

The Honorable Richard Shelby
Chairman
Senate Appropriations Committee

The Honorable Nita Lowey
Chairwoman
House Appropriations Committee

The Honorable Patrick Leahy
Vice Chairman
Senate Appropriations Committee

The Honorable Kay Granger
Ranking Member
House Appropriations Committee

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

The Honorable Rosa DeLauro
Chairwoman
House 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

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee on Labor,
HHS, Education and Related Agencies

April 28, 2020

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.

Breakdowns in U.S. hospital interpretation of the CDC guidance on pregnancy, childbirth, and breastfeeding as it pertains to COVID-19ⁱ have disrupted early attachment and compromised breastfeeding initiation in hospital settings. Out of an abundance of caution, many mothers have been restricted to labor and birth without the support of their partner or other supporters, regardless of disease risk. Many facilities are routinely separating parents from their infants during their hospital stay, even when COVID-19 is not suspected or confirmed. Furthermore, families are being discharged soon after birth without access to skilled in-person lactation support because of social distancing requirements.ⁱⁱ These pandemic-response practices compromise the initiation and establishment of breastfeeding and disproportionately impact communities of color and those who are otherwise marginalized,ⁱⁱⁱ further exacerbating health disparities and inequities.

In response to this public health emergency, 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 will support four national-level organizations with the ability to swiftly operationalize community-level interventions that mitigate the impact of public health emergencies while building the capacity and resilience of local agents to implement community-driven programming that centers the needs of disproportionately impacted populations. These dollars will also support coordinated efforts to address the breakdown in clinical interpretations of the CDC guidance on pregnancy and breastfeeding as it pertains to COVID-19, and related 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.^{iv} 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.^v 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.^{vi} Women who breastfed their children have a reduced long-term risk of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.^{vii}

Protecting and supporting breastfeeding is the only way to ensure critical food security and immunologic protection for our nation's youngest residents during this pandemic and beyond. There is no evidence suggesting 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.^{viii} Yet the pandemic has prompted some infant formula companies to advance aggressive marketing tactics in hospitals.^{ix} At the same time, stores face critical infant formula shortages as a result of hoarding.^x Many families lack immediate access to the infant feeding support and supplies they desperately need. American families and communities deserve a robust and trauma-informed 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 Infant and Young Child Feeding (IYCF) relief for families with an emphasis on trauma-informed support by providing \$10 million in additional funding for the CDC Hospitals Promoting Breastfeeding program and equipping multi-systemic emergency interventions by directing the funds as follows:

- \$5M to fund a national organization that brings together a multi-sectoral coalition of organizations to work collaboratively to create a landscape of breastfeeding support across the United States, with expertise in providing capacity-building assistance to breastfeeding coalitions and organizations. This organization will immediately mobilize a COVID-19 Infant & Young Child Feeding response by convening emergency response and strategic public health organizations to inform infant and young child feeding best practices; supporting a faculty of national organizations with equity focus, community reach, and training capacity to equip community providers in trauma-informed lactation care that honors social distancing requirements; and engaging additional key stakeholders poised to influence national policy levers with community impact in a one-year period. These constituents will provide immediate support in communities, with an emphasis on disproportionately impacted populations.
- \$2M to fund a national organization that represents the country's local health departments by providing capacity-building assistance to strengthen breastfeeding continuity of care and community support and supporting local health departments as they prepare for and recover from public health emergencies. In a one-year period, this organization will build local capacity through county and city health department partnerships with 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 will 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 fund a national Tribal organization that supports and represents 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 a one-year period, this organization will 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 fund a national non-profit membership organization that provides state and national leadership on food and nutrition policy, programs, and services aimed at improving the health of our population, and whose members are public health nutritionists located throughout all 50 states, the District of Columbia, and five U.S. territories. In a one-year period, this organization will build the IYCF-E capacity of public health nutritionists through 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 2016 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 Psmyme Seger, Deputy Director at the United States Breastfeeding Committee, at 773.359.1549 x23 or apsmythe@usbreastfeeding.org.

Sincerely,

CO-SIGNERS

cc: The Honorable Frank Pallone
The Honorable Greg Walden
The Honorable Lamar Alexander

ⁱ 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.

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

ⁱⁱⁱ 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.

^{iv} 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.

^v 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.

^{vi} Making the decision to breastfeed | womenshealth.gov. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1>. Published 2020. Accessed April 20, 2020.

^{vii} 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>. Published 2020. Accessed April 20, 2020.

^{viii} 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.

^{ix} Now More Than Ever, Baby-Friendly Facilities Must Protect Parents from Commercial Interests. Baby-Friendly USA. <https://www.babyfriendlyusa.org/news/now-more-than-ever/>. Published 2020. Accessed April 23, 2020.

^x Blog Post: WIC Shopping in the COVID-19 Emergency. National WIC Association.
<https://www.nwica.org/blog/blog-post-wic-shopping-in-the-covid-19-emergency#.Xo5OrZI7k2x>. Published 2020.
Accessed April 23, 2020.