March 7, 2011

The Honorable Daniel Inouye
Chairman
Senate Appropriations Committee
Room S-128, The Capitol
Washington, DC 20510

The Honorable Thad Cochran
Vice Chairman
Senate Appropriations Committee
Room S-146A, The Capitol
Washington, DC 20510

The Honorable Harold Rogers
Chairman
House Appropriations Committee
Room H-307, The Capitol
Washington, DC 20515

The Honorable Norm Dicks
Ranking Member
House Appropriations Committee
1016 Longworth House Office Building
Washington, DC 20515

The Honorable Tom Harkin
Chairman
Senate Appropriations Subcommittee
on Labor, HHS, Education, and
Related Agencies
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Denny Rehberg
Chairman
House Appropriations Subcommittee
on Labor, HHS, Education and
Related Agencies
2448 Rayburn House Office Building
Washington, DC 20515

Dear Senators Inouye, Cochran and Harkin and Representatives Rogers, Dicks, and Rehberg:

Preventive health care measures offer a viable mechanism to improve health outcomes while also reducing health care costs. A proven health care cost reduction has been seen with interventions that increase the initiation, duration, and exclusivity of breastfeeding. A renewed emphasis on breastfeeding is identified as one of the most effective means for preventing disease and slowing growth in health costs, according to *The Surgeon General's Call to Action to Support Breastfeeding (SGCTA)*, just released in January.

Given the increasing importance of prevention in the face of spiraling health care costs and the obesity epidemic, we, the undersigned organizations, urge Congress to direct $15 million to breastfeeding support initiatives in Fiscal Year 2012, from the Prevention and Public Health Fund. We also urge Congress to undertake a concerted, multi-faceted effort to promote breastfeeding through the establishment of an Interagency Work Group on Breastfeeding, as recommended by the Surgeon General.

Lack of breastfeeding increases the risk of a wide variety of acute and chronic diseases in children and adults. Research shows that suboptimal breastfeeding duration is also a significant contributor to our nation's epidemic of childhood obesity, while increasing maternal health risks of breast and ovarian cancers, cardiovascular disease, and diabetes. A 2010 cost analysis shows that the United States incurs at least $13 billion per year in excess costs due to pediatric illness because of suboptimal breastfeeding rates. Federal investment in breastfeeding is expected to provide a substantial and immediate return on investment, as it has for private businesses that provide support for their lactating employees.

Our nation's breastfeeding rates continue to fall far short of Healthy People objectives, which mirror the universal medical recommendation to breastfeed exclusively for six months with continued breastfeeding for at least one year, and as long afterwards as desired by mother and child. In addition, enormous disparities exist across ethnic and geographic lines; groups with some of our poorest health outcomes have some of the lowest breastfeeding rates, such as Americans in the Southeastern states, and African-Americans all across the country.

Today, the only line items in the federal budget dedicated specifically to breastfeeding are the peer counseling program and state performance bonus grants under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which reaches only a portion of the U.S. population. While other federal programs may address breastfeeding, these efforts are not directed by Congress and are subject to the shifting priorities of Administrations and political leadership.

In the SGCTA, the Surgeon General called for 20 actions to support breastfeeding that require efforts from both public and private entities. The federal government does not specifically fund any of these activities, however. The private sector has begun some of the recommended initiatives, realizing substantial returns on investment with worksite lactation programs in particular. Among those prioritized by the Surgeon General, we consider the following to be funding priorities for FY2012:

- Ensure that maternity care practices are fully supportive of breastfeeding. (Action 7)
- Use community-based organizations to promote and support breastfeeding. (Action 4)
- Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community. (Action 8)
- Improve national leadership on the promotion and support of breastfeeding. (Action 20)

We urge that at least $15 million be directed in FY2012 for programs to transform maternity practices (Action 7) and community outpatient support (Actions 4 & 8). This work allows the healthier choice to be the easier choice, and increases that the support mothers need to succeed with breastfeeding. The attached briefing document outlines the rationale for these funding priorities, and details how these funds could be used to execute high priority activities to improve the health of our nation through breastfeeding.

The SGCTA noted that an effective public health program requires the coordination and monitoring of services across agencies, recognizing that currently there is no formal structure for the coordination of federal breastfeeding initiatives. The establishment of an Interagency Work Group on Breastfeeding, as recommended by the Surgeon General (Action 20), would ensure strategic execution of the SGCTA's 20 actions and implementation strategies.

We believe that funding to improve maternity care practices through the Baby-Friendly Hospital Initiative and to increase outpatient support through community breastfeeding support centers, along with the establishment of an Interagency Work Group, will provide a sensible, cost-effective approach for the federal government's breastfeeding initiatives in FY2012. Given the well-documented health, economic, and environmental benefits of breastfeeding this is an investment that will produce measurable dividends many times over for families, employers, and the government.

Thank you for your consideration of this request. For further information, please contact the United States Breastfeeding Committee, at ***office@usbreastfeeding.org***.

Respectfully,

National Organizations

The Academy of Breastfeeding Medicine
Alliance for the Prudent Use of Antibiotics
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American Breastfeeding Institute
American College of Nurse-Midwives
American College of Osteopathic Pediatricians
American Dietetic Association
AnotherLook
Association of Maternal and Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
The Best for Babes Foundation
BirthNetwork National
Black Mother's Breastfeeding Association
Carolina Global Breastfeeding Institute
Childbirth Connection
Coalition for Improving Maternity Services
Every Mother
HealthConnect One
Human Milk Banking Association of North America
International Board of Lactation Consultant Examiners
International Childbirth Education Association
La Leche League International
La Leche League USA
Lamaze International
MOMS ~ Moms Offering Moms Support
National Alliance for Breastfeeding Advocacy
National Association of Pediatric Nurse Practitioners
National Native Council on Breastfeeding
National Partnership for Women & Families
National Perinatal Association
National WIC Association
Project Concern International
Public Health Nursing Section of the American Public Health Association
United States Breastfeeding Committee
United States Lactation Consultant Association
Wellstart International

Regional, State/Territory, Local, and Tribal Organizations

Acadiana Breastfeeding Coalition (Louisiana)
American Congress of Obstetricians and Gynecologists, District II
Arkansas Breastfeeding Coalition
Aurora Women's Pavilion – Aurora Health Care (SE Wisconsin)
Beach Cities Babies (Redondo Beach, California)

Breastfeeding Awareness Network and Coalition of Northeast Louisiana
Breastfeeding Coalition of Greater Miami Valley
Breastfeeding Coalition of Oregon
Breastfeeding Hawaii, Inc.
Breastfeeding Task Force of Greater Los Angeles
Breastfeeding Task Force of Santa Clara Valley
Breastfeeding Taskforce of Nevada
California Breastfeeding Coalition
California WIC Association
Center for Breastfeeding Medicine, UCSF-Fresno, Department of Pediatrics
Central Louisiana Breastfeeding Coalition
Central Ohio Breastfeeding Coalition
Central Texas Healthy Mothers, Healthy Babies Coalition
Chatham Lactation Services (Chapel Hill, North Carolina)
Chittenden County Breastfeeding Coalition (Vermont)
CNMI Breastfeeding Coalition
Coalition of Oklahoma Breastfeeding Advocates
Colorado Breastfeeding Coalition
Connecticut Breastfeeding Coalition
Dallas Area Breastfeeding Alliance
District of Columbia Breastfeeding Coalition, Inc.
Doctors Hospital of Manteca (California)
Duplin County Health Services (North Carolina)
East Texas Area Breastfeeding Coalition
Florida Breastfeeding Coalition, Inc.
Georgia Breastfeeding Coalition
Good Shepherd Medical Center Marshall (Texas)
Greenwood Alliance for Breastfeeding Cyber-support (South Carolina)
Guam Breastfeeding Coalition
Henderson County WIC Program (North Carolina)
Highland County Community Action Organization Family Health Services (Ohio)
Houston Area Lactation Consultants & Educators Association
Indiana Black Breastfeeding Coalition
Iowa Breastfeeding Coalition
Kansas Breastfeeding Coalition
Kidsworks Florida LLC
Lactation Consultants of Greater Washington
Lactation Improvement Network of Kentucky
Louisiana Breastfeeding Coalition
Maine State Breastfeeding Coalition
Martin Luther King Jr. Heritage Health Center WIC Program (Milwaukee)
Maryland Breastfeeding Coalition
Massachusetts Breastfeeding Coalition, Inc.
Maternal and Child Health Access (Los Angeles)
Michigan Breastfeeding Network
Mid-Hudson Lactation Consortium (New York)
MilkWorks – a nonprofit breastfeeding support center in Lincoln, NE
Milwaukee County Breastfeeding Coalition

Minnesota Breastfeeding Coalition
Mississippi Breastfeeding Coalition
Missouri Breastfeeding Coalition
Montana State Breastfeeding Coalition
Mother to Mother Breastfeeding Program – Wayne County (Michigan)
Mothers' Milk Bank of Mississippi
Native Breastfeeding Council, Sonoma County Indian Health Project (California)
Nebraska Breastfeeding Coalition
Nevada WIC
New Jersey Breastfeeding Coalition
New Mexico Breastfeeding Task Force
New York City Breastfeeding Leadership Committee
New York Statewide Breastfeeding Coalition
North Carolina Breastfeeding Coalition
Ohio Breastfeeding Alliance
Ohio Lactation Consultants Association
Orange County Breastfeeding Coalition
Pennsylvania Breastfeeding Coalition
Permian Basin Breastfeeding Coalition (Texas)
Pitt County Memorial Hospital (North Carolina)
Pueblo of Isleta Breastfeeding Task Force
Pueblo of Isleta WIC
Puerto Rico Department of Health Breastfeeding Promotion Committee
Rhode Island Breastfeeding Coalition
Rio Grande Valley Breastfeeding Coalition (Texas)
Rockwall Medical Association (Texas)
Rowan Medical Nutrition Therapy (Salisbury, North Carolina)
Soul Food for Your Baby (California)
South Carolina Breastfeeding Action Committee
South Carolina Breastfeeding Coalition
South Carolina Eat Smart, Move More Coalition
Southern New Mexico Breastfeeding Task Force
South West Area Breastfeeding Advocates (El Paso, Texas)
Tarrant County Breastfeeding Coalition (Texas)
Tennessee Breastfeeding Coalition
Texas Breastfeeding Coalition
Texas Pediatric Society, the Texas Chapter of the American Academy of Pediatrics
Tri County Breastfeeding Coalition (Wilmington, North Carolina)
Utah Breastfeeding Coalition
Vermont Breastfeeding Network
Vermont Lactation Consultant Association, Inc.
Virginia Breastfeeding Task Force
West Virginia Breastfeeding Alliance
WithinReach (Washington)
Wyoming Breastfeeding Coalition

cc: The Honorable Kathleen Sebelius
Dr. Howard Koh

Briefing Document to Support Appropriations for Breastfeeding

As ample scientific evidence demonstrates, breastfeeding is crucially important to the health of mothers and children. Breast milk is the preferred and most appropriate source of nutrition for infants, containing key nutrients, antibodies, and white blood cells. Its composition adapts over time to meet the changing nutritional needs of the growing infant. Breastfeeding confers vital health benefits upon both the infant and the mother, and is an important strategy to prevent childhood obesity.[1]

Unfortunately, U.S. breastfeeding rates remain far below ideal levels. A targeted federal investment is needed to achieve the goals outlined in *The Surgeon General's Call to Action to Support Breastfeeding*, including the formation of a federal Interagency Work Group (IAWG) on breastfeeding.

While breastfeeding is a proven primary prevention strategy, breastfeeding rates continue to fall short of targets.

The Surgeon General's Call to Action to Support Breastfeeding identified breastfeeding as one of the most highly effective preventive measures a mother can take to protect her own and her infant's health.[2] The report stated emphatically, "Rarely are we given the chance to make such a profound and lasting difference in the lives of so many."[1]

The risk of acquiring certain acute and chronic diseases and conditions in infants and mothers is higher in situations of limited or no breastfeeding. This results in more time missed from work for parents of these infants[3, 4], as well higher health care costs and disability.[5] The shorter the duration of breastfeeding, the higher the risk of childhood obesity and a host of other acute and chronic diseases, and the higher the mother's risk of acquiring breast cancer, ovarian cancer,[6] cardiovascular disease,[7] and diabetes.[6, 8-10] For example, infants who are not breastfed are:

- Twice as likely to develop ear infections as infants who are exclusively breastfed.[6]
- 1.5 times more likely to die of Sudden Infant Death Syndrome compared to infants who are breastfed for 4 months.[11]

- 3.5 times more likely to be hospitalized or die from a lower respiratory tract infection compared to infants who are exclusively breastfed for four months,[6] with the average hospitalization costing $4,338.[5]
- 32% more likely to become obese.[1]

Mothers who do not breastfeed are: 16% more likely to develop cardiovascular disease than those who have breastfed for two years of their lives.[7] Mothers are also 4.3% less likely to be at risk for breast cancer for every year that they breastfeed.[12]

All major medical organizations recommend that infants should breastfed for at least one year, and that for the first six months they should receive no other food or drink except their mother's own milk.[13-16] The U.S. Preventative Services Task Force specifically recommends that health care professionals promote and support breastfeeding in their encounters with women of childbearing age.[17]

Yet, U.S. breastfeeding rates fall far short of medical recommendations and our nation's own Healthy People 2020 objectives. Seventy-five percent of new mothers in 2007 initiated breastfeeding, but only 13% exclusively breastfed for six months and less than 23% were still breastfeeding at one year.[26] Healthy People 2020 calls for an increase in the number of infants exclusively breastfed for six months to 25.5%, and for an increase in the number of infants breastfed for one year to 34.1%.[27]

Research published in 2010 in *Pediatrics* shows that our failure to achieve 90% compliance with these medical recommendations is costing the U.S. economy $13 billion a year in health care and other expenses.[5] This money represents direct and indirect costs and costs of premature deaths for ten pediatric diseases. The additional costs of excess maternal disease and mortality has not yet been calculated, but is thought to be substantial.

The Surgeon General's Call to Action to Support Breastfeeding

Congress currently dedicates no government funding specifically for breastfeeding, outside of the Special Supplemental Nutrition Program for Women, Infants, and Children, better known as the WIC Program. Yet the WIC Program serves only a portion of the population. As our nation struggles with

spiraling rates of obesity and rising health care expenditures, preventative measures to stem these problems are more important than ever.

The Surgeon General's Call to Action to Support Breastfeeding, issued by Surgeon General Regina Benjamin on January 20, 2011, discusses several barriers that undermine a woman's ability to breastfeed successfully and identifies numerous opportunities for improving breastfeeding support in all sectors of society. The document prioritizes 20 actions and associated implementation strategies to create a landscape and infrastructure to support mothers to breastfeed.[1]

1. Promote the Baby-Friendly Hospital Initiative

A range of barriers may confront mothers who wish to breastfeed. Among these barriers is the widespread prevalence of maternity care practices that undermine the infant's ability to successfully establish breastfeeding. A 2007 survey of maternity care practices by the Centers for Disease Control and Prevention (CDC) found that, on average, U.S. hospitals scored only 63 out of a possible 100 points on practices that impact breastfeeding.[19, 28] This score is a failing grade by any standard.

Although breastfeeding is a natural process, it is also a skill that must be learned and practiced. Many common maternity practices that are not evidence-based interfere with this natural process and make establishment of breastfeeding unnecessarily difficult. Such practices include separation of mothers and babies, delay of first feeding or giving supplemental feedings, and absence of skin-to-skin contact between mothers and babies.
The sharpest decrease in breastfeeding rates (approximately 20%) occurs within the first month after discharge,[16] despite frequent contact with the health care system during this time.

The WHO/UNICEF Baby-Friendly Hospital Initiative is based a set of ten evidence-based steps—the *Ten Steps to Successful Breastfeeding*—that have been shown to markedly improve exclusive breastfeeding rates and breastfeeding duration in the months after hospital discharge.[18-20] These steps include measures such as keeping mothers and babies together and initiating breastfeeding within the first hour of life.

The Baby-Friendly Hospital Initiative helps make the healthier choice the easier choice. Hospitals that have received the Baby-Friendly designation have the highest rates of breastfeeding. However, only 104 out of the nearly 3,000 U.S. birthing facilities are certified as Baby-Friendly,[21] representing less than 4% of all births.[22] In California, for example, the number of Baby-Friendly hospitals has tripled, but these evidence-based reforms have not yet reached hospitals serving the state's poorest families. A recent report shows that when hospitals improve their newborn feeding policies and practices, however, they dramatically increase their breastfeeding rates. As the report notes, "with growing state and federal emphasis on achieving health equity, outdated institutional policies that create disparities in health are no longer acceptable."[23]

The lack of consistent, mandated training and competencies in breastfeeding support for clinicians also undermines breastfeeding success. Appropriate training courses exist for nurses, for example, but hospitals often consider paying for education time and fees to be too costly.[24]

Investment in improving evidence-based maternity practices would be a highly effective way to increase breastfeeding duration and exclusivity. Research has shown that the greater the number of the *Ten Steps* a woman experiences, the more likely she is to still be breastfeeding two months later.[18, 19] With 40% of infants on Medicaid, suboptimal breastfeeding rates cost the federal government nearly $1 billion per year in direct medical costs for pediatric disease alone.[5]

2. Increase outpatient support for breastfeeding.

Compounding these challenges in the hospital, even insured families experience difficulty accessing lactation care and services after discharge, as many third party payers do not cover breastfeeding services or equipment. As a result, few outpatient breastfeeding support centers exist, and community-based peer support systems must be strengthened. When problems arise, women have difficulty obtaining the appropriate level of care needed to maintain breastfeeding in either common or complex situations. Consequently, breastfeeding rates drop off sharply in the first few months after discharge,[29] with the sharpest decrease in the first month.[30]

Five visits from a lactation consultant certified by the International Board of Lactation Consultant Examiners, as recommended by the National Business Group on Health,[25] would incur an average total charge of $438. Insurers typically do not cover such services, making them unaffordable for many mothers), but they could prevent thousands of dollars in medical costs. On a private level, companies such as AOL and Aetna who have invested in lactation support programs for their employees have reaped at least a 300% return on their investments in terms of decreased health care costs, absenteeism, and employee turnover.[31]

3. Improve federal coordination of breastfeeding support initiatives.

There is no specific federal funding to implement a strategic plan to increase breastfeeding promotion and support. Similarly, *The Surgeon General's Call to Action to Support Breastfeeding* notes that there is no formal structure to coordinate federal breastfeeding initiatives. No single federal agency can take full responsibility for breastfeeding because activities occur in many different agencies with roles and responsibilities related to promotion and support of breastfeeding. A coordinating structure is needed in order to avoid overlap and redundancy, and to proactively identify gaps, plan, carry out, and monitor breastfeeding initiatives.

The Surgeon General thus calls for the formation of a federal Interagency Work Group (IAWG) on breastfeeding. Other countries who have had success with raising their breastfeeding rates have all had strong central leadership around this issue.[32] In calling for 20 actions necessary to improve U.S. breastfeeding rates, the Surgeon General's document now serves as a strategic roadmap for the Interagency Work Group. Members of the IAWG would work collaboratively to prioritize and facilitate the implementation of these actions in the most strategic ways.

Agencies that should participate in this Work Group could include, but are not limited to, the Department of Health and Human Services (including agencies such as the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Office on Women's Health, the Health Resources and Services Administration, the Food and Drug Administration, the National Institutes of Health, the Administration on Children and Families, the Agency for Healthcare Research and Quality, and the Indian Health Service), the Department of Agriculture, the Department of Labor, the

Department of the Treasury, the Department of Homeland Security, the Department of Defense, the Department of the Interior, the Department of Education, and the Department of Veterans' Affairs.

All of these agencies have specific roles with women and children. For example, the Department of Labor is charged with implementing the new law requiring nursing breaks in the workplace, the Department of Homeland Security oversees rules about the transport of expressed breast milk on airplanes, and the Department of the Interior governs facilities available to women in our national parks. The Department of the Treasury issues rules about whether lactation equipment and services are considered tax-deductible "medical care," And the Departments of Defense and Veterans Affairs serve women in the military and dependents of military personnel.

Investment in breastfeeding through the Baby-Friendly Hospital Initiative is likely to produce a high return.

Just as investment in breastfeeding saves businesses money, a federal investment of $15 million could yield significant increases in breastfeeding rates and savings to the U.S. economy. For example, $15 million from the Prevention and Public Health Fund could help 15 communities markedly increase the number of Baby-Friendly hospitals in their area. Out of an average of fifteen maternity facilities per community, ten hospitals could be helped by that funding to become Baby-Friendly.[21] Success of the hospitals can also be measured by improvement in scores on the biennial CDC survey of Maternity Practices in Infant Nutrition and Care. Such funding could potentially increase the number of Baby-Friendly hospitals nationally by as much as 150%. Federal grants via the Communities Putting Prevention to Work (CPPW) program are already being used successfully to increase the numbers of Baby-Friendly hospitals.

Similarly, another option would be to use $10 million to fund efforts to increase the number of Baby-Friendly hospitals, and $5 million to fund five community-based organizations to directly support mothers in their communities to breastfeed. For example, establishing free-standing community breastfeeding support centers provides all women with access to the skilled support they require to succeed at breastfeeding. Many women give up breastfeeding in the first weeks due to lack of access to skilled support, in part because insurance does not routinely cover lactation care and services. For this reason, hospitals do not usually fund outpatient lactation support programs.

These proposals would be expected to have a significant return on investment and help close the $13 billion gap attributed to suboptimal breastfeeding rates. As the foundation to lifelong health, breastfeeding support creates healthier mothers and children, and contributes to stemming the obesity epidemic in the United States. Given the importance of breastfeeding to the health of the nation, it is critical to invest resources in the removal of barriers to breastfeeding identified by the Surgeon General.

Conclusion

As scientific research has consistently shown, breastfeeding has far reaching, lasting effects, affecting the lifelong health of infants as well their mothers. Yet U.S. breastfeeding rates fall far short of medical recommendations and federal targets, costing our economy at least $13 billion per year in costs for the leading pediatric diseases alone. As the Surgeon General notes, the U.S. must built an infrastructure to support breastfeeding at all levels, from the health care system to the workplace. Investment in breastfeeding is a highly cost-effective way to improve the health of our nation.

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