over job insecurity, and have limited maternity leave. Mothers without a private office may resort to using the restroom, an approach that is unhygienic and associated with premature weaning.

Research clearly shows that employed mothers with access to workplace support are less likely to stop breastfeeding early. The federal "Nursing Breaks" provision builds on experiences with successful workplace laws in 28 states, DC, Puerto Rico, and Guam. The introduction of a uniform national "floor" for workplace support has ensured that employers have access to simple, cost-effective solutions, and it has increased awareness and available resources to support employees.

The Supporting Working Moms Act would ensure fair and uniform accommodation for all nursing mothers, regardless of how they're paid. 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 Supporting Working Moms Act and stand ready to help you achieve its passage.

Sincerely,

CO-SIGNERS

United States Breastfeeding Committee

National Organizations:

Academy of Breastfeeding Medicine
American Association of Birth Centers
American Civil Liberties Union
American College of Nurse-Midwives
Association of State Public Health Nutritionists
Baby Cafe USA
Breastfeeding in Combat Boots
Childbirth and Postpartum Professionals Association
HealthConnect One
Healthy Children Project, Inc.
Human Milk Banking Association of North America
International Board of Lactation Consultant Examiners
Mom2Mom Global
MomsRising
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Partnership for Women & Families
National WIC Association

State/Local Organizations:

Alabama Breastfeeding Committee
California WIC Association
Colorado Breastfeeding Coalition
District of Columbia Breastfeeding Coalition
Florida Lactation Consultant Association
Gift of Life Foundation
Kansas Breastfeeding Coalition, Inc.
Louisiana Breastfeeding Coalition
Mothers' Milk Bank of Alabama
New York State Breastfeeding Coalition
Nursing Mothers Counsel, Inc.
Texas Breastfeeding Coalition