



August 12, 2020

Dear U.S. Department of Agriculture and U.S. Department of Health & Human Services:

The U.S. Breastfeeding Committee submits these comments to the U.S. Department of Agriculture and the U.S. Department of Health & Human Services on the Scientific Report of the 2020 Dietary Guidelines Advisory Committee (DGAC) to inform the development of the 2020-2025 Dietary Guidelines for Americans (DGA).

We commend the inclusion of guidance for infants and toddlers (from birth to age 24 months) and birthing persons who are pregnant and lactating. The systematic reviews included in the Scientific Report are the first in DGA's history to explore relationships between feeding in the first two years of life and short and long-term health outcomes. The development of specific dietary guidelines for these populations could play a pivotal role in preventing the incidence of obesity and diet-related chronic disease, ensuring optimal child nutrition, and helping eliminate health disparities that perpetuate inequity.

As a proven primary prevention strategy, breastfeeding builds a foundation for life-long health and wellness.<sup>i</sup> The evidence for the value of breastfeeding to family health is scientific, robust, and continually being reaffirmed by new research. Breastfeeding reduces the risk of a range of illnesses and conditions for infants and mothers.<sup>ii</sup> Compared with breastfeeding, formula feeding increases childrens' risk of ear, skin, stomach, and respiratory infections, diarrhea, sudden infant death syndrome, and necrotizing enterocolitis. In the longer term, primary or exclusive formula feeding increases risks of asthma, obesity, types 1 and 2 diabetes, and other autoimmune conditions.<sup>iii</sup> Birthing persons who primarily or exclusively breastfeed experience reduced long-term risks of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.<sup>iv</sup>

The U.S. Breastfeeding Committee urges the Departments to join the DGAC in recognizing breastfeeding as the biological norm for infant feeding and to join major medical and public health authorities, including the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, the World Health Organization, and your own Department of Health & Human Services, in making a clear recommendation in the DGA for 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. The DGAC Scientific Report is inconsistent in this regard. Although the difference between recommending exclusive breastfeeding "for six months" compared to "about six months" seems subtle, the DGA must clearly recommend breastfeeding for six months in order to avoid confusion among families who routinely report receiving conflicting and confusing information on infant feeding.<sup>v</sup> These recommendations, as well as those indicating the health benefits of breastfeeding for both the parent and child, are supported by a broad consensus of public health organizations and experts. In the absence of breastfeeding, or after breastfeeding is discontinued, the DGA should clearly advise that infant formula is the only acceptable replacement for human milk until 12 months of age, in alignment with the American Academy of Pediatrics and the World Health Organization. By aligning with existing recommendations, the 2020-2025 DGA can help to ensure that families receive clear and consistent messages on infant feeding. Moreover, the DGA should explicitly include 'toddler milk' in the list of beverages to avoid because they offer no unique nutritional value and contribute unwanted added sugar to the diet.

The first two years of life and the pregnancy and postpartum periods offer unique windows of opportunity to advance health. The U.S. Breastfeeding Committee urges the Departments to maintain the DGAC's recommendation to structure the 2020-2025 Dietary Guidelines for Americans to accurately align with known transitional periods in pregnancy, lactation, infancy, and early childhood. As the DGAC notes, the period between birth and 24 months is characterized by significant changes in feeding patterns and dietary intake. In particular, from ages 6 to 12 months, infants are typically learning to eat new foods, so the variety, amounts, and textures of complementary foods increase and change substantially during those six months. The DGA must account for these transitions.

Evidence on the health implications of suboptimal breastfeeding is continuously emergent. The DGAC found no evidence or insufficient evidence to answer several of the scientific questions related to lactation. The U.S. Breastfeeding Committee urges the Departments to ensure that the Dietary Guidelines reflect the most recent, salient, evidence-based science. Additional studies on how breastfeeding impacts short and long term health outcomes of parents and infants, with specific attention to differentiating outcomes based on breastfeeding duration and exclusivity, which include diverse populations with varying racial and ethnic backgrounds, socioeconomic backgrounds, gender diversity, and maternal age ranges are needed to better understand these scientific questions. Where additional high-quality studies are not available, the U.S. Breastfeeding Committee recommends that the DGA identify gaps in the literature to help guide future research.

Additionally, the recommendations must be free of industry bias. The U.S. Breastfeeding Committee urges the Departments to continuously take steps to ensure that individuals and organizations that benefit from the sale of infant formula and related products cannot exert influence on the DGA. Suboptimal infant feeding practices can lead to infant malnutrition, morbidity, and mortality, and improper practices in the marketing and promotion of breast-milk substitutes and related products contribute to these public health epidemics.<sup>vi</sup> The DGA must reflect nutrition recommendations that promote the best possible health outcomes - free from all conflicts of interest at every stage of development.

Finally, the U.S. Breastfeeding Committee urges the Departments to identify strategies for promoting breastfeeding at individual and population levels, including specific strategies to eliminate disparities in breastfeeding rates, as a future research priority. The majority of pregnant women and new parents intend to breastfeed. Still, disparities in access to health, as a function of the social determinants of health, contribute to disproportionate barriers in accessing health care, community breastfeeding support, and lactation accommodations in employment settings that can impede breastfeeding initiation and duration.<sup>vii</sup> Thus stark inequities in breastfeeding initiation and exclusivity fall along the fault lines of race, ethnicity, and income.<sup>viii</sup> USBC joins the DGAC in urging the Departments to examine the policy, systems, and environmental landscape to assess access to support to reach the recommendations in the DGA, as well as the structural barriers that keep individuals from achieving recommended nutrition. In addition, it is important to consider the cultural, ethnic, and socioeconomic factors that influence dietary patterns. A deeper understanding of the landscape surrounding families will help inform policymakers and public health leaders so that they can make decisions that support the health and well-being of the U.S. population. Recommendations for systems-based approaches that promote, protect, and support breastfeeding could help drive positive changes across the nation.

Thank you for considering these U.S. Breastfeeding Committee recommendations on the scientific evidence supporting breastfeeding as the optimal feeding choice for all infants in the United States.

Sincerely,

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Executive Director  
U.S. Breastfeeding Committee

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<sup>i</sup> AAP.org. (2020). *AAP Policy on Breastfeeding*. [online] Available at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/AAP-Policy-on-Breastfeeding.aspx> [Accessed 22 Jan. 2020].

AAP.org. n.d. *Breastfeeding, Family Physicians Supporting (Position Paper)*. [online] Available at: <https://www.aafp.org/about/policies/all/breastfeeding-support.html> [Accessed 7 August 2020].

<sup>ii</sup> Benefits of Breastfeeding. AAP.org. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/Benefits-of-Breastfeeding.aspx>. Published 2020. Accessed January 22, 2020.

<sup>iii</sup> Making the decision to breastfeed | womenshealth.gov. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1>. Published 2020. Accessed January 22, 2020.

<sup>iv</sup> Systematic Review of Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries | Effective Health Care Program. Effectivehealthcare.ahrq.gov. <https://effectivehealthcare.ahrq.gov/products/breastfeeding/research-protocol>. Published 2020. Accessed January 22, 2020.

<sup>v</sup> Asphn.org. 2018. *Guidelines And Health Conditions Related To Timing Of Early Infant Feeding: A Review*. [online] Available at: <<https://asphn.org/wp-content/uploads/2018/11/Guidelines-and-Health-Conditions-Related-to-Timing-of-Early-Infant-Feeding.pdf>> [Accessed 12 August 2020].

<sup>vi</sup> *International Code Of Marketing Of Breast-Milk Substitutes*. World Health Organization; 1981. <https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>. Accessed March 30, 2020.

<sup>vii</sup> The Surgeon General's Call to Action to Support Breastfeeding. *Clinical Lactation*. 2011;2(1):33-34. doi:10.1891/215805311807011746

<sup>viii</sup> Jones K, Power M, Queenan J, Schulkin J. Racial and Ethnic Disparities in Breastfeeding. *Breastfeeding Medicine*. 2015;10(4):186-196. doi:10.1089/bfm.2014.0152