

Dear Members of Congress,

We, the undersigned organizations, urge you to **direct \$20M to the Centers for Disease Control & Prevention (CDC) Hospitals Promoting Breastfeeding line item** in the Fiscal Year (FY) 2023 Labor, Health and Human Services, and Related Agencies appropriations bill, \$10.5M above the President's budget level and \$10.25M above the FY 2022 level.

The CDC, our nation's leading health protection agency, is at the forefront of health efforts, including COVID-19 response, providing vital updates and guidance to health professionals and the public. The pandemic and the myriad of natural disasters that plagued the country in recent years have demonstrated that our states lack the infrastructure to coordinate lactation support services and the provision of breastfeeding equipment during emergencies. Shifts in maternity care practices related to COVID-19 unduly compromised the establishment of breastfeeding in Black, Indigenous, and communities of color, residents of economically distressed urban areas, and people living in rural districts. These same populations experience many other health inequities, including lesser access to nutritious foodsⁱ and a disproportionate burden of overweight, obesity, and chronic disease,ⁱⁱ all of which can be reduced by increasing breastfeeding rates.

As COVID-19 transitions to an endemic phase in the United States, recovery efforts must adapt to a population experiencing substantially higher stress levels, inactivity, and an ever-expanding obesity epidemic. Research shows that there have been significant increases in childhood overweight,ⁱⁱⁱ and the majority of adults report undesired weight changes over the last year.^{iv} Chronic disease remains the leading cause of death and disability in the U.S.^v Chronic disease management results in trillions of dollars in annual health care costs, and more than 1.7 million people die each year.^{vi} The behavioral drivers of chronic disease—poor nutrition, inactive lifestyle, excessive drinking, and tobacco use—increased during the pandemic,^{vii} suggesting that COVID-19 will exacerbate negative health status trends for years to come.

We are simultaneously facing a maternal health crisis. The United States has the highest maternal mortality rate of any wealthy nation in the world,^{viii} and maternal and infant health outcomes lag behind our global counterparts.^{ix} The pregnancy, birth, and postpartum periods through the child's first 1,000 days are pivotal moments for securing and establishing lifelong health for both mothers and babies, and continuity of care in lactation support comprises an essential component of maternal and child health care.

Our nation's public health efforts will require a comprehensive approach to addressing the overlapping health crises of maternal mortality and morbidity, COVID-19, and chronic disease. Within CDC, the Division of Nutrition Physical Activity and Obesity (DNPAO) works to prevent chronic disease, improve maternal and infant health outcomes, and respond to emerging health issues and emergencies. **Good nutrition and healthy weight begin with breastfeeding.** DNPAO's effort to support states, territories, tribal nations, hospitals, and communities in advancing breastfeeding continuity of care and in increasing access to breastfeeding-friendly environments within hospitals, workplaces, and community spaces are high-value, low-cost public health interventions.

The evidence for the value of human milk to overall health for infants, children, and mothers is scientific, robust, and continually reaffirmed by new research.^x The American Academy of Pediatrics recommends infants be exclusively breastfed for about six months with continued breastfeeding while introducing complementary foods for at least one year.^{xi} Breastfed infants are at lower risk of certain infections and sudden unexplained infant death.^{xii} Children who were breastfed have decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia.^{xiii} Women who breastfed reduce their risk of specific chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.^{xiv} A new CDC study of over 3 million U.S. births found that breastfeeding initiation reduced the risk of post-perinatal (between 7-364 days) infant deaths by 26 percent.^{xv}

CDC investments in breastfeeding are making a major difference. As noted in the President's budget, CDC investments in access to breastfeeding support contributed to increased initiation and duration of

breastfeeding and over one million babies per year (28 percent) being born in hospitals with supportive breastfeeding practices. While the vast majority of babies start out breastfeeding, barriers in healthcare, community, and employment settings continue to impede breastfeeding success.^{xvi} There are also persistent breastfeeding rate disparities by racial, geographic, and socioeconomic factors.^{xvii}

To address longstanding policy and systems-level barriers, the Healthy People 2030 initiative has set forth bold but attainable goals for increasing breastfeeding duration and exclusivity.^{xviii} Achieving these goals has the potential to create major shifts in our nation's health outcomes. DNPAO has demonstrated, through funding systems-level interventions in states, and the provision of technical assistance and resources, to have the expertise and the ability to help states and communities implement upstream interventions that support breastfeeding families and positively impact the health of communities.

While the President's budget calls for an overall increase in funding for CDC, it includes a slight decrease in funding for the Hospitals Promoting Breastfeeding line item. This increased investment in CDC is essential, but it will not address the substantial gaps in infant feeding support unless accompanied by a simultaneous increase for the Hospitals Promoting Breastfeeding program.

Given the importance of human milk feeding in establishing good nutrition and healthy weight, reducing the risk of chronic disease, and improving maternal and infant health outcomes, we urge the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee to **direct \$20M to the CDC Hospitals Promoting Breastfeeding line item in FY2023, an increase of \$10.25M from FY2021.**

The pandemic exacerbated isolation and health inequities, stalled the implementation of critical childhood nutrition policies, and highlighted the lack of public health infrastructure for infant and young child feeding in emergencies. We have much to make up for and much to build, which will not be possible without a doubling of this line item. Fully funding the line item will make it possible for DNPAO to:

- (1) Maintain and expand critical monitoring and surveillance activities, including annual analysis of the National Immunization Survey (NIS), administration of the bi-annual Maternity Practices in Infant Nutrition and Care (mPINC) Survey, bi-annual production of the National Breastfeeding Report Card, and administration of the longitudinal Infant Feeding Practices Study, which is especially needed in light of recent updates to the Dietary Guidelines for Americans, which, for the first time, provides nutritional guidance for infants and toddlers;
- (2) Utilize CDC's website to disseminate breastfeeding data and statistics, guidelines and recommendations, key resources, and information on emergent breastfeeding issues, which is invaluable to the public health community, including breastfeeding coalitions and direct service providers;
- (3) Expand quality improvement investments to implement maternity care best practices in hospitals while implementing initiatives to recover from pandemic-induced breakdowns in those settings;
- (4) Expand funding for state and community efforts to advance care coordination and strengthen the lactation support landscape through policy, systems, and environmental change interventions to reduce or eliminate breastfeeding disparities; and
- (5) Enhance and deepen partnerships with other federal agencies to develop national and state-level infrastructure to integrate infant feeding and lactation support services into emergency response systems and food security programs during acute disasters and prolonged public health crises.

We recognize these are extraordinary times, which is why an increase in the CDC Hospitals Promoting Breastfeeding line item is imperative in Fiscal Year 2023. The American people, especially our babies, are the nation's most valuable resource. We must invest in their health, vitality, and resilience through systemic interventions that beat back the rising tide of obesity and associated chronic disease.

CO-SIGNERS

International, National, & Tribal Organizations:

Academy of Lactation Policy and Practice
Alimentación Segura Infantil
American Association of Birth Centers
American Breastfeeding Institute
American College of Osteopathic Pediatricians
American Medical Association
Association of State Public Health Nutritionists
Baby-Friendly USA, Inc.
Breastfeeding Family Friendly Communities
Bright Future Lactation Resource Centre Ltd.
Center for Breastfeeding Information Research
Library
Center for Health Equity, Education, and Research at
Boston University School of Medicine
Childbirth And Postpartum Professional Association
CityMatCH
Every Mother, Inc.
Healthy Children Project, Inc.
HealthConnect One
Human Milk Banking Association of North America
International Board of Lactation Consultant
Examiners
La Leche League Alliance
La Leche League of the United States of America,
Inc
Love On Top Lactation LLC
Mamava
MomsRising
Mothers' Milk Bank Northeast
National Association of County and City Health
Officials
National Association of Pediatric Nurse Practitioners
National Women's Health Network
Nemours Children's Health
Nurturely
Ostara Initiative
Public Health Consulting
The Institute for the Advancement of Breastfeeding
and Lactation Education
U.S. Breastfeeding Committee
U.S. Lactation Consultant Association

Regional, State, & Local Organizations:

Alabama

Baobab Birth Collective
Marshall Medical Centers
Tennessee Valley Lactation Support

Alaska

Alaska Breastfeeding Coalition

Arizona

Academy of Lactation Programs at Arizona State
University

California

BreastfeedLA
California Breastfeeding Coalition
Nursing Mothers Counsel, Inc.
San Diego Breastfeeding Coalition

Colorado

Boulder Community Health Lactation
Department
CREA Results
Cuenta Conmigo Lactancia

Connecticut

Connecticut Breastfeeding Coalition

District of Columbia

District of Columbia Breastfeeding Coalition

Illinois

Precious Jewels Moms Ministries
Women, Infants, and Children Rock Island
County Health Department

Indiana

Indiana Breastfeeding Coalition

Florida

Breastfeeding Coalition of Palm Beach County
Healthy Start of North Central Florida Coalition
Lactation Whisperer

Georgia

Healthy Mothers Healthy Babies Coalition of
Georgia
Georgia Breastfeeding Coalition

Kansas

Flinthills Breastfeeding Coalition
Ford County Breastfeeding Coalition, Inc.
Kansas Breastfeeding Coalition
Wichita Birth Justice Society

Kentucky

Bonnie Knows Breast
Kentuckiana Lactation Improvement Coalition
Lactation Improvement Network of Kentucky

Louisiana

Ascension DePaul Health Centers WIC Clinics

Maryland

Breastfeeding Works
Maryland Breastfeeding Coalition

Michigan

Breastfeed Macomb
InterCare Community Health Network: Women,
Infants and Children Program
Lactation Lighthouse
Michigan Breastfeeding Network
Southeast Michigan IBCLCs of Color

Mississippi

Lets Talk Baby Café

Missouri

Missouri Breastfeeding Coalition

Montana

Montana State Breastfeeding Coalition

Nebraska

Nebraska Breastfeeding Coalition

New Hampshire

New Hampshire Breastfeeding Task Force

New Jersey

New Jersey Breastfeeding Coalition

New Mexico

New Mexico Breastfeeding Task Force

New York

Bronx Breastfeeding Coalition
Latchsmith
New York City Breastfeeding Leadership
Council, Inc.
New York Statewide Breastfeeding Coalition
Perfect latch LLC
Supporting Our Mothers Initiative LLC

North Carolina

Breastfeed Durham
Breastfeed Orange NC
Kiota Doula LLC

Ohio

Dayton Children's Hospital

Oklahoma

Coalition of Oklahoma Breastfeeding Advocates

Oregon

African American Breastfeeding Coalition of
Oregon

Pennsylvania

Christine's Care & Compassion
Pennsylvania Breastfeeding Coalition
Women's Law Project

South Carolina

South Carolina Breastfeeding Coalition

Tennessee

Breastfeeding Support Group of Pulaski, TN

Nikki Lee Health

Virginia Breastfeeding Coalition

Texas

Breastfeeding Perspectives
San Antonio Breastfeeding Coalition

Washington

Breastfeeding Coalition of Washington

Vermont

Vermont Breastfeeding Network
Vermont Lactation Consultant Association, Inc.

West Virginia

West Virginia Breastfeeding Alliance

Virginia

Breastfeeding Blues & Bliss, LLC

Wisconsin

Wisconsin Association of Lactation Consultants
Wisconsin Breastfeeding Coalition

ⁱ Kris-Etherton P, Petersen K, Velarde G et al. Barriers, Opportunities, and Challenges in Addressing Disparities in Diet-Related Cardiovascular Disease in the United States. *J Am Heart Assoc.* 2020;9(7). doi:10.1161/jaha.119.014433

ⁱⁱ Quiñones A, Botosaneanu A, Markwardt S et al. Racial/ethnic differences in multimorbidity development and chronic disease accumulation for middle-aged adults. *PLoS One.* 2019;14(6):e0218462. doi:10.1371/journal.pone.0218462

ⁱⁱⁱ Jenssen B, Kelly M, Powell M, Bouchelle Z, Mayne S, Fiks A. COVID-19 and Changes in Child Obesity. *Pediatrics.* 2021:e2021050123. doi:10.1542/peds.2021-050123

^{iv} Slightly More Than 6 in 10 U.S. Adults (61%) Report Undesired Weight Change Since Start of Pandemic. *Apa.org.* <https://www.apa.org/news/press/releases/2021/03/march-weight-change>. Published 2021. Accessed April 9, 2021.

^v Chronic Diseases in America | CDC. *Cdc.gov.* <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>. Published 2021. Accessed April 9, 2021.

^{vi} Chronic Disease in the United States: A Worsening Health and Economic Crisis - AAF. *AAF.* <https://www.americanactionforum.org/research/chronic-disease-in-the-united-states-a-worsening-health-and-economic-crisis/>. Published 2021. Accessed April 9, 2021.

^{vii} One year on: Unhealthy weight gains, increased drinking reported by Americans coping with pandemic stress. *https://www.apa.org.* <https://www.apa.org/news/press/releases/2021/03/one-year-pandemic-stress>. Published 2021. Accessed April 9, 2021.

^{viii} FACT SHEET: Vice President Kamala Harris Announces Call to Action to Reduce Maternal Mortality and Morbidity | The White House. (2022). Retrieved 12 April 2022, from <https://www.whitehouse.gov/briefing-room/statements-releases/2021/12/07/fact-sheet-vice-president-kamala-harris-announces-call-to-action-to-reduce-maternal-mortality-and-morbidity/>

^{ix} *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries.* (2020). Retrieved 13 April 2022, from <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>.

^x 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.

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

^{xv} Li, R., Ware, J., Chen, A., Nelson, J., Kmet, J., & Parks, S. et al. (2022). Breastfeeding and post-perinatal infant deaths in the United States, A national prospective cohort analysis. *The Lancet Regional Health - Americas*, 5, 100094. doi: 10.1016/j.lana.2021.100094

^{xvii} *Breastfeeding Report Card, 2020*. Centers for Disease Control and Prevention; 2020.
<https://www.cdc.gov/breastfeeding/data/reportcard.htm>. Accessed March 24, 2021.

^{xviii} Infants - Healthy People 2030 | health.gov. Retrieved 12 April 2022, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants>