

Megan Renner — Executive Director, United States Breastfeeding Committee

**United States House of Representatives Committee on Appropriations
Subcommittee on Labor, Health & Human Services, Education and Related Agencies
U.S. Breastfeeding Committee – FY 2018 Public Witness Testimony**

Chairman Cole, Ranking Member DeLauro and members of the Subcommittee, thank you for the invitation to present public witness testimony today. My name is Megan Renner, and I am the executive director of the USBC, an independent nonprofit coalition of more than 50 national organizations, with a network of state/local breastfeeding coalitions in all 50 states, working collaboratively to advance policies and practices that create a landscape of support for breastfeeding families across the U.S. We are extremely grateful to this subcommittee for its sustained efforts to support disease prevention and health promotion activities, and in particular initiatives to support nutrition and breastfeeding. **On behalf of the more than 3 million U.S. families that choose to breastfeed their newborns each year, I respectfully urge the subcommittee to sustain Congress's bipartisan support for effective and innovative initiatives to support breastfeeding families, especially via continuation of funding for the Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity & Obesity (CDC/DNPAO), "Supporting Breastfeeding Families" program at the original requested amount of \$15M/year.**

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. Breastfeeding is a proven primary prevention strategy, and the "first food" of breast milk builds a foundation for life-long health and wellness. The evidence for the value of breastfeeding to children's and women's health is scientific, solid, and continually being reaffirmed by new research. Compared with formula-fed infants, 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. The act of breastfeeding builds a strong emotional bond between mother and infant.

These impacts reach beyond families, also benefiting employers and our economy. 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!

Everyone can agree that the decision to breastfeed is a personal one, and a mother should not be made to feel guilty if she cannot or chooses not to breastfeed. Yet the great majority of pregnant women and new mothers want to breastfeed, and 81% percent start out breastfeeding. Despite this initial success, six in ten breastfeeding mothers stop earlier than they intend: they are unable to reach their personal goals due to a number of identified "key barriers to breastfeeding," including: lack of knowledge, lactation problems, poor family and social support, social norms, embarrassment, employment and child care, and health services.

These obstacles—dubbed "Booby Traps®" by one USBC member organization—can be addressed through simple, cost effective interventions. The active involvement and support of family members, friends, communities, clinicians, health care systems, and employers can help make breastfeeding easier. That's why in 2011 Surgeon General Regina Benjamin launched *The Surgeon General's Call to Action to Support Breastfeeding (SGCTA)*, outlining the twenty concrete action steps that would have the greatest impact, across six sectors of society.

Budget Recommendations to Implement SGCTA Recommended Actions:

Agency	Program	SGCTA Action	FY16 Level	FY18 Request
+CDC/DNPAO	Supporting Breastfeeding Families	3, 4, 7, 8, 9, 10, 11, 14, 16, 19, 20	\$8M	\$15M
OWH	Breastfeeding Support Programs	1, 2, 5, 14	\$0	\$2M
AHRQ	a) Systematic Review on Safety/Efficacy of Donor Human Milk b) Study on Federal Regulation & Support of Donor Milk Banks	12, 17	a) \$0 b) \$0	a) \$625k b) \$1.2M
HRSA	Clinical Guidelines for Use of Banked Donor Milk	10, 12	\$0	\$750k

+Priority Recommendation:

The USBC supports the overall budget recommendations of the National Alliance for Nutrition and Activity (NANA) for the CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO), including the request for an increase of \$8.5 million for the State Public Health Actions cooperative agreement to fund all states for enhanced primary prevention programs that address obesity, heart disease, and diabetes, and the request for an increase of \$2.5 million to expand the High-Obesity Counties program to two additional sites. There is great promise in the coordinated, collaborative approaches used by DNPAO to impact rates of several costly chronic diseases via cost-effective public health actions to increase healthy eating and physical activity.

Within the DNPAO budget, we respectfully request continued funding for the "Supporting Breastfeeding Families" program at the original requested amount of \$15M/year. Congress has dedicated funding to this program for more than five years (FY14-FY16 levels = \$8M/year), and the impact of these investments already has been substantial, with a special emphasis on maternity care practice improvement and continuity of breastfeeding care.

The maternity care experience can influence both breastfeeding initiation and later infant feeding behavior. EMPOWER Breastfeeding—the currently active maternity care quality improvement initiative—is supporting 93 hospitals in 24 states to implement a set of evidence-based practices. CDC collects data every two years through a national survey known as the Maternity Practices in Infant Nutrition and Care (mPINC) Survey, and results of the 2015 survey showed that, on average, U.S. hospitals scored 79 out of a possible 100 points, an increase from an overall national score of just 63 in 2007 and 70 in 2011. By another measure, over this same period, the percentage of U.S. hospitals implementing a majority of the recommended practices has increased from about 29% in 2007 to 44% in 2011, and to 62% in 2015.

Current CDC breastfeeding initiatives also address the need to ensure health care professionals working in maternity care (obstetrics, pediatrics, family practice) have sufficient breastfeeding knowledge and skills, while 86% of Americans still turn to a health professional, such as a doctor, as their primary source of health information. Additionally, both national and state-focused programs are increasing access to professional and peer lactation support, to ensure provision of culturally competent support to overcome barriers and prevent and manage problems during both the prenatal and postpartum periods. With more than half of all women with infants less than one year old in the labor force, CDC initiatives that support employers and child care providers to implement breastfeeding supports in worksite and daycare settings are also having a critical impact on breastfeeding continuation after return to work or school.

Additional Recommendations:

We urge the subcommittee to directly fund the HHS Office on Women's Health (OWH) Breastfeeding Support Programs, especially for initiatives to provide resources to employers to

support nursing mothers in the workplace and to support breastfeeding mothers via the *Your Guide to Breastfeeding*, the *It's Only Natural* campaign, and the OWH Helpline.

We also urge the subcommittee to address obstacles to greater availability of safe banked donor human milk for fragile infants by funding the Agency for Healthcare Research and Quality (AHRQ) to conduct a systematic review of current evidence on the safety and efficacy of donor human milk, and a study on federal regulation and support of donor milk banks, and by funding the Health Resources and Services Administration (HRSA) to establish evidence-based clinical guidelines for the use of banked donor milk.

Support for Affiliated Recommendations:

The USBC would also like to express support for continued funding of the following affiliated programs, and ensuring incorporation/expansion of breastfeeding support therein:

Agency	Program	SGCTA Action	FY16 Level
CDC/DNPAO	Racial & Ethnic Approaches to Community Health (REACH)	varies, multiple	\$50.95M
CDC/DNPAO	National Early Care & Education Collaboratives	16	\$4M
HRSA/MCHB	Title V Maternal and Child Health (MCH) Services Block Grant, including the Special Projects of Regional and National Significance (SPRANS)	varies, multiple	\$639M (SPRANS portion - \$77M)
HRSA/MCHB	Healthy Start	1, 3, 4, 8	\$103.5M
HRSA/MCHB	Maternal, Infant and Early Childhood Home Visiting (MIECHV)	1, 2, 3, 4, 8	\$400M

Increasing breastfeeding rates can save billions of dollars each year by preventing acute illnesses in infants as well as many costly chronic diseases in mothers and children. We believe these recommended investments will continue to produce measurable dividends for families, employers, and the economy for decades to come.