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United States Breastfeeding COMMITTEE
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United States Lactation Consultant Association

Joint Statement Urging Support of \$60 million for WIC Breastfeeding Peer Counselors in FY 2013

We are disappointed that the Committee mark of the Agriculture, Rural Development, FDA, and Related Agencies Bill for FY 2013 does not contain vital set aside funding for WIC breastfeeding peer counselors. **We strongly urge the full House to include \$60 million for WIC Breastfeeding Peer Counselors in FY 2013 in the final Bill, a level equal to funding provided in FY 2012.**

Breastfeeding peer counselors provide a significant return on investment by playing a crucial role in improving breastfeeding initiation and duration rates in the WIC population, and in improving the current and future health of WIC mothers and their young children. The failure to fund breastfeeding peer counselors would mean an immediate loss of thousands of jobs to low-income mothers working under the direction of certified breastfeeding experts to support new, inexperienced WIC breastfeeding mothers. It would also mean an immediate reduction in breastfeeding rates boosted and sustained by peer counselors, and an immediate impact on near and long-term health outcomes.

Breastfeeding is the optimal infant feeding choice, saving healthcare dollars. Breastfeeding has been shown to reduce a baby's risk of obesity, respiratory tract infection, SIDS, Type 1 and Type 2 diabetes, and post-neonatal infant mortality. Breastfeeding has also been shown to reduce a mother's risk of developing breast cancer, ovarian cancer, Type 2 diabetes, and postpartum depression. According to recent research, it is estimated that if 90% of women breastfed

exclusively for 6 months, the US would prevent nearly 900 infant deaths and save \$13 billion each year.¹

Breastfeeding is a national priority. Currently, the US ranks last of 36 developed countries in breastfeeding.² The Healthy People 2020 sets specific targets to increase the nation's breastfeeding initiation and duration rates. The 2011 "Surgeon General's Call to Action to Support Breastfeeding" outlines the importance of breastfeeding to individuals, communities and the nation, barriers to breastfeeding, and recommendations to promote breastfeeding, including the WIC peer counselor program.

Low-income mothers face particular challenges to breastfeeding their babies. Research shows that low income mothers are less likely to breastfeed for a multitude of reasons. The most common ones include workplace barriers, inadequate family support, poor social acceptance, and lack of role models. For these many reasons, these mothers are also more likely to stop breastfeeding earlier if obstacles arise.

The WIC breastfeeding peer counseling program works to mitigate barriers and improve breastfeeding initiation and duration rates. Since 2004, USDA-FNS has allocated funding to States, Indian Tribal Organizations, and U.S. Territories via non-competitive, two-year grants for the WIC breastfeeding peer counselor program. The program has been adopted by all 50 States, the District of Columbia, and 34 Indian Tribal Organizations and U.S. Territories. WIC breastfeeding peer counselors serve as both an education and support resource for breastfeeding mothers. They, themselves, are mothers who have breastfed and are on call to coach mothers through breastfeeding obstacles and uncertainties. A breastfeeding peer counselor from Virginia states, "Because their mom did not breastfeed at all or did not breastfeed successfully, she cannot help her daughter breastfeed But I can provide that continuity to reassure the mom and encourage her to keep breastfeeding."

Breastfeeding peer counselors improve rates of breastfeeding initiation, duration, and exclusivity.³ With increased investment in breastfeeding promotion activities, including peer counseling, national breastfeeding rates have increased significantly in the WIC population: 63.1% of WIC mothers initiated breastfeeding in 2010, up from 41.3% in 1998.⁴ WIC's peer counselor program effectiveness, has led the Surgeon General to urge making it a core service available to all women enrolled in the WIC program. With over 50% of all infants born in the U.S. enrolled in WIC, assuring the continuation of the breastfeeding peer counselor program will provide for healthier, more productive generations of children.

The WIC breastfeeding peer counseling program requires set aside funding. Because there is no specific set aside funding in the House Agriculture Appropriations Bill, the only way the USDA is authorized to provide funding for peer counselors is if all food and NSA caseload needs are met for the fiscal year. In effect, this would lead to termination of the program for the coming fiscal year as it is only near the end of the fiscal year that USDA will be able to determine if there is extra funding available for peer counselors. Given the Bill's tight budget allocation for WIC, it is unlikely that there will be funding leftover once food and NSA costs are covered for the year.

¹ Bartick, M., & Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125, e1048-56.

² Save the Children. (2012). Nutrition in the first 1,000 days: State of the world's mothers 2012. <<http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF>>

³ Chapman, D., Morel, K., Damio, G., Perez-Escamilla. (2010). Review: Breastfeeding peer counseling: From efficacy through scale-up. *Journal of Human Lactation*, 26(3), 314-326.

⁴ United States Dept of Agriculture, Food and Nutrition Service. (2010). *Study of WIC Participant and Program Characteristics 2010 Final Report*. Alexandria, VA: US Department of Agriculture, Office of Analysis and Evaluation.

We strongly urge the full House to include \$60 million for WIC Breastfeeding Peer Counselors in FY 2013 in the final Bill, a level equal to funding provided in FY 2012. Improving breastfeeding initiation and duration rates in the WIC population, and improving the current and future health of WIC mothers and their young children will be a direct outcome. The failure to fund breastfeeding peer counselors in FY 2013 would mean an immediate loss of jobs, a reduction in breastfeeding rates across the country, and an immediate impact on near and long-term health outcomes.

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New Mexico Breastfeeding Task Force
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