United States Breastfeeding COMMITTEE
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April 13, 2020

Dear Members of the Dietary Guidelines Advisory Committee (DGAC):

The U.S. Breastfeeding Committee submits these comments to inform the work of the DGAC as it reviews the evidence related to nutrition and health and advises the development of the 2020-2025 Dietary Guidelines for Americans.

We commend the decision to include, for the first time, guidance for infants and toddlers (from birth to age 24 months) and women who are pregnant and lactating. The development of specific dietary guidelines for these key populations could play a pivotal role in preventing the incidence of obesity and diet-related chronic disease, ensuring optimal child nutrition, and helping eliminate health disparities that perpetuate inequity.

Breastfeeding is the biological norm for infant feeding. The U.S. Breastfeeding Committee urges the DGAC to join major 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, in recommending exclusive breastfeeding for the first six months of life followed by continued breastfeeding as complementary foods are introduced for at least the first year of life. These recommendations, as well as those indicating health benefits of breastfeeding to the mother and child, are supported by broad consensus among public health organizations and experts. By aligning with existing recommendations, the 2020-2025 Dietary Guidelines for Americans can help to ensure that families receive clear and consistent messages on infant feeding.

The U.S. Breastfeeding Committee urges the DGAC to focus on how breastfeeding impacts short and long term health outcomes for both mothers and infants, with specific attention to differentiating outcomes based on breastfeeding duration and exclusivity. The USBC also recommends that the DGAC includes studies of diverse populations with varying racial and ethnic backgrounds, socioeconomic backgrounds, and maternal age ranges.

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness, and adapting over time to meet the changing needs of the growing child.[i] The evidence for the value of breastfeeding to children's and women's health is scientific, robust, and continually being reaffirmed by new research. Breastfeeding reduces the risk of a range of illnesses and conditions for infants and mothers.[ii] Compared with formula-fed children, breastfed infants 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.[iii] Women who breastfed their children have a reduced long-term risk of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.[iv]

Evidence on the health implications of suboptimal breastfeeding are continuously emergent. The U.S. Breastfeeding Committee is concerned that reliance on systematic reviews capturing evidence published from January 1980 through March 2016 does not reflect the most up to date research on the relationship between duration of exclusive human milk and/or infant formula consumption and food allergies, atopic allergic diseases, and long-term health outcomes. The U.S. Breastfeeding Committee urges the DGAC to conduct a full and

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thorough review protocol to ensure that the Dietary Guidelines reflect the most recent, salient, evidence-based science.

The first two years of life and the pregnancy and postpartum periods offer unique windows of opportunity to advance health. The U.S. Breastfeeding Committee urges the DGAC to structure the 2020-2025 Dietary Guidelines for Americans to support breastfeeding as the biological norm, and accurately align with known transitional periods in pregnancy, lactation, infancy, and early childhood. The nutritional and dietary needs of infants younger than six months differ from those between the ages of six months and two years. Similarly, the nutritional and dietary needs of pregnant people differ from those of lactating people. These differences must be reflected in the final guidelines.

Additionally, it is imperative that the recommendations are free of industry bias. The U.S. Breastfeeding Committee urges the DGAC to continuously take steps to ensure that individuals and organizations that benefit from the sale of infant formula and related products do not exert influence on the Committee's decisions. Suboptimal feeding practices can lead to infant malnutrition, morbidity, and mortality, and improper practices in the marketing and promotion of breast-milk substitutes and related products contribute to these public health problems.[v] The dietary guidelines must reflect nutrition recommendations that promote the best possible health outcomes and are free from all conflicts of interest at every stage of development.

Finally, the U.S. Breastfeeding Committee urges the DGAC to identify strategies for promoting breastfeeding at individual and population levels, including specific strategies to eliminate disparities in breastfeeding rates, as a future research priority. The majority of pregnant women and new parents want to breastfeed, but significant barriers in health care, community, and employment settings can impede breastfeeding success.[vi] Underlying inequities in access to health, as a function of the social determinants of health, contribute to stark inequities in breastfeeding initiation, duration, and exclusivity along the fault lines of race, ethnicity, and income.[vii]

Thank you for considering these U.S. Breastfeeding Committee recommendations pertaining to the scientific evidence supporting breastfeeding as the optimal feeding choice for all infants in the United States.

Sincerely,

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Executive Director
U.S. Breastfeeding Committee

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[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].

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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.

[iv] 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. Published 2020. Accessed January 22,

2020.

[v] *International Code Of Marketing Of Breast-Milk Substitutes*. World Health Organization; 1981. https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/. Accessed March 30, 2020.

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

[vii] 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