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Submitted Electronically

Re: Request for Information; Identifying Barriers in USDA Programs and Services; Advancing Racial Justice and Equity and Support for Underserved Communities at USDA

Dear U.S. Department of Agriculture (USDA):

The U.S. Breastfeeding Committee (USBC) submits these comments on the request for information (RFI) issued by the U.S. Department of Agriculture (USDA) to explore how it can advance racial justice and equity for underserved communities as part of its implementation of Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.

The USBC is a coalition of more than 100 national nonprofits, breastfeeding coalitions, community-based organizations, and federal agency partners, including USDA, that support a shared mission to drive collaborative efforts for policy and practices that create a landscape of breastfeeding support across the United States. Our vision is one of thriving families and communities, and we are committed to ensuring that all families in the United States have the support, resources, and accommodations to achieve their infant feeding goals in the communities where they live, learn, work, and play.

Pregnancy and the first two years of life offer unique windows of opportunity to advance health.ⁱ For nearly fifty years, the USDA has effectively leveraged the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)'s public health nutrition services to assure positive birth outcomes, reduce preterm birth and low birthweight, increase breastfeeding rates, improve the variety and quality of children's diets, and reduce the burden of chronic disease. With approximately 53 percent of all infants born in the United States served by WIC,ⁱⁱ the USDA is well-positioned to expand programming and direct resources in ways to increase breastfeeding initiation and duration rates across the nation.

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 about six months with continued breastfeeding while introducing complementary foods for at least one year.

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 reaffirmed by new research.ⁱⁱⁱ Breastfeeding reduces the risk of a range of illnesses and conditions for infants and mothers.^{iv} Breastfed infants are at lower risk of certain infections and sudden unexplained infant death.^v Children who were breastfed have decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia.^{vi} Birthing persons who breastfed reduce their risk of specific chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.^{vii}

The underlying determinants of health and wealth, including access to quality education, safe and stable housing, transportation, employment, and economic stability, in communities of color contribute to stark inequities in breastfeeding initiation, duration, and exclusivity rates.^{viii} Most recent data from the National Immunization Survey show that among infants born in 2017 only 38.7 percent among non-Hispanic Black (NHB) infants were exclusively breastfed at 3 months, compared to 52.4 percent of non-Hispanic White (NHW) infants.^{ix} There are definitive

structural barriers and systemic factors that inform breastfeeding disparities. For example, maternity care facilities in zip code areas with a higher density of Black residents were significantly less likely than facilities in zip code areas with fewer Black residents to follow recommended maternity care practices that support breastfeeding.^x Another factor contributing to disparate breastfeeding rates is uneven access to and use of paid family and medical leave between racial groups.^{xi}

Given that the majority of infants are WIC eligible, and that WIC is a breastfeeding promotion and support agency, it is critical that USDA deepen investments to address persistent breastfeeding disparities in the United States. One critical thing USDA can do is initiate or advance programming to increase diversity in the lactation field. Lactation support providers (LSP) in the United States are predominantly white.^{xii} The Breastfeeding Peer Counselor Program, established in 2004, created a paraprofessional subset of the WIC workforce that is drawn from the same neighborhoods and communities as current participants and these providers reflect the lived experience of people served by WIC. USDA could strengthen workforce diversification by creating pathways for WIC peer counselors to obtain other lactation support provider training credentials, making WIC funding an allowable cost to train peer counselors as lactation support professionals.

WIC's balanced approach between professional lactation support and peer counseling is effective at increasing breastfeeding rates,^{xiii} providing tailored support that navigates racial and ethnic disparities, lack of information, and intergenerational trauma that may inhibit successful breastfeeding. Although low-income mothers breastfeed at lower rates than the general population,^{xiv} WIC has made significant progress over the past two decades by increasing initiation rates by 30 percent^{xv} and doubling the duration rate at 12 months.^{xvi} Racial disparities in breastfeeding initiation are narrower among WIC participants than the general population, with Black WIC participants over 5 percent closer to the national average than the overall Black population.^{xvii}

WIC's breastfeeding efforts – including the Breastfeeding Peer Counselor Program – represent a successful equity strategy, and USDA should redouble its efforts to bolster WIC breastfeeding initiatives. This includes providing and seeking additional funding for WIC's Breastfeeding Peer Counselor Program; ensuring that all state agencies pay WIC Peer Counselors a living wage; funding continuing education and certification exam fees for all ranges of credentialed lactation support providers to allow them maintain and advance their lactation training; strengthening community-clinical linkages by placing WIC breastfeeding staff at hospitals, physician offices, and within home visiting programs; coordinating continuity of care between WIC breastfeeding staff and healthcare providers; partnering with the Baby-Friendly Hospital Initiative (BFHI) to create breastfeeding-friendly environments in hospitals; and partnering with industry partners to support women's breastfeeding efforts as postpartum women transition back to work.

We stand ready to work with the USDA to advance these action steps and appreciate the opportunity to submit these recommendations.

Sincerely



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ⁱ Schwarzenberg, S., & Georgieff, M. (2018). Advocacy for Improving Nutrition in the First 1000 Days to Support Childhood Development and Adult Health. *Pediatrics*, 141(2), e20173716. doi: 10.1542/peds.2017-3716

ⁱⁱ About WIC - WIC at a Glance | USDA-FNS. Retrieved 15 July 2021, from <https://www.fns.usda.gov/wic/about-wic-glance>

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} 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.

^v 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.

^{viii} 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

^{ix} Bearegard J, Hamner H, Chen J, Avila-Rodriguez W, Elam-Evans L, Perrine C. Racial Disparities in Breastfeeding Initiation and Duration Among U.S. Infants Born in 2015. *MMWR Morb Mortal Wkly Rep*. 2019;68(34):745-748. doi:10.15585/mmwr.mm6834a3

^x Racial Disparities in Access to Maternity Care Practices That Support Breastfeeding — United States, 2011. Cdc.gov. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6333a2.htm?s_cid=mm6333a2_w. Published 2020. Accessed January 22, 2020.

^{xi} Bartel A, Kim S, Nam J, Rossin-Slater M, Ruhm C, Waldfogel J. Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets. *Mon Labor Rev*. 2019. doi:10.21916/mlr.2019.2

Kerby, S. The state of women of color in the United States [Internet]. Washington (DC): Center for American Progress. 2012 July 17, cited 2019 Mar 22. Available from: <https://www.americanprogress.org/issues/race/reports/2012/07/17/11923/the-state-of-women-of-color-in-the-united-states/>.

^{xii} United States Lactation Consultant Association. Lactation Care Provider Demographic Survey: 2019 Data (2020) <https://uslca.org/wp-content/uploads/2020/06/2019-Lactation-Care-Provider-Demographic-Survey.pdf>. See Academy of Lactation Policy and Practice (2019) Demographic Report of Current CLCs in the U.S. & Territories. https://www.alpp.org/pdf/CLC_demographics.pdf.

^{xiii} Yun S, Liu Q, Mertzluft K, Kruse C, White M, Fuller P, Zhu B (2010) Evaluation of the Missouri WIC breastfeeding peer counselor program. *Public Health Nutrition* 13(2):229-237. <https://doi.org/10.1017/S136890009990668>.

^{xiv} Panzera AD, Castellanos-Brown K, Paolicelli C, Morgan R, Potter A, Berman D (2017) The Impact of Federal Policy Changes and Initiatives on Breastfeeding Initiation Rates and Attitudes Toward Breastfeeding Among WIC Participants. *Journal of Nutrition Education and Behavior* 49(7):S207-211. E1. <https://doi.org/10.1016/j.jneb.2017.04.026>.

^{xv} U.S. Department of Agriculture, Food and Nutrition Service (2020) WIC Participant and Program Characteristics 2018 – Final Report, at 115, <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICPC2018.pdf>.

^{xvi} May L, Borger C, Weinfield N, MacAllum C, DeMatteis J, McNutt S, Whaley S, Ritchie L, Sallack L (2016) WIC Infant and Toddler Feeding Practices Study 2: Infant Year Report. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

^{xvii} U.S. Department of Agriculture, Food and Nutrition Service (2020) WIC Participant and Program Characteristics 2018 – Final Report, at 115, <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICPC2018.pdf>.

Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2015. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2015.htm.