

Written Statement of Nikia Sankofa
Executive Director of the U.S. Breastfeeding Committee
Before the House Ways and Means Committee, United States House of Representatives
Committee Hearing: *In Their Own Words: Paid Leave, Child Care, and an Economy that Failed Women*
April 21, 2021

Dear Chair Neal and Ranking Member Brady:

The U.S. Breastfeeding Committee (USBC) submits this letter to the House Way and Means Committee for the record of the full committee hearing, "In Their Own Words: Paid Leave, Child Care, and an Economy that Failed Women" in full support of establishing a paid family and medical leave insurance program.

The USBC is a coalition of more than 100 national nonprofits, breastfeeding coalitions, community-based organizations, and federal agency partners 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 U.S. have the support, resources, and accommodations to achieve their breastfeeding goals in the communities where they live, learn, work, and play.

We know that the vast majority of people become parents during their lifetime. Their needs and the needs of their infants are neither surprising nor difficult to meet if we plan appropriately. Paid family and medical leave is a basic necessity, and this committee has a critical opportunity to support the establishment of at least 12 weeks of job-protected, paid family and medical leave for our nation's workers.

Breastfeeding is a primary prevention strategy that builds a foundation for life-long health and wellness, adapting over time to meet the changing needs of the growing child.ⁱ The evidence for the value of human milk feeding to overall health is scientific, robust, and continually being reaffirmed by new research.ⁱⁱ

Human milk feeding is proven to reduce the risk of a range of illnesses and conditions for infants and mothers.ⁱⁱⁱ Compared with commercial milk formula-fed children, breastfed infants have a reduced risk of ear, skin, stomach, and respiratory infections; diarrhea; and sudden infant death syndrome. In the longer term, breastfed children have a reduced risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia.^{iv} Women who breastfed their children have a reduced long-term risk of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.^v The American Academy of Pediatrics recommends infants be exclusively breastfed for about 6 months with continued breastfeeding while introducing complementary foods for at least 1 year.^{vi}

The majority of pregnant women and new parents want to breastfeed, but significant barriers in the community, health care, and employment settings can impede breastfeeding success.^{vii} In 2017, the national breastfeeding initiation rate among infants was 84.1%, representing a 13.8% increase from 2001. However, by six months of age, only 25.6% of U.S. infants exclusively breastfeed. Despite overall increases in breastfeeding initiation and duration, deep racial, geographic, and socioeconomic disparities in breastfeeding rates persist. Compared to national averages, only 73.7% of Black infants

and 80.7% of Native American infants are ever breastfed, contributing to inequalities in maternal and infant health outcomes. Furthermore, a distressing 60 percent of mothers report that they did not breastfeed for as long as they intended.^{viii}

Structural and environmental barriers can make it difficult or impossible for families to establish an adequate milk supply to sustain human milk feeding at medically recommended levels.^{ix} For many families, rather than being a matter of personal choice, infant feeding practice is informed by circumstance.

The U.S. is one of only three countries that does not guarantee paid leave for new mothers.^x Only 19 percent of the workforce has any paid family leave through an employer.^{xi} The Family and Medical Leave Act provides for unpaid leave, but about 40 percent of the workforce is not eligible.^{xii} Many parents return to work quickly after birth, before a strong breastfeeding relationship is established because they cannot afford to take unpaid leave or because they do not qualify for federal legal protections. More than half of mothers enter or return to the labor force before their children turn one year old,^{xiii} with as many as one in four women returning within just two weeks of giving birth.^{xiv}

A significant barrier to human milk feeding in the United States is the social and economic pressure to return to paid employment soon after birth. But, as recognized in *The Surgeon General's Call to Action to Support Breastfeeding*, access to paid family leave programs can lay the groundwork for breastfeeding success.^{xv} Paid family leave programs make it possible for employees to take time for childbirth recovery, bonding with their baby, establishing feeding routines, and adjusting to life with a new child without threatening their family's economic well-being. This precious time provides the foundation for success, contributing to improved rates of breastfeeding initiation and duration.^{xvi}

State paid family and medical leave programs are making a difference for families throughout the country. Thanks to recent legislative successes, nine states and the District of Columbia will guarantee paid family leave by 2022.^{xvii} In addition, more than 70 cities and counties across 24 states enacted paid leave policies.^{xviii} In California, access to paid family leave doubled the median duration of breastfeeding for all new mothers who used it during the first six years after the state's law went into effect in 2004.^{xix}

However, these state-financed family leave programs are not enough. Breastfeeding can benefit every family, and paid family and medical leave must be accessible to all workers. There are significant disparities in access to paid leave among some racial and ethnic groups, with Black and Hispanic employees less likely than their white non-Hispanic counterparts to have access to paid parental leave.^{xx} There are similar disparities in breastfeeding outcomes among racial groups.

Guaranteed paid family and medical leave is a vital component of maternal and child health and should be available for all workers through a national paid family leave program, like the Family And Medical Insurance Leave (FAMILY) Act. The USBC, our member organizations, and our partners continue to stand ready to work with policymakers and federal, state, and local agencies to establish at least 12 weeks of job-protected, paid family and medical leave.

From 2014-2016, the U.S. Department of Labor's Women's Bureau supported feasibility studies to inform the development, implementation, or expansion of paid family and medical leave programs at the state and municipal level. Results showed that implementing a paid family and medical leave

program can be affordable for workers and employers.^{xxi} It's time to bring these benefits to the entire nation.

We appreciate the opportunity to submit this comment. Thank you for considering the positive impact of paid family leave programs on breastfeeding families in the United States.

Sincerely



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U.S. Breastfeeding Committee

ⁱ 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].

ⁱⁱ 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.

ⁱⁱⁱ 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.

^{iv} Making the decision to breastfeed | womenshealth.gov. [womenshealth.gov. https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1](https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1). Published 2020. Accessed January 22, 2020.

^v 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](https://effectivehealthcare.ahrq.gov/products/breastfeeding/research-protocol). Published 2020. Accessed January 22, 2020.

^{vi} <https://services.aap.org/en/patient-care/breastfeeding/policies-on-breastfeeding/>

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

^{viii} Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. [Reasons for Earlier than Desired Cessation of Breastfeedingexternal icon](#). *Pediatrics*. 2013;131(3):e726–732. Accessed January 22, 2020.

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^x Data - OECD. [Oecd.org. https://www.oecd.org/gender/data/length-of-maternity-leave-parental-leave-and-paid-father-specific-leave.htm](https://www.oecd.org/gender/data/length-of-maternity-leave-parental-leave-and-paid-father-specific-leave.htm). Accessed January 22, 2020.

^{xi} Bls.gov. <https://www.bls.gov/ncs/ebs/benefits/2019/employee-benefits-in-the-united-states-march-2019.pdf>. Published 2019. Accessed January 22, 2020.

^{xii} FMLA is Working. Dol.gov. https://www.dol.gov/whd/fmla/survey/FMLA_Survey_factsheet.pdf. Accessed January 22, 2020.

^{xiii} Labor force participation of mothers with infants in 2008 : The Economics Daily : U.S. Bureau of Labor Statistics. Bls.gov. <http://www.bls.gov/opub/ted/2009/may/wk4/art04.htm>. Published 2009. Accessed January 22, 2020.

^{xiv} The Real War on Families: Why the U.S. Needs Paid Leave Now. Inthesetimes.com. <http://inthesetimes.com/article/18151/the-real-war-on-families>. Published 2015. Accessed January 22, 2020.

^{xv} Office of the Surgeon General (US); Centers for Disease Control and Prevention (US); Office on Women's Health (US). The Surgeon General's Call to Action to Support Breastfeeding. Rockville (MD): Office of the Surgeon General (US); 2011.

^{xvi} Hamad R, Modrek S, White J. Paid Family Leave Effects on Breastfeeding: A Quasi-Experimental Study of US Policies. *Am J Public Health*. 2019;109(1):164-166. doi:10.2105/ajph.2018.304693?

^{xvii} Comparative Chart of Paid Family and Medical Leave Laws in the United States. A Better Balance. <https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/>. Published 2020. Accessed September 10, 2020.

^{xviii} Paid Family/Parental Leave Policies for Municipal Employees (Not Exhaustive). <http://www.nationalpartnership.org/our-work/resources/workplace/paid-sick-days/paid-family-leave-policies-for-municipal-employees.pdf>. Published 2018. Accessed September 10, 2020.

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