

Representative Carol Miller
1605 Longworth, House Office Building
Washington, DC 2051

July 15, 2019

Dear Congresswoman Miller:

We, the undersigned organizations, thank you for introducing the Small Airports Mothers' Rooms Act of 2019. By leading Congress to protect and support breastfeeding, you demonstrate a commitment to our nation's families. Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Breastfeeding parents who choose or need to travel should not have to struggle to find lactation spaces – no matter the size of the airport, risking their milk supply and thereby their ultimate breastfeeding success.

Building on the success of the Friendly Airports for Mothers (FAM) Act, already being implemented in airports across the nation well ahead of the required 2021 implementation date, the Small Airport Mothers' Room Act of 2019 (H.R. 3362) would extend these provisions to small airports. Small airports would have two additional years to come into compliance, and would be able to use Airport Improvement Program funds for the purpose of complying with the new requirement.

Small hub airports would be required to provide a private, non-bathroom space in each terminal for breastfeeding people to express breast milk. The space must be accessible to persons with disabilities, available in each terminal building after the security checkpoint, and include a place to sit, a table or other flat surface, and an electrical outlet.

Human milk is the preferred and most appropriate "First Food," adapting over time to meet the changing needs of the growing child. The United States Breastfeeding Committee joins the U.S. Department of Health and Human Services and all major medical authorities in recommending that infants get no food or drink other than human milk for their first six months and continue to receive human milk for at least the first 1-2 years of life.

The evidence for the value of breastfeeding to children's *and* mother's health is scientific, solid, and continually being reaffirmed by new research. Compared with formula-fed children, 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.

Breastfeeding also provides a range of benefits for employers and society. A 2016 study of both maternal & pediatric health outcomes and associated costs based on 2012 breastfeeding rates showed that, if 90% of

infants were breastfed according to medical recommendations, 3,340 deaths, \$3 billion in medical costs, and \$14.2 billion in costs of premature death would be prevented, annually!

For all of these reasons, *The Surgeon General's Call to Action to Support Breastfeeding*; the Institute of Medicine report, *Accelerating Progress in Obesity Prevention*; and the *National Prevention Strategy* each call for promotion of breastfeeding-friendly environments. Yet in spite of this tremendous recognition—and laws in 50 states that specifically allow women to breastfeed in any public or private location—lactating people continue to face barriers, even harassment, when breastfeeding in public. And when away from their babies, airports are just one of many public places where they face challenges finding a clean, private space to pump.

We know that 80% of mothers intend to breastfeed, and 82.5% actually do breastfeed at birth. Yet only 25% of U.S. infants are still exclusively breastfed at six months of age. Most families today choose to breastfeed, but a range of obstacles can make it difficult to fit breastfeeding into parents' lives.

No matter what they're doing or where they are, breastfeeding people need to express milk every few hours in order to keep up their supply. Missing even one needed pumping session can have several undesirable consequences, including discomfort, leaking, inflammation and infection, decreased supply, and ultimately, breastfeeding cessation. As a result, returning to work often presents a significant barrier to breastfeeding.

Current federal law requires employers to provide nursing mothers who are nonexempt employees a private, non-bathroom location to express breast milk. Airport lactation spaces are therefore an important step to support employers that need to accommodate lactating travelers as well as lactating employees of the airport.

A growing number of airports have designated lactation spaces, yet many lactating people still end up in restrooms or on airport floors. Travelers rarely have control over how long they are in transit, making accessible accommodations within airports a critical priority. We are heartened to see the implementation of the FAM Act in large and medium hub airports and look forward to expanding similar requirements to small airports. This expansion supports, promotes, and protects breastfeeding in rural areas, further contributing to national public health goals.

The Small Airports Mothers' Rooms Act would help keep our nation's families healthy by ensuring that breastfeeding travelers and airport employees (in airports of all sizes) have access to appropriate facilities. This is an important step toward ensuring **all** families have the opportunity to reach their personal breastfeeding goals.

Again, we applaud your leadership in introducing the Small Airports Mothers' Rooms Act and stand ready to help you achieve its passage.

Sincerely,

CO-SIGNERS

International, National, & Tribal Organizations:

1,000 Days
Academy of Breastfeeding Medicine
American Academy of Nursing
American Academy of Pediatrics
American Breastfeeding Institute
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
Association of Maternal & Child Health Programs
Association of State Public Health Nutritionists
Association of Women's Health, Obstetric and Neonatal
Nurses
Baby-Friendly USA, Inc.
CHEER (Center for Health Equity, Education, and
Research)
Every Mother, Inc.
HealthConnect One
Healthy Children Project, Inc.
Human Milk Banking Association of North America
International Board of Lactation Consultant Examiners
Lamaze International
La Leche League Alliance for Breastfeeding Education
La Leche League USA
MomsRising
National Association of Pediatric Nurse Practitioners
National WIC Association
Prairie Band Potawatomi Nation Breastfeeding Coalition
Reaching Our Sisters Everywhere, Inc.
United States Breastfeeding Committee
United States Lactation Consultant Association
Women-Inspired Systems' Enrichment

Regional, State, & Local Organizations:

Alabama Breastfeeding Committee
Alaska Breastfeeding Coalition
Alimentacion Segura Infantil (ASI)
Appalachian Breastfeeding Network
Baobab Birth Collective
The Breastfeeding Center of Pittsburgh
Breastfeeding Coalition of Delaware
Breastfeeding Coalition of South Central Wisconsin
BreastfeedLA
Coalition of Oklahoma Breastfeeding Advocates
Colorado Breastfeeding Coalition
Colorado Lactation Consultant Association
Connecticut Breastfeeding Coalition
Wright State University, Boonshoft School of Medicine,
Department of Pediatrics
Indiana Breastfeeding Coalition
The Institute for the Advancement of Breastfeeding and
Lactation Education
Kansas Breastfeeding Coalition
Kentuckiana Lactation Improvement Coalition
Lactation Improvement Network of Kentucky
Maine State Breastfeeding Coalition
Maryland Breastfeeding Coalition
Michigan Breastfeeding Network
Minnesota Breastfeeding Coalition
Missouri Breastfeeding Coalition
Montana State Breastfeeding Coalition
Mothers' Milk Bank Northeast
New Hampshire Breastfeeding Task Force
New Mexico Breastfeeding Task Force
New York City Breastfeeding Leadership Council, Inc.
New York Statewide Breastfeeding Coalition, Inc.
Ohio Breastfeeding Alliance
Southern Nevada Breastfeeding Coalition
Wisconsin Breastfeeding Coalition
Women's Rights and Empowerment Network