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Shalanda Young
Director
Office of Management and Budget
725 17th Street, N.W.
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Dear Director Young,

The United States Breastfeeding Committee is a coalition bringing together 139 organizations – including federal agencies, national, state, tribal, and territorial organizations, as well as for-profit businesses – working together to create a landscape of breastfeeding support across the United States. We are committed to ensuring that all families in the U.S. have the support, resources, and accommodations to achieve their breastfeeding goals in the communities where they live, learn, work, and play.

Breastfeeding has a profound impact on population health outcomes. The evidence for the value of human milk on overall health for infants, children, and mothers is scientific, robust, and continually reaffirmed by new research. The American Academy of Pediatrics recommends that infants be exclusively breastfed for about six months with continued breastfeeding, while introducing complementary foods for two years or as long as mutually desired by the mother and child.[i] Breastfed infants are at lower risk of certain infections and sudden unexplained infant death. A CDC study of over 3 million U.S. births found that ever breastfeeding is associated with a 26% reduction in the odds of post-perinatal (between 7-364 days) infant death.[ii] Breastfed children have a decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia. Women who breastfeed reduce their risk of specific chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.[iii]

While the vast majority of babies start out breastfeeding, barriers in healthcare, community, and employment settings continue to impede breastfeeding success.[iv] There are also persistent breastfeeding rate disparities by racial, geographic, and socioeconomic factors.[v] Policy, systems, and environmental barriers to lactation success unduly impact 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 foods[vi] and a disproportionate burden of overweight, obesity, and chronic disease,[vii] all of which can be reduced by increasing breastfeeding rates.

Low breastfeeding rates in the United States cost our nation millions of dollars through higher health systems costs, lost productivity, and higher household expenditures.[viii] At the national level, improving

breastfeeding practices through programs and policies has been shown to be one of the best investments a country can make, as every dollar invested is estimated to result in a US $35 economic return.[ix] Employers see significant cost savings when their workers are able to successfully breastfeed.[x] Increased breastfeeding rates are also associated with reduced environmental impact and associated expenses.[xi]

To ensure that families receive the support that they need to safely feed their babies, the USBC respectfully requests that the President's Fiscal Year 2025 budget request include funding for the following programs and initiatives:

CDC Hospitals Promoting Breastfeeding Program

The Centers for Disease Control and Prevention (CDC), 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. Since 2012, Congress has allocated funds to the CDC Hospitals Promoting Breastfeeding program. These funds support states, territories, tribal nations, cities and counties, hospitals, and communities in advancing breastfeeding continuity of care and increasing access to breastfeeding-friendly environments within hospitals, workplaces, and community spaces. These high-value, low-cost public health interventions have contributed to increased initiation and duration of breastfeeding.[xii]

We urge the White House to direct $20M to the CDC Hospitals Promoting Breastfeeding line item in FY2025, a critical course correction in national investment in the health, safety, and well-being of infants and young children.

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, community, and tribal 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.

Additional CDC Priorities

The CDC coordinates a range of additional programs that include support for breastfeeding families. **We urge the White House to include $70M for the Racial and Ethnic Approaches to Community Health (REACH) program and $25M for the Good Health and Wellness in Indian Country (GHWIC) program.**

The REACH program works to reduce racial and ethnic health disparities through local, culturally appropriate programs, including breastfeeding support programs, and the GHWIC program includes increased breastfeeding as a long-term goal.

Paid Family and Medical Leave

Paid family leave programs make it possible for employees to take time for childbirth recovery, bonding with their baby, establishing feeding routines, and adjusting to life with a new child without threatening their family's economic well-being. This precious time provides the foundation for success, contributing to improved rates of breastfeeding initiation and duration.[xiii] For the employer, paid leave policies have been shown to benefit businesses' bottom lines by lowering turnover costs through greater retention and increasing productivity and morale. However, the U.S. is one of only three countries that does not guarantee paid leave for new mothers.[xiv]

State paid family and medical leave programs are making a difference. Thanks to recent legislative successes, thirteen states and the District of Columbia have paid leave laws.[xv] In California, access to paid family leave doubled the median duration of breastfeeding for all new mothers who used it during the first six years after the state's law went into effect in 2004.[xvi] However, these state-financed leave programs are not enough. Breastfeeding can benefit every family, and paid family and medical leave must be accessible to all workers.[xvii] It's time to bring these benefits to the entire nation.

We urge the White House to recommit to funding a permanent, comprehensive, 12-week paid family and medical leave program to allow eligible workers to take time off to care for themselves and their loved ones. The FY24 President's budget called for $325B for this

purpose. We also urge the inclusion of $1.5M in the FY25 budget for state paid leave research, analysis, and evaluation grants through the Department of Labor Women's Bureau.

Dedicating resources to and announcing a new round of state paid leave grants would help catalyze policy and movement-level progress and promote learning that can help both federal and state efforts. There is a tremendous amount to learn from existing state programs and more work to be done in states that are considering paid leave.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The U.S. Department of Agriculture, Food and Nutrition Service, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a critical federal nutrition program for childhood health and development. WIC promotes and supports breastfeeding as an important part of its nutrition service benefits to meet its mission of safeguarding the health of low-income women, infants, and children, including through the Breastfeeding Peer Counselor program. The program serves over 6 million pregnant and post-partum women, infants, and children.[xviii]

We urge the White House to fully fund the WIC program, including allocating $90M to the Breastfeeding Peer Counselor program.

Agency Funding

The programs outlined above are made possible through the coordination and implementation of federal agencies. **We urge the White House to provide robust funding to the:**

- **Centers for Disease Control and Prevention and the U.S. Department of Agriculture Food and Nutrition Service to support the programs listed above;**
- **Department of Labor, responsible for implementation of the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act;**
- **Equal Employment Opportunity Commission, responsible for implementation of the Pregnant Workers Fairness Act;**
- **Office on Women's Health, host of the Supporting Nursing Moms at Work resource for employers; and**
- **Health Resources Services and Services Administration, Maternal and Child Health Bureau, which coordinates a variety of cost-effective programs for pregnant and postpartum families.**

The Administration has repeatedly emphasized the importance of prioritizing the health and wellness of infants and families, specifically highlighting the need to better support breastfeeding families. The White House National Strategy on Hunger, Nutrition, and Health, the White House Blueprint for Addressing the Maternal Health Crisis, the Statement of Administration Policy supporting the PUMP for Nursing Mothers Act, and the White House Gender Policy Council roundtable event on the PUMP for Nursing Mothers Act and Pregnant Workers Fairness Act all detailed the Administration's commitment

to addressing the persistent and pervasive barriers to breastfeeding in the United States. **The investments in this request would meaningfully demonstrate this commitment.**

Thank you for your continued leadership on these and many other issues. The USBC and our partners stand ready to work with the Administration and policymakers on these priorities.

Sincerely,

Tina Sherman
Interim Executive Director
U.S. Breastfeeding Committee

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