

Dear Member of Congress,

We, the undersigned organizations, under the auspices of the U.S. Breastfeeding Committee-affiliated COVID-19 Infant & Young Child Feeding Constellation, urge you to support the bipartisan DEMAND Act of 2022 (Delivering Essentials to Mothers Amid Natural Disasters Act) (S. 3601/H.R. 6555).

The COVID-19 pandemic and the increasing rate of natural disasters continue to reveal dangerous gapsⁱ in the emergency care systems serving families with breastfeeding babies. Infants are a highly vulnerable population, yet caregivers are too often left without access to support and supplies to ensure their infants' basic nutrition needs are met in emergencies. **The DEMAND Act would ensure that lactation support services and supplies are eligible expenses for emergency assistance through the Federal Emergency Management Agency (FEMA) Critical Needs Assistance program.**

Human milk is a critical component of food security, and during an emergency, lactation support must be part of the basic standard of care for America's 3.7 million infants.ⁱⁱ The DEMAND Act is an important step to more equitably protect, promote, and support the feeding and care of infants and young children during emergencies. During an emergency, maintaining milk supply is of utmost importance. Lactation support providers can work with parents to protect their supply or encourage relactation, if possible. Equipment alone cannot provide this service, yet adding these as reimbursable expenses is one small, yet helpful step in supporting lactation throughout the disruptions caused by emergencies.

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.ⁱⁱⁱ 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.^{iv} Breastfed infants are at lower risk of certain infections and sudden unexplained infant death. Children who were breastfed have decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia.^v Women who have breastfed reduce their risk of specific chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.^{vi}

Everyone wants to do what is best for their baby, and most pregnant people and new mothers want to breastfeed. Yet barriers in healthcare, community, and employment settings continue to impede breastfeeding success^{vii}, and there are persistent breastfeeding rate disparities by racial, geographic, and socioeconomic factors.^{viii} These same populations experience many other health inequities, including lesser access to nutritious foods^{ix} and a disproportionate burden of overweight, obesity, and chronic disease.^x All of these factors are magnified during emergencies, resulting in historically marginalized/unsupported communities enduring an outsized impact.

The COVID-19 pandemic continues to exacerbate matters. COVID-19 revealed fissures in our national capacity to coordinate infant and young child feeding in emergencies, destabilized already fragile maternity care practices that critically underpin breastfeeding initiation, and deepened known disparities.^{xi} The pandemic and myriad natural disasters that have plagued the country in recent years demonstrate that our states lack the infrastructure to coordinate lactation support services and the provision of breastfeeding equipment during emergencies.

Given the importance of human milk feeding in establishing good nutrition and healthy weight and reducing the risk of chronic disease, **we urge you to cosponsor the DEMAND Act of 2022.** This is a

common-sense and important step toward ensuring optimal growth and development and preventing malnutrition, illness, and death among infants and young children during emergencies.

Sincerely,

CO-SIGNERS

International, National, & Tribal Organizations

A Better Balance
Academy of Lactation Policy and Practice
Academy of Nutrition and Dietetics
American Academy of Pediatrics
Association of Maternal & Child Health Programs
Association of State Public Health Nutritionists
Baby Cafe USA
Birthmark Doula Collective
Breastfeeding Family Friendly Communities
Bright Future Lactation Resource Centre Ltd.
Childbirth and Postpartum Professional Association
Centro Pediatrico de Lactancia y Crianza
HealthConnect One
Healthy Children Project, Inc.
Human Milk Banking Association of North America
Indigenous Breastfeeding
International Board of Lactation Consultant Examiners
Joslyn Levy and Associates
Lactation Education Resources
La Leche League Alliance
La Leche League of the United States of America, Inc
Mamava
Mom2Mom Global and Breastfeeding in Combat Boots
MomsRising
MomsWork - National Council of Jewish Women Pittsburgh Section
Mothering Justice
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Partnership for Women & Families
National WIC Association
National Women's Law Center

Pacify Health, LLC
Reaching Our Sisters Everywhere
Rhia Ventures
The Lactation Network
U.S. Breastfeeding Committee
U.S. Lactation Consultant Association

Regional, State, and Local Organizations

Alabama

Tennessee Valley Lactation Support

Alaska

Alaska Breastfeeding Coalition

California

AANHPI Lactation Collaborative of California
Baby Cafe Bakersfield
BreastfeedLA
California Breastfeeding Coalition
Nursing Mothers Counsel, Inc.
San Diego Breastfeeding Coalition

Colorado

Jefferson County Public Health

Connecticut

Connecticut Breastfeeding Coalition
Connecticut Department of Public Health

Delaware

Breastfeeding Coalition of Delaware

Florida

Breastfeeding Coalition of Palm Beach County
First 1000 Days Florida
Lactation Whisperer
The Birth Company

Georgia

Georgia Breastfeeding Coalition

Hawaii

Breastfeeding Hawaii

Idaho

Idaho Breastfeeding Coalition
Nurture Lactation Support

Illinois

Precious Jewels Moms Ministries

Iowa

Iowa Breastfeeding Coalition

Kansas

Kansas Breastfeeding Coalition

Louisiana

Community Birth Companion
Louisiana Breastfeeding Coalition

Maryland

Maryland Breastfeeding Coalition

Michigan

Macomb County Breastfeeding Coalition
Michigan Breastfeeding Network
Southeast Michigan IBCLCs of Color

Missouri

Marillac Indigent Care Fund
Missouri Breastfeeding Coalition

Nevada

Biggest Little Baby
Bright Heart Birth Services

New Hampshire

New Hampshire Breastfeeding Task Force

New Jersey

Chocolate Milk Cafe North Jersey
New Jersey Breastfeeding Coalition
Solutions for Breastfeeding
Speaking of Birth

New Mexico

Family Promise of Albuquerque

New York

Bronx Breastfeeding Coalition
Mizaan Prevention Health Solutions LLC
New York Statewide Breastfeeding Coalition
Sacred Crowning
St Charles Hospital
Supporting Our Mothers Initiative
Wholly Education

North Carolina

Momma's Village Fayetteville, Inc

Ohio

Ohio Breastfeeding Alliance

Oklahoma

Coalition of Oklahoma Breastfeeding Advocates

Oregon

African American Breastfeeding Coalition of
Oregon
Black Parent Initiative

Pennsylvania

Center for Women - National Council of Jewish
Women Pittsburgh Section
Western PA Lactation Consultants Association
Women's Law Project

Puerto Rico

Alimentación Segura Infantil

Tennessee

Breastfeeding Sisters That Are Receiving
Support
Tennessee Breastfeeding Coalition

Virginia

Hummingbird Lactation & Wellness
Virginia Breastfeeding Coalition

Wisconsin

North Shore Health Department
Wisconsin Association of Lactation Consultants

ⁱ"Voices from the Field: COVID-19 and Infant Feeding." U.S. Breastfeeding Committee, 2020. www.usbreastfeeding.org/d/do/3600

ⁱⁱ Kids Count Data Center. Annie E. Casey Foundation. <https://datacenter.kidscount.org/>. Accessed February 10, 2022.

ⁱⁱⁱ 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.

^{iv} Eidelman, A., Schanler, R., Johnston, M., Landers, S., Noble, L., Szucs, K. and Viehmann, L., 2012. Breastfeeding and the Use of Human Milk. *Pediatrics*, 129(3), pp.e827-e841.

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

^{vi} Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries | Effective Health Care (EHC) Program. (2018). Retrieved 1 March 2022, from <https://effectivehealthcare.ahrq.gov/products/breastfeeding/research>

^{vii} The Surgeon General's Call to Action to Support Breastfeeding. (2011). *Clinical Lactation*, 2(1), 33-34. doi: 10.1891/215805311807011746

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

^{ix} 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

^x 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

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^{xi} Mollard, E., & Wittmaack, A. (2021). Experiences of Women Who Gave Birth in US Hospitals During the COVID-19 Pandemic. *Journal Of Patient Experience*, 8, 237437352098149. doi: 10.1177/2374373520981492