

March 15, 2019

Senator Richard Shelby  
304 Russell Senate Office Building  
Washington, D.C. 20510

Senator Doug Jones  
330 Hart Senate Office Building  
Washington, D.C. 20510

Representative Bradley Byrne  
119 Cannon House Office Building  
Washington, D.C. 20515

Representative Martha Roby  
504 Cannon House Office Building  
Washington, D.C. 20515

Representative Mike Rogers  
2184 Rayburn House Office Building  
Washington, D.C. 20515

Representative Robert Aderholt  
1203 Longworth HOB  
Washington, D.C. 20515

Representative Mo Brooks  
2246 Rayburn House Office Building  
Washington, D.C. 20515

Representative Gary Palmer  
207 Cannon House Office Building  
Washington, D.C. 20515

Representative Terri Sewell  
2201 Rayburn House Office Building  
Washington, D.C. 20515

Dear Members of the Alabama Congressional Delegation:

The Alabama Breastfeeding Committee is a non-profit organization, made up of healthcare professionals representing physicians, nurses, nurse practitioners, and Internationally Board Certified Lactation Consultants (IBCLCs). Our vision is that human milk will be the norm in infant feeding, resulting in a healthier Alabama. We support this vision by working toward the development of resources and partnerships that will lead to the effective promotion, protection, and support of breastfeeding within the State.

We are writing to share the enclosed proclamation which asks for your support of appropriations report language directing FEMA to provide breastfeeding support and services to eligible individuals displaced by a disaster through the Critical Needs Assistance (CAN) Program. We tried making contact with disaster coordinators after recent tornadoes in our state to offer services and were told that infant formula was the only type of infant nutrition available because it is easy to purchase. Some types of infant formula arrives in powder form and must be mixed with water. In scenarios where the water is contaminated or cannot be accessed due to power failure, part of the emergency response should be to support mothers to continue to breastfeed or provide support needed for mothers who previously breastfed to re-lactate.

The benefits of breast milk are indisputable. The American Academy of Pediatrics (AAP)<sup>1</sup>, the American Congress of Obstetricians and Gynecologists (ACOG)<sup>2</sup>, the Centers for Disease Control and Prevention (CDC)<sup>3</sup>, American Academy of Family Physicians<sup>4</sup>, and the U.S. Surgeon General<sup>5</sup>, and many other leading medical societies recognize the benefits of breast milk and strongly recommend breastfeeding for the first six months exclusively and ongoing for at least the first year of life.

Breast milk in the first year of life confers benefits by reducing the most common and costly childhood illnesses: ear infections, diarrhea, and respiratory infections<sup>6</sup>. Breast milk leads to decreased risks for infection, a better feeding tolerance, improved morbidities for premature babies, and the long-term benefits of decreasing incidence of obesity<sup>7</sup>. Furthermore, the clinical community has found that premature infants provided with their mother's milk have sharply reduced rates of necrotizing enterocolitis (NEC) resulting in a significant reduction in morbidities, fewer hospital readmissions and less costly medical bills in the longer term<sup>8</sup>.

As described in the proclamation we are submitting to your office, cessation of breastfeeding after a disaster is particularly risky for infants and mothers who are displaced from their primary residence.

Sincerely,  
*Gayle Whatley*

Gayle Whatley, RN, WHNP-BC, CLC  
Chair – Alabama Breastfeeding Committee  
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Oxford, Alabama 36203  
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<sup>1</sup> American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). Pediatrics; originally published online February 27, 2012; DOI: 10.1542/peds.2011-3552.

<sup>2</sup> Optimizing Support for Breastfeeding as Part of Obstetric Practice. The American Congress of Obstetricians and Gynecologists. Number 658, Feb 2016. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Support-for-Breastfeeding-as-Part-of-Obstetric-Practice>

<sup>3</sup> Breastfeeding Report Card. Progressing Toward National Breastfeeding Goals. United States. 2016. CDC. Breastfeeding Report Card 2016 <http://www.cdc.gov/breastfeeding/data/reportcard.htm>.

<sup>4</sup> Breastfeeding, Family Physicians Supporting (Position Paper). American Academy of Family Physicians. <http://www.aafp.org/about/policies/all/breastfeeding-support.html>. Accessed Feb 2, 2017

<sup>5</sup> US Department of Health and Human Services. (2011). The Surgeon General's call to action to support breastfeeding.

<sup>6</sup> Ball, Thomas M., and Wright, Anne L. "Health care costs of formula-feeding in the first year of life." Pediatrics 103. Supplement 1 (1999): 870-876.

<sup>7</sup> Institute of Medicine Report "Clinical Preventative Services for Women," 2011, Table 5-4.

<sup>8</sup> Patel AL, Johnson TJ, Engstrom JL, et al. Impact of early human milk on sepsis and health-care costs in very low birth weight infants. *J Perinatol*. Jan 31 2013.