Dear Members of Congress,

We, the 56 undersigned organizations, urge you to direct $13M to the Centers for Disease Control & Prevention (CDC) Hospitals Promoting Breastfeeding program in the Fiscal Year (FY) 2021 Labor, Health and Human Services, and Related Agencies appropriations bill.

As organizations committed to the protection, promotion, and support of breastfeeding, we are encouraged that the House Appropriations Committee approved the FY 2021 Labor, Health and Human Services, Education, and Related Agencies bill, which includes $9M for the CDC’s Hospitals Promoting Breastfeeding program. However, this funding is insufficient to meet the needs of families in the many communities we serve across the nation. Further, we are deeply distressed that the President’s FY 2021 budget eliminates this line item.

This $13M request represents a $4M increase from the FY 2020 appropriations level and it is urgently needed to support a retooling of the lactation workforce. While continuing to build upon multi-year, multi-pronged initiatives that support breastfeeding families in maternity care settings, communities, and workplaces, the lactation field is also grappling with the need to adapt care strategies in the context of COVID-19. The full $13M is necessary to support the breastfeeding field in maintaining core service paradigms and building the nation’s capacity for a comprehensive infant and young child feeding response during emergencies, such as this pandemic.

Protecting and supporting breastfeeding is essential to ensuring critical food security and immunologic protection for our nation’s most precious and fragile residents during this pandemic and beyond. As a primary public health prevention strategy, breastfeeding builds the foundation for lifelong health and wellness for infants while mitigating chronic disease risk in
their mothers. The CDC continues to recommend human milk as the best source of nutrition for most infants in the context of COVID-19.ii

Breastfeeding is proven to reduce the risk of a range of illnesses and conditions for infants and mothers.iii Compared with formula-fed children, breastfed infants 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.iv Additionally, women who breastfed their children have a reduced long-term risk of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.v For all these reasons, every major medical authority, including the Department of Health and Human Services, American College of Obstetricians and Gynecologists, and World Health Organization, recommend exclusive breastfeeding for the first six months of life followed by continued breastfeeding as complementary foods are introduced for at least the first year of life.

Human milk feeding is a high-value, low-cost public health intervention that provides a substantial return on investment. Since funding was first directed to support breastfeeding programs in FY 2012, breastfeeding initiation has increased from 76.9 percent of infants born in 2012 to 83.2 percent of infants born in 2015, with exclusive breastfeeding at six months increasing from 16.3 percent to 24.9 percent.ii

Results from the CDC’s most recent National Immunization Survey indicate that while the vast majority of families choose to breastfeed in the United States,vi a distressing 60 percent of mothers report that they did not breastfeed for as long as they intended.vii While more than four out of five babies receive breast milk at birth, only one out of four infants are still exclusively breastfed at six months of age, as recommended by major medical authorities.viii

Making matters worse, birth and postpartum practices have undergone tremendous shifts in response to the ongoing COVID-19 pandemic, creating unprecedented barriers to the establishment of breastfeeding for families who give birth during these challenging times.ix These changes have disproportionately impacted communities of color and those who are otherwise marginalized,x further exacerbating disparities in breastfeeding rates and associated health inequities.

Building the capacity and resilience of local agents to implement community-driven programming that centers the needs of disproportionately impacted populations has never been more important. A modest funding increase for this program would have a meaningful and far-reaching impact.
For these reasons, we, the undersigned, urge that $13 million be directed in FY2021 for the CDC Hospitals Promoting Breastfeeding program, not only to respond to the immediate needs of families during this pandemic but also to facilitate ongoing, critical efforts to build a robust public health infrastructure of breastfeeding support.

Now, more than ever, we call on your leadership to invest in the health of our nation’s families and protect breastfeeding as a critical public health strategy. Given the consistent and well-documented health, economic, and environmental benefits of breastfeeding, this is an investment that will continue to produce measurable dividends across the country and many times over for families, employers, and the government.

Thank you for your consideration of this request. For further information or if you have any questions, please contact Amelia Psmythe Seger, United States Breastfeeding Committee Deputy Director, at 773.359.1549 x23 or apsmythe@usbreastfeeding.org.

SIGNATORY ORGANIZATIONS

International, National, and Tribal Organizations:
Academy of Breastfeeding Medicine
Alimentación Segura Infantil (ASI)
American Breastfeeding Institute
American College of Obstetricians and Gynecologists
Association of State Public Health Nutritionists
Baby And Me LC
Baby Café USA
Baby-Friendly USA, Inc.
Better Beginnings
Bright Future Lactation Resource Centre Ltd.
Breastfeeding USA
Every Mother, Inc.
Healthy Children Project
International Childbirth Education Association
La Leche League Alliance
La Leche League International
La Leche League USA
Lactation Education Resources
Mamava
March of Dimes
National Association of Pediatric Nurse Practitioners
Native Breastfeeding Council, Sonoma County Indian Health Project, Inc.
Nested Doula Care
Orolait
Praeclarus Press
Pretty Mama Breastfeeding LLC
United States Breastfeeding Committee

Regional, State, and Local Organizations:
Adelante Network – Consejeras de Lactancia
Advanced Practice Wellness, LLC
Alaska Breastfeeding Coalition
Asian Pacific Islander Breastfeeding Task Force
Breastfeed Chicago
Breastfeeding Coalition of Delaware
Breastfeeding Coalition of Palm Beach County
Breastfeeding Coalition of Washington
Breastfeeding Hawaii
Breastfeeding Task Force of Greater Los Angeles
Breastfeeding USA, San Francisco Chapter
Bronx Breastfeeding Coalition
California Breastfeeding Coalition
Centro Pediátrico de Lactancia y Crianza
Healthy Mothers Healthy Babies Coalition of Hawaii
Human Milk Repository of New Mexico
Indiana Breastfeeding Coalition
Kansas Breastfeeding Coalition
La Leche League of Northern Dutchess
Landmark Medical Center
LatchSmith
Maryland Breastfeeding Coalition
Maternity Care Coalition
New Hampshire Breastfeeding Task Force
New Jersey Breastfeeding Coalition
NYC Breastfeeding Leadership Council, Inc.
Pea Pod Nutrition and Lactation Support
Saginaw County Health Department
Virginia Breastfeeding Coalition


