

The Honorable Richard Shelby  
Chairman  
Senate Appropriations Committee

The Honorable Nita Lowey  
Chairwoman  
House Appropriations Committee

The Honorable Patrick Leahy  
Vice Chairman  
Senate Appropriations Committee

The Honorable Kay Granger  
Ranking Member  
House Appropriations Committee

The Honorable Roy Blunt  
Chairman  
Senate Appropriations Subcommittee on  
Labor, HHS, Education and Related Agencies

The Honorable Rosa DeLauro  
Chairwoman  
House Appropriations Subcommittee on  
Labor, HHS, Education and Related Agencies

The Honorable Patty Murray  
Ranking Member  
Senate Appropriations Subcommittee on  
Labor, HHS, Education and Related Agencies

The Honorable Tom Cole  
Ranking Member  
House Appropriations Subcommittee on  
Labor, HHS, Education and Related Agencies

April 1, 2019

Dear Senators Shelby, Leahy, Blunt, and Murray; and Representatives Lowey, Granger, DeLauro, and Cole,

Preventive health care measures are a proven and effective strategy for improving health outcomes while also reducing health care costs. Breastfeeding is routinely identified as one of the most effective means for preventing disease.

Breastfeeding provides a range of economic and environmental benefits for society. A 2016 study of both maternal and pediatric health outcomes and associated costs based on 2014 breastfeeding rates showed that, if 90% of infants were breastfed according to medical recommendations, 2,600 maternal and child deaths, \$2.4 billion in medical costs, and \$10.8 billion in costs of premature death would be prevented, annually.<sup>i</sup>

**Given the increasing importance of prevention and the ambitious national health goals currently being defined through the Healthy People 2030 initiative, we, the undersigned organizations, urge Congress to support those goals by directing \$13 million to Centers for Disease Control & Prevention (CDC) Hospital & Continuity of Care Breastfeeding Support in Fiscal Year 2020.**

This investment continues and builds upon multi-year, multi-pronged initiatives to: provide technical assistance through collaborative partnerships between organizations assisting hospitals in implementing evidence-based practice improvements; combine health care provider education with policy, systems and environmental (PSE) approaches to strengthen continuity of care; and align activities with the aim of increasing breastfeeding initiation and duration rates and eliminating/decreasing inequities in breastfeeding support. This investment bolsters

progress to date, and reinforces multi-sector collaboration to build a public health infrastructure, as described in *The Surgeon General's Call to Action to Support Breastfeeding*.

### **Evidence and Benefits of Breastfeeding**

We join the U.S. Department of Health and Human Services and leading medical organizations in recommending that infants be exclusively breastfed for six months and continue to breastfeed for the first year of life and as long afterwards as mutually desired by mother and infant. Our nation's breastfeeding rates continue to fall far short of medical recommendations. While 83.2 percent of babies born in the United States start out breastfeeding, six in ten breastfeeding mothers stop earlier than they intend. By six months of age, only 24.9 percent of U.S. infants are exclusively breastfed.<sup>ii</sup>

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness.<sup>iii</sup> The evidence for the value of breastfeeding to children's and women's health is scientific, solid, and continually being reaffirmed by new research. Compared with formula-fed infants, those who are breastfed have a reduced risk of ear, skin, stomach, and respiratory infections; diarrhea; sudden infant death syndrome; and necrotizing enterocolitis. In the longer term, breastfed children have a reduced risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia. Women who breastfed their children have a reduced long-term risk of diabetes, cardiovascular disease, and breast and ovarian cancers. A new study links evidence-based hospital and continuity of care policies and practices to reducing stark racial disparities in breastfeeding, and improving overall breastfeeding rates.<sup>iv</sup>

### **Federal Funding in Breastfeeding Yields Results**

Federal funding for breastfeeding initiatives has been shown to provide a substantial and immediate return on investment. Since funding was first directed to support breastfeeding programs in FY2012, breastfeeding initiation has increased from 76.9 percent of infants born in 2012 to 83.2 percent of infants born in 2015, with exclusive breastfeeding at 6 months increasing from 16.3 percent to 24.9 percent.<sup>ii</sup> The CDC collects data on maternity care practices and policies related to infant feeding through the Maternity Practices in Infant Nutrition and Care (mPINC) Survey. The impact of this investment already has been substantial: the percentage of U.S. hospitals implementing a majority of the recommended steps has increased from about 29 percent in 2007 to 62 percent in 2015.<sup>v</sup>

**We urge that at least \$13 million be directed in FY2020 for the CDC Hospital & Continuity of Care Breastfeeding Support, to facilitate ongoing, critical efforts to build a strong public health infrastructure of breastfeeding support.**

Given the consistent and well-documented health, economic, and environmental benefits of breastfeeding, this is an investment that will continue to produce measurable dividends across the country and many times over for families, employers, and the government.

Thank you for your consideration of this request. For further information or if you have any questions, please contact Amelia Psmythe, Interim Executive Director at the United States Breastfeeding Committee, at 773.359.1549 x23 or [apsmythe@usbreastfeeding.org](mailto:apsmythe@usbreastfeeding.org).

## **SIGNATORY ORGANIZATIONS**

### **International, National, and Tribal Organizations:**

1,000 Days  
A Better Balance  
Academy of Breastfeeding Medicine  
Academy of Nutrition and Dietetics  
American Academy of Pediatrics  
American Association of Birth Centers  
American Public Health Association  
Association of Maternal & Child Health Programs  
Association of State Public Health Nutritionists  
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)  
Attachment Parenting International  
Baby Café USA  
Baby-Friendly USA, Inc.  
Breastfeeding USA  
ChangeLab Solutions  
Childbirth and Postpartum Professionals Association  
Every Mother, Inc.  
Healthy Children Project, Inc.  
HealthConnect One  
Human Milk Banking Association of North America  
ImprovingBirth  
Institute for the Advancement of Breastfeeding and Lactation Education  
International Board of Lactation Consultant Examiners® (IBLCE®)  
International Childbirth Education Association (ICEA)  
La Leche League Alliance for Breastfeeding Education  
La Leche League USA  
Lamaze International  
Milk of the Heart Inc.  
National Association of Pediatric Nurse Practitioners

National Association of Professional and Peer Lactation Supporters of Color  
National WIC Association  
Nursing Mothers Counsel, Inc.  
RESULTS  
United State Breastfeeding Committee

### **Regional, State, and Local Organizations:**

The Alabama Breastfeeding Committee  
Alaska Breastfeeding Coalition  
Alimentación Segura Infantil  
Baby And Me Lactation Services  
Breastfeeding Coalition of Delaware  
Breastfeeding Coalition of Washington  
BreastfeedLA  
California Breastfeeding Coalition  
Centro Pediatrico de Lactancia y Crianzas  
Coalition of Oklahoma Breastfeeding Advocates  
Colorado Breastfeeding Coalition  
Denver WIC  
District of Columbia Breastfeeding Coalition  
Durham's Baby Cafe  
Florida West Coast Breastfeeding Taskforce  
Gender Justice  
Indiana Breastfeeding Coalition  
Kansas Action for Children  
Kansas Breastfeeding Coalition  
Kentuckiana Lactation Improvement Coalition  
The Lactation Connection  
Lactation Consultants of Metro Saint Louis  
Lactation Improvement Network of Kentucky  
Louisiana Breastfeeding Coalition  
Maryland Breastfeeding Coalition  
Michigan Breastfeeding Network  
Minnesota Breastfeeding Coalition  
MilkWorks, Lincoln & Omaha, Nebraska  
Missouri Breastfeeding Coalition  
Natural Choice Birth & Breastfeeding LLC

New Hampshire Breastfeeding Task Force  
New Jersey Breastfeeding Coalition, Inc.  
New Mexico Breastfeeding Task Force  
New York Statewide Breastfeeding Coalition  
North Carolina Breastfeeding Coalition  
Northern Nevada Breastfeeding Coalition  
Nursing Mothers Counsel, Inc.  
Nurture Lactation Support  
NYC Breastfeeding Leadership Council, Inc.  
PathWays PA  
Precious Jewels Moms Ministries

Pretty Mama Breastfeeding LLC  
Saline County (MO) Breastfeeding Coalition  
Southern Nevada Breastfeeding Coalition  
Texas Pediatric Society  
Tri-County Breastfeeding Coalition  
Vermont Breastfeeding Network  
Vermont Lactation Consultant Association,  
Inc.  
West Virginia Breastfeeding Alliance  
Wisconsin Breastfeeding Coalition

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<sup>i</sup> Bartick MC, Schwarz EB, Green BD, et al. Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Maternal & Child Nutrition*. 2016;13(1). doi:10.1111/mcn.12366.

<sup>ii</sup> Breastfeeding Report Card | Breastfeeding | CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. Accessed March 15, 2019

<sup>iii</sup> Making the decision to breastfeed. [womenshealth.gov](http://womenshealth.gov). <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed>. Updated March 14, 2019. Accessed March 15, 2019.

<sup>iv</sup> Merewood A, Bugg K, Burnham L, et al. Addressing Racial Inequities in Breastfeeding in the Southern United States. *Pediatrics*. 2019;143(2). doi:10.1542/peds.2018-1897.

<sup>v</sup> Maternity Practices in Infant Nutrition and Care (mPINC) Survey | Breastfeeding | CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/data/mpinc/index.htm>. Accessed March 15, 2019.