

Dear Members of Congress,

We, the undersigned organizations, urge you to **direct \$20M to the Centers for Disease Control & Prevention (CDC) Hospitals Promoting Breastfeeding line item** in the Fiscal Year (FY) 2025 Labor, Health and Human Services, and Related Agencies appropriations bill. This \$20M investment, \$10.25M above the FY 2024 level, represents a critical course correction in national investment in the health, safety, and well-being of infants and young children.

The pregnancy, birth, and postpartum periods through the child's first 1,000 days are critical periods for securing and establishing lifelong health for both mothers and babies. Yet, recent events have revealed deep vulnerabilities in our nation's infrastructure to protect infant nutrition security. Pandemic-induced breakdowns in maternity care practices that underpin the establishment of breastfeeding, the commercial milk formula recall and resulting shortage, and a spate of weather-related natural disasters have demonstrated infrastructure gaps and a lack of resilience to safety and supply chain challenges, putting babies in danger and forcing parents to make difficult infant care and feeding decisions. The unique nutritional needs of infants and young children require a dedicated investment in their protection through an increase in the CDC Hospitals Promoting Breastfeeding line item.

Through this investment, the nation can make necessary programmatic advancements to ensure access to lactation support, supplies, and accommodations and expand access to pasteurized donor human milk. These essential actions would work in tandem with increased efforts by the Food and Drug Administration to ensure the safety of commercial milk formulas, providing a more comprehensive approach to protecting infant nutrition security.

We urge the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee to direct \$20M to the CDC Hospitals Promoting Breastfeeding line item in FY2025. 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.

Within CDC, the 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. DNPAO's efforts to 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 are high-value, low-cost public health interventions. These investments have contributed to increased initiation and duration of breastfeeding, including securing an important achievement with over one million babies per year (28 percent) being born in hospitals with supportive breastfeeding practices.ⁱ DNPAO has demonstrated, through funding systems-level interventions in states, and the provision of technical assistance and resources, to have the expertise and the ability to help states and communities implement upstream interventions that support breastfeeding families. **An increase in funding for the Hospitals Promoting Breastfeeding program will benefit families, public health, and the economy:**

- All major medical authorities recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding until at least one year of age.^{ii, iii, iv, v} Breastfeeding plays an essential role in establishing good nutrition and healthy weight, reducing the risk of chronic disease, and improving maternal and infant 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. Breastfed infants are at lower risk of certain infections and sudden unexplained infant death. A recent 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.^{vi} Breastfed children have 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.^{vii} Increasing breastfeeding rates is an important component of efforts to address the maternal mortality^{viii} and infant mortality crisis.^{ix} The United States has the highest maternal mortality rate of any wealthy nation in the world,^x with significant and worsening disparities for women and families of color, particularly in Black and Indigenous communities.
- While the vast majority of babies start out breastfeeding, barriers in healthcare, community, and employment settings continue to impede breastfeeding success.^{xi} There are also persistent breastfeeding rate disparities by racial, geographic, and socioeconomic factors.^{xii} 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 less access to nutritious foods^{xiii} and a disproportionate burden of overweight, obesity, and chronic disease,^{xiv} 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.^{xv} Chronic disease management results in trillions of dollars in annual healthcare costs.^{xvi} 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.^{xvii} Employers see significant cost savings when their workers are able to successfully breastfeed.^{xviii} Increased breastfeeding rates are also associated with reduced environmental impact and associated expenses.^{xix}

The National Academies of Sciences, Engineering, and Medicine (NASEM) is currently conducting a consensus study to provide an evidence-based analysis of the macroeconomic, social, and health costs and benefits of the United States' current breastfeeding rates and goals.^{xx} An increase in funding for the CDC Hospitals Promoting Breastfeeding program will help take the study results from research to action.

Please support this necessary investment in babies and young children, our nation's most valuable and vulnerable resource.

CO-SIGNERS

Total number of signers as of 05/01/2024: 143

International, National, & Tribal Organizations:

A Better Balance
Academy of Breastfeeding Medicine
Academy of Lactation Policy and Practice
American Academy of Nursing
American Academy of Family Physicians
American Academy of Pediatrics
American Association of Birth Centers
American College of Nurse-Midwives
American College of Osteopathic Pediatricians
American Public Health Association
Association of Maternal & Child Health Programs
Breastfeeding Family-Friendly Communities
Breastfeedingusa.org
Center for WorkLife Law
Every Mother, Inc.
Global Military Lactation Community
Healthy Children Project, Inc.
Healthy Horizons
Human Milk Banking Association of North America
International Board of Lactation Consultant
Examiners
International Childbirth Education Association
La Leche League Alliance for Breastfeeding
Education
La Leche League USA
Lactation Education Resources
March for Moms
Melinated Moms
Mommy Me Please Maternal and Neonatal Care
Mothers' Milk Bank of Rocky Mountain Children's
Health Foundation
MomsRising
National Association of Councils on Developmental
Disabilities
National Association of Neonatal Nurses
National Association of Pediatric Nurse Practitioners

National Council of Jewish Women Pittsburgh
Section
National Institute for Children's Health Quality
National League for Nursing
National Organization for Women
National Partnership for Women & Families
National Perinatal Association
National WIC Association
Sage Transformations
Symonette Strategies & Solutions
The Lactation Network
U.S. Breastfeeding Committee

Regional, State, & Local Organizations:

Alabama

Alabama Breastfeeding Committee

Alaska

Alaska Breastfeeding Coalition

Arkansas

Arkansas Birthing Project

Arizona

Abrazo

La Leche League of Tucson, Arizona

California

Alameda County Breastfeeding Coalition

BreastfeedLA

California Breastfeeding Coalition

Inland Empire Breastfeeding Coalition

La Leche League USA

Nursing Mothers Counsel, Inc.

Pretty Mama Breastfeeding LLC

Salud para la gente

San Diego County Breastfeeding Coalition

Colorado

Banner Health
Colorado Children's Campaign
Guereca's Consultants
Pueblo Department of Public Health and
Environment WIC office

Connecticut

Connecticut Breastfeeding Coalition

Delaware

District of Columbia

American College of Obstetricians and
Gynecologists
District of Columbia Breastfeeding Coalition
United Planning Organization

Florida

321 Lactation, LLC
Florida Breastfeeding Coalition
Healthy Start Coalition of Brevard County
Mother Nurture Consulting
Tampa Bay Breastfeeding Task Force
The 321 Nest

Georgia

Georgia Southern University
Wonderlove Lactation Services, LLC

Hawaii

Breastfeeding Hawaii
Waimanalo Health Center - WIC Program

Illinois

City of Moline WIC Program

Indiana

Indiana Breastfeeding Coalition
Mothers' Milk Bank of the Western Great Lake

Iowa

Kansas

Kansas Breastfeeding Coalition

Louisiana

Maine

Maine State Breastfeeding Coalition

Maryland

Johns Hopkins School of Medicine
Maryland Breastfeeding Coalition

Massachusetts

Mass. PPD Fund

Michigan

Lactation Lighthouse
Michigan Breastfeeding Network
Michigan Health and Human Services WIC Program
Mommies in the D
Saginaw County Health Department
Southeast Michigan IBCLCs of Color

Minnesota

Minnesota Milk Bank for Babies

Missouri

Healthy Nourishments, LLC
Missouri Breastfeeding Coalition
St Louis Breastfeeding Coalition

Montana

Nebraska

MilkWorks

New Hampshire

New Hampshire Breastfeeding Task Force

New Mexico

New Mexico Breastfeeding Task Force

New Jersey

Fullbirth Inc.

La Leche League of the Garden State
New Jersey Breastfeeding Coalition
Sweet P Lactation

New York

Breastfeed NY
Breastfeeding and Human Lactation Study Center,
University of Rochester
Cayuga Medical Center Birthplace
La Leche League of New York
New York Statewide Breastfeeding Coalition
New York State Department of Health
NYU Langone Health
Supporting Our Mothers Initiative

North Carolina

Association of State Public Health Nutritionists
Breastfeed Durham
Breastfeed Orange North Carolina
North Carolina Breastfeeding Coalition
Piedmont Health Services, Inc
University of North Carolina Health System

Ohio

All Mothers Encouraged To Nurse
Ohio Breastfeeding Alliance
Southwest Ohio Breastfeeding Coalition

Oklahoma

Coalition of Oklahoma Breastfeeding Advocates
Oklahoma Breastfeeding Resource Center
Oklahoma Mothers' Milk Bank

Oregon

Northwest Permanente
Oregon Washington Lactation Association

Pennsylvania

La Leche League of Western Pennsylvania
Mommy Me Please Maternal and Neonatal Care
Momtonomy Inc

South Central Pennsylvania Breastfeeding Coalition

Puerto Rico

Alimentación Segura Infantil
Coalición para la Lactancia Materna en Puerto Rico

Rhode Island

Urban Perinatal Education Center

South Carolina

Tennessee

All Better Pediatrics
Breastfeeding Sisters That Are Receiving Support
Mothers' Milk Bank of Tennessee

Texas

Texas Health Huguley Hospital

Utah

Vermont

Mamava
Vermont Donor Milk Center, Inc.

Virginia

757Breastfeeds
Birth in color
Nurture
Virginia Breastfeeding Coalition

Washington

Inspired Beginnings: Birth. Redefined
Nutrition First
Urban Indian Health Institute, Seattle Indian
Washington State Lactation Collaborative

West Virginia

West Virginia Breastfeeding Alliance

Wisconsin