Written Statement of Cheryl Lebedevitch
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1629 K Street NW, Suite 300 | Washington, DC 20006
Before the United States Senate Committee on Finance Hearing: *Exploring Paid Leave: Policy, Practice, and Impact on the Workforce*
October 25, 2023

Dear Chair Wyden and Ranking Member Crapo:

The U.S. Breastfeeding Committee (USBC) submits this letter to the Senate Committee on Finance for the record of the full committee hearing, " Exploring Paid Leave: Policy, Practice, and Impact on the Workforce" in full support of establishing a paid family and medical leave insurance program.

The USBC is a coalition bringing together 139 organizations – including federal agencies, national, state, tribal, and territorial organizations, as well as for-profit businesses – that support the USBC mission 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.

We know that the vast majority of people become parents during their lifetime.[i] Their needs and the needs of their infants are neither surprising nor difficult to meet when anticipated and planned for. Paid family and medical leave is a basic necessity, and this committee has a critical opportunity to support the establishment of a federal program for job-protected, paid family and medical leave for our nation's workers.

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 infants be exclusively breastfed for six months with continued breastfeeding while introducing complementary foods for two years or as long as mutually desired by the mother and child. [ii] 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.[iii] Breastfed children have a decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia. Women who breastfeed their babies reduce their risk of specific chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.[iv]

The majority of pregnant women and new parents want to feed their baby breast milk, but significant barriers in the community, health care, and employment settings can impede breastfeeding success.[v] The national breastfeeding initiation rate among children born in 2020 was 83.1%. However, by six months of age, only 25.4% of infants are exclusively breastfed in the U.S.[vi] Despite overall increases in breastfeeding initiation and duration, deep racial, geographic, and socioeconomic disparities in breastfeeding rates persist. Fewer non-Hispanic Black infants (77.3%) are ever breastfed compared with Asian infants (87.1%), non-Hispanic White infants (85.3%) and Hispanic infants (81.9%).[vii] Furthermore, a distressing 60 percent of mothers report that they did not breastfeed for as long as they intended.[viii]

Structural and environmental barriers can make it difficult or impossible for families to establish an adequate milk supply to sustain human milk feeding at medically recommended levels.[ix] For many families, rather than being a matter of personal choice, infant feeding practice is informed by circumstance.

The U.S. is one of only three countries that does not guarantee paid leave for new mothers.[x] Only 19 percent of the workforce has any paid family leave through an employer.[xi] The Family and Medical Leave Act provides for unpaid leave, but about 40 percent of the workforce is not eligible.[xii] Many parents return to work quickly after birth, before a strong breastfeeding relationship is established because they cannot afford to take unpaid leave or because they do not qualify for federal legal protections.

> "Paid family leave is a huge public health need. While my daughter was able to take 3 months off, she had to save up all her PTO for 2 years to do so, meaning no vacations or extra days off. If we want to increase breastfeeding rates and reduce infant mortality, families need paid leave."
>
> ~ Becky, Oklahoma

A significant barrier to human milk feeding in the United States is the social and economic pressure to return to paid employment soon after birth. But, as recognized in *The Surgeon General's Call to Action to Support Breastfeeding,* access to paid family leave programs can lay the groundwork for breastfeeding success.[xiii] 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.[xiv]

State paid family and medical leave programs are making a difference for families throughout the country. Thanks to recent legislative successes, thirteen states and the District of Columbia have paid medical leave laws.[xv] In addition, more than 106 cities and counties across 32 states enacted paid leave policies.[xvi] 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.[xvii]

However, these state-financed family leave programs are not enough. Breastfeeding can benefit every family, and paid family and medical leave must be accessible to all workers. There are significant disparities in access to paid leave among some racial and ethnic groups, with Black and Hispanic employees less likely than their white non-Hispanic counterparts to have access to paid parental leave.[xviii] There are similar disparities in breastfeeding outcomes among racial groups.

Guaranteed paid family and medical leave is a vital component of maternal and child health and should be available for all workers through a national paid family leave program, like the Family and Medical Insurance Leave (FAMILY) Act. The USBC, our member organizations, and our partners continue to stand ready to work with policymakers and federal, state, and local agencies to establish at least 12 weeks of job-protected, paid family and medical leave.

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.[xix] 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. [xx] It's time to bring these benefits to the entire nation.

> "I had no access to paid parental leave and was forced, financially, to return to work just three days after my son's birth. When my wife needed me the most, I could not be there because someone had to work. It was my job to care for them in those first weeks, but because I had to return to work so soon, I failed at that job. As a nation, we need to pull together and make it possible for everyday families to stay home with their brand-new babies while not worrying about the bills. It is time for America to join the rest of the world and offer paid family leave to its citizens. Dads: please join me in raising our voices and our votes in support of this issue. It is long overdue."
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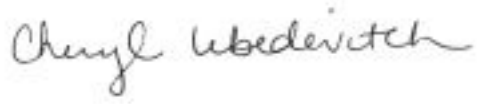
> ~ Jarred, Massachusetts

We appreciate the opportunity to submit this comment. Thank you for considering the positive impact of paid family leave programs on breastfeeding families in the United States.

Sincerely,



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U.S. Breastfeeding Committee

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[i] Martinez, G. M., & Daniels, K. (2023). (rep.). *Fertility of Men and Women Aged 15–49 in the United States: National Survey of Family Growth, 2015–2019*. National Health Statistics Reports.

[ii] Meek, J. Y., & Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics, 150*(1). doi:10.1542/peds.2022-057988

[iii] Li, R., Ware, J., Chen, A., Nelson, J. M., Kmet, J. M., Parks, S. E., . . . Perrine, C. G. (2022). Breastfeeding and post-perinatal infant deaths in the United States, a national prospective cohort analysis. *The Lancet Regional Health - Americas, 5*, 100094. doi:10.1016/j.lana.2021.100094

[iv] Making the decision to breastfeed | womenshealth.gov. womenshealth.gov. https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1. Published 2020. Accessed December 20, 2022.

[v] The Surgeon General's Call to Action to Support Breastfeeding. *Clinical Lactation*. 2011;2(1):33-34. doi:10.1891/215805311807011746

[vi] Centers for Disease Control and Prevention (CDC). (2022). Breastfeeding report card, United States, 2022. https://www.cdc.gov/breastfeeding/data/reportcard.htm

[vii] Centers for Disease Control and Prevention (CDC) (2023). Facts. https://www.cdc.gov/breastfeeding/data/facts.html

[viii] Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. Reasons for Earlier than Desired Cessation of Breastfeedingexternal icon. *Pediatrics*. 2013;131(3):e726–732. Accessed January 22, 2020.

[ix] Reis-Reilly H, Fuller-Sankofa N, Tibbs C. Breastfeeding in the Community: Addressing Disparities Through Policy, Systems, and Environmental Changes Interventions. *Journal of Human Lactation*. 2018;34(2):262-271. doi:10.1177/0890334418759055

[x] Data - OECD. Oecd.org. https://www.oecd.org/gender/data/length-of-maternity-leave-parental-leave-and-paid-father-specific-leave.htm. Accessed January 22, 2020.

[xi] Bls.gov. https://www.bls.gov/ncs/ebs/benefits/2019/employee-benefits-in-the-united-states-march-2019.pdf. Published 2019. Accessed January 22, 2020.

[xii] FMLA is Working. Dol.gov. https://www.dol.gov/whd/fmla/survey/FMLA_Survey_factsheet.pdf. Accessed January 22, 2020.

[xiii] Office of the Surgeon General (US); Centers for Disease Control and Prevention (US); Office on Women's Health (US). The Surgeon General's Call to Action to Support Breastfeeding. Rockville (MD): Office of the Surgeon General (US); 2011.

[xiv] Hamad R, Modrek S, White J. Paid Family Leave Effects on Breastfeeding: A Quasi-Experimental Study of US Policies. Am J Public Health. 2019;109(1):164-166. doi:10.2105/ajph.2018.304693?

[xv] Comparative Chart of Paid Family and Medical Leave Laws in the United States. A Better Balance. https://www.abetterbalance.org/resources/paid-family-leave-laws-chart/. Published 2023. Accessed October 31, 2023.

[xvi] Paid Family/Parental Leave Policies for Municipal Employees (Not Exhaustive). https://nationalpartnership.org/wp-content/uploads/2023/02/paid-family-leave-policies-for-municipal-employees.pdf. Published 2020. Accessed October 31, 2023.

[xvii] Huang R, Yang M. Paid maternity leave and breastfeeding practice before and after California's implementation of the nation's first paid family leave program. Economics & Human Biology. 2015;16:45-59. doi:10.1016/j.ehb.2013.12.009

[xviii] Bartel A, Kim S, Nam J, Rossin-Slater M, Ruhm C, Waldfogel J. Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets. Mon Labor Rev. 2019:142. doi:10.21916/mlr.2019.2

[xix] Walters, D., Dayton Eberwein, J., Sullivan, L., D'Alimonte, M., & Shekara, M. (2017). An Investment Framework for Meeting the Global Nutrition Target for Breastfeeding (Rep.). World Bank Group.

[xx] Paid Family and Medical Leave Is Good for Business. (2023). National Partnership for Women and Families. Retrieved October 31, 2023, from https://nationalpartnership.org/wp-content/uploads/2023/02/paid-leave-good-for-business.pdf.