



## Comments on Docket No. CDC–2022– 0080]

The National Lactation Consultant Alliance (NLCA) is pleased to submit these comments in response to the Notice from the CDC regarding the proposed information collection for the Pregnancy Risk Assessment Monitoring System (PRAMS). As a trusted healthcare advocate, NLCA routinely provides comments on policies that impact public health through breastfeeding and the provision of human milk. NLCA is the advocacy organization for the International Board Certified Lactation Consultant (IBCLC).<sup>1</sup> The Women’s Preventive Services Initiative (a cooperative agreement between the American College of Obstetricians and Gynecologists (ACOG) and the Health Resources and Services Administration (HRSA) defines the IBCLC as a clinical lactation professional along with nurses, physicians, and midwives, as contrasted with lactation personnel that provide counseling, education, or peer support.<sup>2</sup>

The American Academy of Pediatrics (AAP) identify breastfeeding and human milk as the normative standards for infant feeding and nutrition.<sup>3</sup> The enhanced short- and long-term medical and neurodevelopmental outcomes from breastfeeding and the provision of human milk, the reduction in disease burden for both mothers and infants, and the considerable cost savings to the US healthcare system, make breastfeeding a public health imperative. It is therefore important that breastfeeding families receive the level of lactation care they need if they are to breastfeed exclusively for 6 months and with appropriate complementary foods up to 2 years thereafter. It has been found that women who received IBCLC care and services were more than 4 times as likely to exclusively breastfeed their infant at 1 month and nearly 3 times more likely to do so at 3 months compared with a control group.<sup>4</sup> However, breastfeeding families and mothers may not be able to distinguish from whom they receive lactation help. There exists a bewildering array of lactation certificates that may be confused with the lactation certification of an IBCLC.<sup>5</sup> Families and clinicians need to be able to access and refer to the appropriate lactation personnel for the level of expertise needed. Breastfeeding counselors and educators provide basic support and education while the IBCLC handles acute and complex breastfeeding scenarios. It is

---

<sup>1</sup> [www.nlca.us](http://www.nlca.us)

<sup>2</sup> Women’s Preventive Services Initiative. (2022). *Breastfeeding services and supplies updated January 2022*. <https://www.womenspreventivehealth.org/recommendations/breastfeeding-services-and-supplies/>

<sup>3</sup> Meek, J.Y., Noble, L.; Section on Breastfeeding. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 150(1), e2022057988. <https://doi.org/10.1542/peds.2022-057988>.

<sup>4</sup> Bonuck, K., Stuebe, A., Barnett, J., Labbok, M.H., Fletcher, J., & Bernstein, P.S. (2014). Effect of primary care intervention on breastfeeding duration and intensity. *American Journal of Public Health*, 104, S119-S127. <https://doi.org/10.2105/AJPH.2013.301360>

<sup>5</sup> Dodgson, J.E. (2020). Lactation-specific certifications: A comparison of independently accredited credentials. *Journal of Human Lactation*, 36(1), 119-125. <https://doi.org/10.1177/0890334419888217>

important that breastfeeding mothers know who to access for basic help and who to contact with more acute or complex challenges. Receiving support from lactation personnel who are not trained, equipped, or skilled in assessment of complex situations place mothers and infants at risk of poor health outcomes.

We therefore feel it is important to include questions within the PRAMS surveys that help determine if mothers know from whom they receive lactation support and care. Such data would assist policy makers in the identification of populations at high risk for health problems and provide data for planning programs and policies that would enhance breastfeeding outcomes. Questions could include the following:

Did you see or talk about breastfeeding with any of the following

- doctor
- nurse
- midwife
- International Board Certified Lactation Consultant (IBCLC)
- doula
- peer counselor
- breastfeeding educator or breastfeeding counselor
- dietitian
- don't know

If you talked with or saw any of the following for a breastfeeding problem, indicate who you saw or spoke with and if your problem was resolved

- doctor
- nurse
- midwife
- International Board Certified Lactation Consultant (IBCLC)
- doula
- peer counselor
- breastfeeding educator or breastfeeding counselor
- dietitian
- yes
- no

The term “lactation specialist” used in the current PRAMS questions is too vague to allow clarification of who is delivering care and if it is effective.

### **Infant formula supplementation of breastfed infants**

Up to 25% of breastfed infants receive formula before 2 days of age.<sup>6</sup> Such an intervention can result in perturbations of the infant gut microbiome, altered infant health outcomes, and early abandonment of breastfeeding. In a breastfed infant, consumption of one bottle of formula per day for the first week of life is enough to shift the gastrointestinal microbiology toward proinflammatory taxa.<sup>7</sup> Avoiding cow's milk formula supplementation in the first three days of life has the potential to reduce the risk of asthma

---

<sup>6</sup> Centers for Disease Control and Prevention. (2022). *Breastfeeding report card United States, 2022*. <https://www.cdc.gov/breastfeeding/pdf/2022-Breastfeeding-Report-Card-H.pdf>

<sup>7</sup> O'Sullivan, A., Farver, M., & Smilowitz, J. T. (2015). The influence of early infant-feeding practices on the intestinal microbiome and body composition in infants. *Nutrition and Metabolic Insights*, 8 (Suppl 1), 1–9.

or recurrent wheeze in young children.<sup>8</sup> Avoiding exposure to cow's milk formula for at least three days of life decreased the risk of sensitization to cow's milk and cow's milk allergy compared with supplementing with cow's milk formula from the first day of life.<sup>9</sup> In-hospital formula supplementation halved the likelihood of following a breastfeeding trajectory characterized by sustained exclusive breastfeeding, it decreased the likelihood of breastfeeding initiation with a subsequent child by >66%, and reduced the average duration of breastfeeding any subsequent children by >6 weeks.<sup>10</sup> Infants exposed to in-hospital formula supplementation are at a 2.5 to 6 times higher risk of early weaning than infants exclusively breastfed.<sup>11</sup> In-hospital formula supplementation often leads to continued supplementation after discharge.<sup>12</sup>

Questions regarding formula supplementation of breastfed infants would yield data on the extent of the practice and aid policy makers in planning for the reduction of a practice that can result in poor breastfeeding and health outcomes. Questions such as:

If your breastfed baby was supplemented with formula while in the hospital or early days at home, did you feel pressured to give your baby bottles of formula? If so, by whom were you so advised?

- Family
- Friends
- Nurse
- Pediatrician
- Midwife
- Doula
- WIC
- Social media
- Yes
- No

Were you offered any other options to using infant formula?

- Yes
- More intense breastfeeding support
- Referral to an International Board Certified Lactation Consultant (IBCLC)
- Pumping or hand expressing colostrum/milk
- Banked donor human milk
- No

---

<sup>8</sup> Tachimoto, H., Imanari, E., Mezawa, H., Okuyama, M., Urashima, T., Hirano, D., Gocho, N., & Urashima, M. (2020). Effect of avoiding cow's milk formula at birth on prevention of asthma or recurrent wheeze among young children: Extended follow-up from the ABC Randomized Clinical Trial. *JAMA Network Open*, 3(10), e2018534.

<sup>9</sup> Urashima, M., Mezawa, H., Okuyama, M., Urashima, T., Hirano, D., Gocho, N., & Tachimoto, H. (2019). Primary prevention of cow's milk sensitization and food allergy by avoiding supplementation with cow's milk formula at birth: A randomized clinical trial. *JAMA Pediatrics*, 173(12), 1137–1145.

<sup>10</sup> Whipps, M.D.M., Yoshikawa, H., Demirci, J.R., & Hill, J. (2021). Estimating the impact of in-hospital infant formula supplementation on breastfeeding success. *Breastfeeding Medicine*, 16(7), 530-538.

<sup>11</sup> McCoy, M.B., & Heggie, P. (2020). In-hospital formula feeding and breastfeeding duration. *Pediatrics*, 146, e20192946.

<sup>12</sup> Pérez-Escamilla, R., Buccini, G.S., Segura-Pérez, S., & Piwoz, E. (2019). Perspective: Should exclusive breastfeeding still be recommended for 6 months? *Advances in Nutrition*, 10, 931–943.

We thank you for the opportunity to comment. Please feel free to contact us with any questions or if we may be of further help.