

The Honorable Richard Shelby
Chairman
Senate Appropriations Committee

The Honorable Patrick Leahy
Vice Chairman
Senate Appropriations Committee

The Honorable Roy Blunt
Chairman
Senate Appropriations Subcommittee on Labor,
HHS, Education and Related Agencies

The Honorable Patty Murray
Ranking Member
Senate Appropriations Subcommittee on Labor,
HHS, Education and Related Agencies

Dear Members of Congress:

The coronavirus disease (COVID-19) pandemic has created seismic shifts in the infant and young child feeding landscape. We, the undersigned organizations, urge you to support \$10 million in supplemental funding to the Centers for Disease Control and Prevention (CDC) for infant and young child feeding in emergencies (IYCF-E) in the fourth Congressional COVID-19 response package.

Many facilities are routinely separating parents and newborns, even when COVID-19 is not suspected or confirmed. Moreover, families get discharged soon after birth, often with poor access to skilled in-person lactation support in their communities because of social distancing requirements and personal protective equipment shortages.ⁱ The pandemic is compromising the initiation and establishment of breastfeeding, and it disproportionately impacts communities of color and those who are otherwise marginalized,ⁱⁱ further exacerbating disparities in breastfeeding rates and associated health inequities.

In responding to this crisis, it is critical that Congress support the First Food (breastfeeding) field in adapting to deliver lactation support services in the context of restraints imposed by the COVID-19 pandemic. Ten million dollars in supplemental funding to the CDC would support community-level interventions designed to mitigate the impact of this public health emergency while building the capacity and resilience of local agents to implement community-driven programming that centers the needs of disproportionately impacted populations. These dollars would also support coordinated efforts to address COVID-19 related breakdowns in breastfeeding continuity of care and other policy needs that emerge during the pandemic.

Breastfeeding is a proven primary prevention strategy, building a foundation for lifelong health and wellness, and adapting over time to meet the changing needs of the growing child.ⁱⁱⁱ The evidence for the value of breastfeeding to children's and women's health is scientific, robust, and continually being reaffirmed by new research. Breastfeeding reduces the risk of a range of illnesses and conditions for infants and mothers.^{iv} Compared with formula-fed children, breastfed infants 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.^v Women who breastfed their children have a reduced long-term risk of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.^{vi}

Protecting and supporting breastfeeding is essential to ensuring critical food security and immunologic protection for our nation's youngest residents during this pandemic and beyond. To date, there is no evidence that the COVID-19 pathogen is present in breast milk, and the CDC continues to recommend breast milk as the best source of nutrition for most infants.^{vii} American families and communities

deserve a robust IYCF-E response that protects breastfeeding and ensures that infants receive optimal care and nutrition.

We, the undersigned organizations, urge Congress to direct \$10 million in emergency supplemental funding to the Centers for Disease Control and Prevention Hospitals Promoting Breastfeeding program in the next COVID-19 package. This funding would be in addition to the \$9 million baseline funding for this line item already provided through the Fiscal Year 2020 federal budget and \$9 million projected for the Fiscal Year 2021 budget.

As Congress, you can effectuate immediate trauma-informed Infant and Young Child Feeding (IYCF) relief for families and communities by equipping multi-systemic emergency interventions and ensuring funds reach those in need via:

- \$5M to support a multi-sectoral breastfeeding coalition working collaboratively with international, national, state, and governmental partners to mobilize an intensive one-year COVID-19 IYCF response by 1) convening emergency response and strategic public health organizations to inform IYCF best practices; 2) supporting a faculty of national organizations with an equity focus, community reach, and training capacity to equip community providers in trauma-informed lactation care that accommodates social distancing requirements; and 3) engaging additional stakeholders poised to influence national policy levers that have community impact. Together, these partners would provide immediate support in communities, focusing on disproportionately impacted populations.
- \$2M to support local health departments by providing capacity-building assistance to strengthen breastfeeding continuity of care in communities and assist local health departments as they prepare for and recover from public health emergencies. In a one-year period, an organization would build local capacity through partnerships between county and city health departments and community-based organizations (e.g., home visit agencies and health centers) to develop and operationalize lactation telehealth services and other community support after hospital or birth center discharge. This organization would provide immediate training, support, and supplies to transition to virtual care offered by a spectrum of healthcare professionals, community health workers, lactation support providers, doulas, and similar allied health partners, who currently provide affordable or no-cost infant feeding support services in communities, with an emphasis on disproportionately impacted populations.
- \$1.7M to support American Indian and Alaska Native Tribes and Tribal health organizations through health and public health advocacy, policy analysis, communication, and information dissemination; training and capacity building; and research to ensure that the Tribal health system has the resources, workforce, and opportunities to provide for the optimal health of our nation's first peoples. In the course of one year, an organization with experience serving this population would lead a COVID-19 response in tribal communities to build IYCF-E capacity and emergency services and supplies which support federally recognized American Indian and Alaska Native Tribes, affiliated Tribal organizations, and Native-led grassroots organizations to provide IYCF support for families and Tribal communities.
- \$1.3M to support state and national leaders focusing on food and nutrition policy, programs, and services that aim to improve the health of our population through the efforts of public health nutritionists. In the course of one year, an organization with experience in coordinating state and local public health nutritionists would build IYCF-E capacity by mobilizing state-level

systems to assure optimal IYCF nutritional programs, including training, technical assistance, and state-tailored funding models.

Additional critically needed actions to address infant and young child feeding in emergencies include:

- Expanding the Federal Interagency Breastfeeding Task Force to immediately include the Federal Emergency Management Agency and the CDC Infectious Disease National Centers to collaboratively address IYCF needs in the context of COVID-19.
- Enacting the Fiscal Year 2020 Department of Homeland Security appropriations directive for the Federal Emergency Management Agency to ensure breastfeeding mothers have appropriate breastfeeding services and supplies during a disaster or pandemic.
- Enacting the May 2018 World Health Assembly Resolution 12.6 related to infant and young child feeding in emergencies.

We call on your leadership to protect breastfeeding as a critical public health strategy as the nation addresses the coronavirus disease pandemic. Reengaging and bolstering best practices for maternity and postpartum care and breastfeeding support can help minimize and mitigate the growing concerns for malnutrition and prevent a grave backslide in a decade of public health gains in breastfeeding initiation, duration, and exclusivity rates.

Again, we urge you to support emergency funding for infant and young child feeding in the COVID-19 package. Given the consistent and well-documented health, economic, and environmental benefits of breastfeeding, this is an investment that will continue to produce measurable dividends across the country.

Thank you for your consideration of this request. For further information or questions, please contact Amelia Psmythe Seger, Deputy Director at the United States Breastfeeding Committee, at 773.359.1549 x23 or apsmythe@usbreastfeeding.org.

International, National, and Tribal Organizations:

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Academy of Nutrition and Dietetics
Alianza Nacional de Campesinas
Alimentacion Segura Infantil
American Academy of Family Physicians
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American Breastfeeding Institute
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Breastfeeding Confidential
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National WIC Association
NETWORK Lobby for Catholic Social Justice
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Presque
Reaching Our Sisters Everywhere
U.S. Breastfeeding Committee
U.S. Lactation Consultant Association
Women-Inspired Systems' Enrichment

Regional, State, and Local Organizations:

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Alabama Breastfeeding Committee
Alaska Breastfeeding Coalition
Appalachian Breastfeeding Network
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Breastfeeding Coalition of Washington
BreastfeedLA
California Advanced Lactation Institute
California Breastfeeding Coalition

Centro Pediatrico de Lactancia y Crianza
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Southeast Michigan IBCLC's of Color
Tampa Bay Breastfeeding Task Force
Tarrant County Breastfeeding Coalition
Tennessee Breastfeeding Coalition
The Adelante Network
Virginia Breastfeeding Coalition
West Virginia Breastfeeding Alliance
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cc: The Honorable Lamar Alexander

ⁱ *Voices From The Field: COVID-19 & Infant Feeding*. U.S. Breastfeeding Committee; 2020.
<http://www.usbreastfeeding.org/d/do/3542>. Accessed April 20, 2020.

ⁱⁱ Seals Allers K, Green K. Covid-19 Restrictions on Birth & Breastfeeding: Disproportionately Harming Black and Native Women. *Women's eNews*. <https://womensenews.org/2020/03/covid-19-restrictions-on-birth-breastfeeding-disproportionately-harming-black-and-native-women/>. Published 2020. Accessed April 23, 2020.

ⁱⁱⁱ AAP Policy on Breastfeeding. AAP.org. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/AAP-Policy-on-Breastfeeding.aspx> Accessed April 20, 2020.

^{iv} 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 April 20, 2020.

^v Making the decision to breastfeed | womenshealth.gov. [womenshealth.gov. https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1](https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1). Published 2020. Accessed April 20, 2020.

^{vi} Systematic Review of Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries | Effective Health Care Program. [Effectivehealthcare.ahrq.gov. https://effectivehealthcare.ahrq.gov/products/breastfeeding/research-protocol](https://effectivehealthcare.ahrq.gov/products/breastfeeding/research-protocol). Published 2020. Accessed April 20, 2020.

^{vii} Coronavirus Disease 2019 (COVID-19): Pregnancy and Breastfeeding. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>. Accessed April 20, 2020.

The Honorable Nita Lowey
Chairwoman
House Appropriations Committee

The Honorable Kay Granger
Ranking Member
House Appropriations Committee

The Honorable Rosa DeLauro
Chairwoman
House Appropriations Subcommittee on Labor,
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The Honorable Tom Cole
Ranking Member
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cc: The Honorable Frank Pallone
The Honorable Greg Walden

ⁱ *Voices From The Field: COVID-19 & Infant Feeding*. U.S. Breastfeeding Committee; 2020.
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