

September 14, 2020

Dear U.S. Department of Labor,

I am writing on behalf of the U.S. Breastfeeding Committee (USBC) to comment on the request for information issued by the Women's Bureau of the U.S. Department of Labor (DOL) on July 16, 2020. The USBC is a coalition of more than 100 organizations that support our 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 support to achieve their breastfeeding goals in the communities where they live, learn, work, and play.

As a proven primary prevention strategy, breastfeeding builds a foundation for life-long health and wellness. The evidence for the value of breastfeeding 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 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 breastfeeding mothers stop earlier than they intend.^v By six months of age, only 25.6% of U.S. infants exclusively breastfeed.^{vi} A significant barrier to breastfeeding 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.^{vii}

The federal Family and Medical Leave Act (FMLA) guarantees eligible employees up to 12 weeks of unpaid leave each year to care for a newborn, a newly adopted child, or a seriously ill family member; or to recover from their own serious health conditions, including pregnancy.^{viii} However, about 40% of the workforce is not eligible for leave under the FMLA, and it guarantees only *unpaid* leave, which many cannot afford to use.^{ix}

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 breastfeeding success, contributing to improved rates of breastfeeding initiation and duration.^x **Mothers with longer maternity leaves are more likely to start and continue breastfeeding after they return to work outside of the home.**^{xi}

"I believe my twelve-week maternity leave was crucial to my breastfeeding success...There is such a learning process that happens with breastfeeding and it can take time to get things off to the best start." Jennifer G, Texas

State paid family 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.^{xii} In addition, more than 70 cities and counties across 24 states enacted paid leave policies.^{xiii}

These changes are making a difference. 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.^{xiv}

However, these state paid family leave programs are not enough. **Breastfeeding can benefit every family, and paid family and medical leave must be accessible to all U.S. employees.** Currently, only 19 percent of workers in the United States have access to paid family leave through their employers, and just 40 percent have access to personal medical leave through employer-provided short-term disability insurance.^{xv}

Additionally, there are significant disparities in access to paid family leave among racial groups, with Black and Hispanic employees less likely than their white non-Hispanic counterparts to have access to paid parental leave.^{xvi} There are similar disparities in breastfeeding outcomes among racial groups. Fewer non-Hispanic Black infants (73.7%) and Hispanic infants (84.1%) are ever breastfed compared with non-Hispanic White infants (86.7%).^{xvii} A national paid family leave program is needed to level the playing field and allow all mothers and infants to benefit from the proven positive health effects of human milk feeding.

Guaranteed paid family and medical leave associated with the birth or adoption of a child is a vital component of maternal and child health and should be available for all parents 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 as well as federal, state, and local agencies to establish at least 12 weeks of job-protected, paid family and medical leave.** A self-funded national paid family and medical leave insurance program must be affordable and cost-effective for workers, employers, and the government, and be accessible to all workers, regardless of their gender, marital status, or type of work.

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