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Health Resources and Services Administration
5600 Fishers Lane
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Submitted Electronically

Re: Request for Information; Comments for Maternal and Child Health Bureau Strategic Plan

Dear Dr. Warren:

The U.S. Breastfeeding Committee (USBC) submits these comments on the request for information (RFI) issued by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) to inform the MCHB Strategic Plan. The USBC is a coalition of more than 100 national nonprofits, breastfeeding coalitions, community-based organizations, and federal agency partners, including MCHB, that support a shared mission to drive collaborative efforts for policy and practices that create a landscape of breastfeeding support across the United States. We are committed to ensuring that all families in the United States have the support, resources, and accommodations to achieve their breastfeeding goals in the communities where they live, learn, work, and play.

Human milk feeding is the biological norm. Medical and public health authorities, including the Department of Health and Human Services, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and World Health Organization, recommend exclusive human milk feeding for the first six months of life followed by continued human milk feeding as complementary foods are introduced for at least the first year of life. These recommendations and those indicating the health benefits of human milk feeding to the parent and child are supported by a broad consensus among public health organizations and experts.

As a proven primary prevention strategy, breastfeeding builds a foundation for life-long health and wellness. The evidence for the value of human milk feeding to family health is scientific, robust, and continually being reaffirmed by new research.[i] Breastfeeding reduces the risk of a range of illnesses and conditions for infants and mothers.[ii] Compared with breastfeeding, formula feeding increases children's 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. [iii] Birthing persons who

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primarily or exclusively breastfeed experience reduced long-term risks of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.[iv]

While four out of five babies born in the United States start out breastfeeding, six in ten mothers discontinue breastfeeding earlier than they intended.[v] By six months of age, only 25.6% of U.S. infants exclusively breastfeed.[vi] Pregnancy and the first two years of life offer unique windows of opportunity to advance health.[vii] With approximately two-thirds of all pregnant women and one-half of all infants in the U.S. benefitting from MCHB programs, the agency is well-positioned to increase breastfeeding initiation and duration rates across the nation by embedding systemic breastfeeding promotion, protection, and support activities in MCHB programs.

1. **What do you see as core, critical activities of MCHB? What is most important to continue into the future? Are there things not being done that should be?**

   The USBC urges MCHB to continue programming and initiatives that promote human milk feeding as the biological norm. We applaud the work that MCHB does in providing breastfeeding education and support to families through the Title V Maternal and Child Health Services Block Grant (Title V), Maternal, Infant, and Early Childhood Home Visiting (MIECHV), and Healthy Start. MCHB is the federal bureau responsible for improving the health of all America's parents, children, and families, and we know that human milk feeding provides the best start for life-long health.

   Health care provider experience with high-quality training in breastfeeding during their medical education is historically varied.[viii] Since pregnancy and lactation are normal parts of the human life course, it is essential that all providers have a solid base of information to support the health of parents and children. To provide all families with the resources they need to reach their goals, the USBC urges MCHB to ensure that MCH workforce training programs, such as the MCH Pipeline Training Program and MCH Public Health Catalyst Program, include robust training on human milk feeding as the biological norm, what normal breastfeeding looks like, and where to refer families that need additional or more advanced assistance.

   Furthermore, the U.S. Breastfeeding Committee urges MCHB and HRSA to ensure that the American College of Obstetricians and Gynecologists (ACOG) includes a diverse representation of lactation support providers, including breastfeeding peer counselors, in the Women's Preventive Services Initiative to ensure a holistic approach to issues of lactation in the health and wellbeing of women.

2. **MCHB has responsibility for a wide range of programs and initiatives. How could MCHB help its programs be more effective and successful? Do you see specific untapped opportunities related to one or more programs, populations, or areas of focus?**

   The USBC strongly urges MCHB to prioritize strengthening partnerships with multisectoral breastfeeding coalitions at every level—national, state, territorial, local, tribal, and cultural. These partnerships have been highly successful in several states where coalitions were able to provide expert guidance and “on-the-ground” work in a way that most state agencies and programs find challenging. Requiring collaboration with breastfeeding coalitions will allow MCHB to leverage

funding and build relationships between the MCHB workforce and local breastfeeding champions. Breastfeeding coalitions at every level are supported by USBC.

With more than 100 member organizations and a vast network of breastfeeding coalitions, USBC is the only national-level multisectoral breastfeeding coalition. As such, we are uniquely poised to identify and address the most pressing issues faced by the service community supporting breastfeeding families. Collaboration with USBC and the breastfeeding field will allow MCHB to make full use of existing resources and support aligned programming across the nation. USBC's ongoing work centering racial equity in the First Food Field would help inform MCHB's work and ensure steps are being made to reduce disparities in maternal and child health outcomes. Specifically, working with breastfeeding coalitions can help MCHB Title V programs by supporting them with identifying levers ripe for transformation through policy, systems, and environmental (PSE) interventions or solutions. While direct service to breastfeeding families is important, MCHB is encouraged to identify systemic solutions that go beyond direct support. Coalitions provide expertise in effective PSE change in their communities to better serve breastfeeding families.

MCHB could improve coordination and alignment of breastfeeding interventions among MCHB program by appointing an MCHB Breastfeeding Coordinator and support staff. The Breastfeeding Coordinator's office's role would be to align breastfeeding measures and initiatives among MCHB programs and facilitate the sharing of resources, materials, and ideas between MCHB programs, across HRSA, and with other federal agencies. Breastfeeding is part of Title V, MIECHV, and Healthy Start. Breastfeeding is an essential part of each of HRSA's Strategic Plan goals: 1) Improve access to quality health care & services; 2) Strengthen the health workforce; 3) Build healthy communities; 4) Improve health equity; and 5) Strengthen program operations. The MCHB Breastfeeding Coordinator's office would ensure breastfeeding was incorporated into activities related to these goals.

The USBC urges MCHB to explore opportunities to better integrate and prioritize human milk feeding in Title V, Healthy Start, and the MIECHV as outlined below.

- Title V Maternal and Child Health State Block Grant:
    - USBC urges MCHB to create a new National Outcome Measure (NOM) for human milk feeding. Currently, breastfeeding rates are included as an optional National Performance Measure (NPM 4). Transitioning this important outcome from an optional NPM to a mandatory NOM, would ensure that all states prioritize human milk feeding in their state action plans in perpetuity and report breastfeeding rates annually. Creating a human milk feeding NOM would build sustainability and continuity for state-level efforts to increase breastfeeding support. Breastfeeding has long been recognized as a critical health priority through *The Surgeon General's Call to Action to Support Breastfeeding*, the Healthy People initiative, the 2020-2025 Dietary Guidelines for Americans, the Women's Preventive Services Initiative, federal appropriations for breastfeeding support, and a wide range of other federal efforts and initiatives.[ix] Human milk feeding crosses all MCHB population domains, impacting the health of both the parent and child over their lifetime. For these reasons, the

USBC believes that breastfeeding rates meet the MCHB criteria for a National Outcome Measure.

- Maternal, Infant, and Early Childhood Home Visiting
  - The MIECHV home visiting program provides support for at-risk pregnant women and families, including breastfeeding support. The USBC recommends that MCHB programs align their infant feeding measures with the new Healthy People 2030 objectives. For MIECHV, these would mean a shift from any breastfeeding at six months to measuring exclusive breastfeeding at six months and the addition of a measure on any breastfeeding at 12 months. The change in measures would allow MCHB programs to compare human milk feeding rates against national measures and other programs using Healthy People 2030 goals.

- Healthy Start
  - The Healthy Start program implements community-based interventions to improve mother's and children's health, including breastfeeding education and support. Healthy Start performance measures include the proportion of Healthy Start infants who are ever breastfed and the proportion of infants who are breastfeeding at six months. As mentioned above, the USBC recommends that MCHB align these measures with Healthy People 2030 objectives.
  - Healthy Start sites might be well-served if MCHB were to encourage the inclusion of representatives from local, cultural, or tribal breastfeeding coalitions within each site's Community Action Network (CAN). In addition, we see an opportunity to integrate breastfeeding with the work of the Collaborative Improvement and Innovation Network (CoIIN) on School-Based Health Services
  - The CoIIN can recommend the integration of enhanced lactation education and services for adolescent parents who are served through school-based health centers. Only one in five adolescent mothers breastfeed exclusively at three months.[x] Pregnant teens deserve additional information and assistance to establish and meet their human milk feeding goals and improve their infants' wellbeing. These services should be provided prenatally and in the postpartum period with relevant supports to accommodate the breastfeeding relationship when the parent resumes schooling.

3. **Thinking about equity, how can MCHB support efforts to eliminate disparities and unequal treatment based on race, income, disability, sex, gender, and geography? How might MCHB guidance, funding opportunities, or partnerships play a role?**

   As a nation, monumental strides have been made to achieve high breastfeeding initiation rates, but steep reductions in breastfeeding rates in the weeks after birth persist. The majority of pregnant people and new parents want to breastfeed, but significant barriers in health care, community, and employment settings can impede breastfeeding success.[xi] Underlying injustices in access to health,

as a function of the social determinants of health, contribute to stark inequities in breastfeeding initiation, duration, and exclusivity along the fault lines of race, ethnicity, and income.[xii]

MCHB has the opportunity to galvanize efforts to eliminate disparities in breastfeeding rates by collecting and reporting disaggregated breastfeeding data. The National Survey of Children's Health, Child & Family Measures 1.3 (ever breastfed) and 1.3a (exclusive breastfeeding at 6 months) are in place. Disaggregating this data by race and ethnicity for each state would allow MCHB programs to measure the impact of breastfeeding initiatives that focus on closing the gaps in breastfeeding rates between racial and ethnic groups.

MCHB allows states to customize their approach to protecting, promoting, and supporting breastfeeding through flexibility to select indicators for NPM 4. Many states choose indicators associated with breastfeeding initiation. While initiation is an essential measure, it is time to focus on equity. In states where initiation rates are at or above the national average, MCHB should require them to use indicators associated with exclusive breastfeeding at 6-months or those focusing on disparities in initiation, duration, exclusivity, or early supplementation.

MCHB should require Title V state programs to address disparities in breastfeeding rates using evidence-based initiatives such as those identified in the following reports:

- Logic Model for the Call to Action to Support Breastfeeding for Black Families by Black Mothers Breastfeeding Association, available at http://blackmothersbreastfeeding.org/call-to-action/

- Saving Tomorrow Today: An African-American Blueprint by Reaching Our Sisters Everywhere, available at http://www.breastfeedingrose.org/wp-content/uploads/2019/09/ROSE-Blueprint-PDF.pdf

The USBC strongly urges MCHB to invest in programming and solutions to increase racial, ethnic, gender, LGBTQ+, and geographic diversity within the lactation workforce as a mechanism to eliminate disparities and unequal treatment. Cultural humility and implicit bias training are essential, but a more comprehensive approach is needed to achieve population-level goals. MCHB programs are grounded in the power of community-led solutions. Cultivating culturally-grounded solutions to close gaps in breastfeeding rates requires that the lactation workforce reflect the diversity of the communities served. Partnering with multisectoral breastfeeding coalitions is an excellent strategy for identifying people to join the lactation workforce and implementing capacity-building programs. USBC further encourages MCHB program-breastfeeding coalition collaborations.

4. **Thinking about trends in emerging science, public health, health care, workforce, and technology, what do you see as key opportunities for MCHB?**

Maternity care practices have undergone seismic shifts amidst the ongoing COVID-19 pandemic. These changes have created even more barriers to establishing breastfeeding for families who give birth during these challenging times. [xiii] These shifts disproportionately impact Black, Indigenous, LatinX, and immigrant communities that facing higher COVID-19 rates.[xiv] Furthermore, these

populations have historically had less power and autonomy in patient-provider relationships, further exacerbating disparities in breastfeeding rates and associated health inequities.

The lactation field is one of many grappling with the need to adapt care strategies in the context of COVID-19, compelling many programs and providers to shift to a lactation telehealth model. Protecting and supporting human milk feeding is essential to ensuring critical food security and immunologic protection for our nation's most precious and fragile residents during this pandemic and beyond. The MCHB strategic plan must maintain core service paradigms while assuring MCH programs and initiatives develop comprehensive infant and young child feeding in emergencies infrastructure. It is imperative to build the capacity and resilience of local agents to implement community-driven programming that centers the needs of disproportionately impacted populations.

It is more important than ever for those who are working with families to be knowledgeable about human milk feeding and where to refer families for a range of lactation support. Breastfeeding education should be integrated into MCHB workforce training, especially in the MCH Navigator training database and within the Healthy Tomorrows Partnership for Children's Program. A quick search of the MCH Navigator trainings revealed only four (4) breastfeeding training options. One was from 2007. When considering in-depth breastfeeding training for MCHB programs, such as Healthy Start or MIECHV, MCHB should consider all courses recognized by the Lactation Education Accreditation and Approval Review Committee (LEAARC). LEAARC recognition is voluntary and provides a reliable indicator of educational quality because the course provider adheres to the profession's established criteria and standards. An open bidding process for all courses recognized by LEAARC would ensure fairness and equity when selecting a course for MCHB program training

MCHB also has the opportunity to update the Women's Preventive Services Guidelines and the Women's Preventive Services Initiative (WPSI) clinical recommendations to assert that a range of lactation service provider types contributes to comprehensive lactation support services. MCHB should share these updated recommendations with the Center for Medicaid Services (CMS) and encourage CMS to provide additional guidance to state Medicaid plans, outlining who should be eligible for Medicaid reimbursement for a range of lactation support services.

We appreciate the opportunity to submit this comment.

Sincerely

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