

The Boston Breastfeeding Coalition and Breastfeeding Community Action Coalition (Springfield) submits these comments to inform the House Ways and Means Committee as it considers the May 27 hearing titled “The Disproportionate Impact of COVID-19 on Communities of Color.”

The Boston Breastfeeding Coalition is a network of lactation support providers, birth workers, healthcare providers, community members, and caregivers committed to improving access to breastfeeding support for every caregiver in Boston. We further aim to promote connections between individuals and organizations that promote breastfeeding advocacy and support pathways for professional lactation counselors. Vital Village Network at Boston Medical Center serves as a host for the Boston Breastfeeding Coalition, which is composed of approximately 300 members and 50 partner organizations. Coalition members and partners provide lactation support to families in settings such as community-based support groups, community health centers, private practice, and hospitals. Our free, drop-in community-based support groups located in the South End, Dorchester, Roxbury, and Mattapan neighborhoods of Boston predominantly serve families of color.

The Breastfeeding Community Action Coalition (BCAC) is a Springfield-based community engaged partnership focused on tackling breastfeeding inequities through development and evaluation of interventions/programs aimed at increasing breastfeeding initiation and duration rates among African American women. Across all settings and communities served by our coalitions, our providers and the families we serve have observed and experienced the impact of COVID-19 on the birth and infant feeding experience and the disproportionate impact on communities of color.

The COVID-19 pandemic is impacting all of our lives in tremendous ways, but the data is clear that the pandemic has affected communities of color most of all. In the United States, Black people account for only 13 percent of the population but 25 percent of COVID-19 deaths.[i] The Navajo Nation, the hardest hit reservation in the country, has a higher per capita rate of infection than any U.S. state.[ii] In Utah, Latinos comprise 13.9 percent of the population, but 38.6 percent of COVID-19 cases.[iii]

In Boston, Black residents make up 25% of the population and 42% of the cases of COVID-19; these [racial disparities](#) in rates of infection with COVID-19 and death have had a significant toll on the overall health and wellbeing of communities of color. Prior to COVID-19, [Black women in the Commonwealth](#) were twice as likely to die from pregnancy-related causes and have twice the rate of severe maternal morbidities as white women. During the current pandemic, empirical evidence and accounts from our Coalition members and partners demonstrate that these disparities have widened. Furthermore, communities of color make up a [larger percentage of essential workers](#) who are not able to exercise physical distancing during this time, and often had insufficient protective personal equipment.

Pregnant and breastfeeding families in communities of color are experiencing this global crisis with an even more heightened level of fear and vulnerability. The COVID-19 pandemic has created seismic shifts in the infant and young child feeding landscape.[iv] These shifts are compromising the initiation and establishment of breastfeeding, and are disproportionately impacting communities of color and those who are otherwise marginalized,[v] further exacerbating disparities in breastfeeding rates and associated health inequities.

In the days leading up to and since the stay-at-home order was initiated in Massachusetts, families have experienced increased barriers to accessing lactation support. By March 13th, all 10 of the Boston Breastfeeding Coalition’s community-based breastfeeding support groups were closed to in-person gatherings, affecting the approximately 100 families per month who utilize these groups for lactation counseling, social support, and connection to community resources. Across the Commonwealth, lactation support providers were furloughed, disrupting the continuity of care that families would have received before, during, and after delivery to support successful initiation and establishment of breastfeeding. Partners at [Healthy Baby / Healthy Child](#) program at Boston Public Health Commission shared the impact

of stay-at-home order on home visits which predominantly serve communities of color. The evidence-based home visiting program was paused and ultimately transitioned to remote services which nonetheless interrupted care and disproportionately impacted families of color. Public health nurses who normally provide support for maternal and child healthcare were reassigned to other COVID-related duties, leaving a gap in breastfeeding support for clients.

There has been a rapidly shifting landscape of [policies and practices](#) in maternity care and pediatrics. Shortened hospital stays, reduced well-child visit times, and the furloughing of lactation support providers have reduced the staffing and time necessary for adequately supporting breastfeeding and establishing continued care after discharge. Reports have surfaced that pediatric providers, to adapt to reduced access to lactation support providers, have recommended formula feeding or pumping and bottle-feeding by other caregivers. Policies have prevented support persons from being with mothers during delivery. For mothers of color in particular, family members and doulas are crucial advocates whose presence mitigates the trauma that many mothers report experiencing in hospitals. Policies have also limited contact between mothers and babies after delivery, and the messaging used in COVID-19 policies invokes fear among mothers. The resulting increase in stress, isolation from support persons and reduced time for parent-infant bonding have negative physiological impacts on breastfeeding.

Lactation support providers in our coalitions have adapted to social distancing requirements by shifting to telehealth through platforms such as Zoom. However, partners have expressed the limitations of a comprehensive assessment of infant feeding over video calls. Support group facilitators shared their experiences with internet connectivity issues which have been a barrier to family participation. Lactation consultants shared the difficulty of fully visualizing the clinical issue over video, even with strong internet connection. Furthermore, in a virtual setting, support group facilitators lose access to language interpretation services which are crucial to reaching and supporting non-English speaking families.

Overwhelmingly, lactation support providers do not receive adequate compensation for their essential work. Coalition members report that reimbursement processes cause lactation support providers to incur numerous personal expenses, including childcare and transportation. Frequently lactation providers are not being reimbursed for significant investment of time spent following up with families. There is limited infrastructure in place to support commitment to the profession and the ability to earn a living wage. In addition, coalition members who work with families as private practice providers have shared that the upfront out-of-pocket cost for lactation support is a barrier for many potential clients.

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.[vi] 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. [vii] 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.[viii] Women who breastfed their children have a reduced long-term risk of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.[ix]

The Boston Breastfeeding Coalition and Breastfeeding Community Action Coalition recommend the following Congressional actions be taken to address the disproportionate impact of COVID-19 on families of color:

- Sustainable funding for organizations to support professional development in lactation profession pathways and fund opportunities for paid employment in these pathways.
- Offset the out of pocket expenses that many lactation support providers encounter while bringing services to communities of color.

- Increase access to telehealth service or after discharge supports: Recognize lactation support as an essential health service, address disparities in access to technology among communities
- To increase access to trauma-informed lactation care: There is a need for professional development of lactation providers that is based on best practices related to trauma-informed care, given the collective trauma and potential personal traumas experienced during COVID-19.
- Increase access to alternative birth options such as home birth by supporting reimbursement of midwifery and doula services.
- There is a need to create and protect professional pathways for community members who have invaluable lived experience and a strong desire to serve the community. Developing a diverse workforce of lactation providers is needed to reduce inequities in outcomes for communities of color, and these pathways should be funded.

Protecting and supporting breastfeeding is essential to ensuring critical food security and immunologic protection for our nation's youngest residents during this pandemic and beyond. To date, there is no evidence 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.[x] American families and communities deserve a robust infant and young child feeding in emergencies response that protects breastfeeding and ensures that infants receive optimal care and nutrition.

The Boston Breastfeeding Coalition and Breastfeeding Community Action Coalition call on your leadership to protect breastfeeding as a critical public health strategy as the nation addresses the COVID-19 pandemic. 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.

Sincerely,

The Boston Breastfeeding Coalition
Breastfeeding Community Action Coalition (Springfield)

[i] The COVID Racial Data Tracker. The COVID Tracking Project. <https://covidtracking.com/race>. Published 2020. Accessed May 27, 2020.

[ii] Navajo Nation Now Has the Highest Coronavirus Infection Rate in the U.S., Surpassing New York. PEOPLE.com. <https://people.com/human-interest/navajo-nation-highest-coronavirus-infection-rate-in-us-surpassing-new-york/>. Published 2020. Accessed May 27, 2020.

[iii] Coronavirus Case Rates and Death Rates for Latinos in the United States. Salud America. <https://salud-america.org/coronavirus-case-rates-and-death-rates-for-latinos-in-the-united-states/>. Published 2020. Accessed May 28, 2020.

[iv] *Voices From The Field: COVID-19 & Infant Feeding Second Edition*. U.S. Breastfeeding Committee; 2020. <http://www.usbreastfeeding.org/d/do/3600>. Accessed May 27, 2020.

[v] 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.

[vi] 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.

[vii] 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.

[viii] Making the decision to breastfeed | womenshealth.gov. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1>. Published 2020. Accessed April 20, 2020.

[ix] 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.

[x] 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.