

Written Comments: The Disproportionate Impact of COVID-19 on Communities of Color
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Who We Are

The Human Milk Banking Association (HMBANA) 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.”

Founded in 1985, HMBANA mobilizes the healing power of donor milk by accrediting nonprofit milk banks in the US and Canada. HMBANA sets international guidelines for pasteurized donor human milk.

Our 29 members help mothers donate their extra breast milk for use by fragile infants as medicine. Our efforts ensure that the process is evidence-based and clinically sound. Together, we advocate for donor milk as a universal standard of care, regardless of ability to pay.

HMBANA believes in a world where all infants have access to human milk through support of breastfeeding and use of pasteurized donor human milk.

During the COVID-19 pandemic, the need for pasteurized donor human milk (PDHM) continues along with the need for medicines, blood, food, and other essential healthcare. As a central piece of protecting breastfeeding and promoting access to human milk, HMBANA is committed to addressing concerns related to human milk and COVID-19; educating and providing accurate evidence-based information; and promoting the awareness and significance of human milk donation.

COVID-19’s Negative Impact on Breastfeeding Support in Communities of Color

COVID-19 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 (US), Black people account for only 13 percent of the population but 25 percent of COVID-19 deaths. The Navajo Nation, the hardest hit reservation in the country, has a higher per capita rate of infection than any US state. In Utah, Latinos comprise 13.9 percent of the population but 38.6 percent of COVID-19 cases.

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. These shifts are compromising the initiation and establishment of breastfeeding while disproportionately impacting communities of color and those who are otherwise marginalized, further exacerbating disparities in breastfeeding rates and associated health inequities.

In several states, we have seen a decrease in outpatient lactation support, with hospital lactation consultants being furloughed and access to infant feeding supplies through state WIC agencies reduced due to telehealth measures and physical distancing. Mothers who have



delivered vaginally have increasingly called breastfeeding hotlines, as they are being discharged at 12 to 24 hours post-partum with limited in-person, hands-on support for breastfeeding initiation in the hospital and subsequent to discharge.

In-person breastfeeding classes and support groups have suspended, although there are some virtual meetings seeking to compensate for the loss of personal, direct attention. We also know that HMBANA member milk banks with in-person lactation support have suspended those services and are relying on remote communications for breastfeeding support and outreach.

Mother-Infant Separation

Separation of mothers and infants remains a critical concern and an obstacle to breastfeeding initiation. Even though the coronavirus has not been shown to be transmitted either vertically or through breast milk and breastfeeding, asymptomatic patient under investigation (PUI) or positive mothers continue to be separated from their infants upon delivery, creating a major barrier to initiating breastfeeding. Additionally, due to rigid hospital visitation policies, many mothers have been barred from visiting their own infants if they are a PUI or asymptotically positive, and this puts even more obstacles in the path of successful breastfeeding and breast milk access to fragile infants in need.

Impact on Access to PDHM

Additionally, due to COVID-19 precautions, most of our member milk banks are operating with decreased and staggered staffing, decreased orders from hospitals, and challenges around reliable supply of personal protective equipment (PPE). These challenges have a cascading impact on access to PDHM by recipients, particularly those receiving it through hospital neonatal intensive care units. As hospitals have adapted to their rapidly changing circumstances, including increased physical distancing measures in delivery wards, this has impacted their demand, usage, and allocation of PDHM.

This places additional burdens on an already inequitable situation for communities of color regarding access to PDHM. Before COVID-19, hospitals were previously not utilizing donor milk sufficiently to meet the needs of preterm and fragile infants, as well as to support exclusive breastfeeding and human milk feeding. There is a known gap of PDHM usage, particularly in “safety net” hospitals, where there are larger proportions of Medicaid recipients. At the same time, rates of prematurity, as well as maternal and infant mortality, are much higher in communities of color.

Reduced access to PDHM, due to the impact of COVID-19, further exacerbates inequities and disparities in maintaining a human milk diet for the most vulnerable infants. There remains much to learn and address in the role of increasing access to donor milk, donor human milk collection, and distribution in the greater context of social determinants of health.

The Importance of Breastfeeding and Human Milk Exclusivity

Breastfeeding and exclusive feeding of human milk 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. The evidence for the value of breastfeeding and human milk exclusivity to children's and women's health is scientific, robust, and continually being reaffirmed by new research.

Breastfeeding and human milk reduce the risk of a range of illnesses and conditions for infants and mothers. 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. Women who breastfed their children have a reduced long-term risk of type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.

We Call on Congress to Do the Following

The Surgeon General's Call to Action to Support Breastfeeding called on increasing access to safe donor human milk. When more and more mothers and babies are separated at birth, due to COVID-19, and breastfeeding initiation and continuation is severely compromised, access to PDHM can help bridge the gap and keep babies on exclusive human milk feedings while mom rebuilds or establishes milk production and breastfeeding.

In the handful of states that have Medicaid coverage for PDHM in the community, many have restrictions on which babies are eligible. Term, healthy babies who were separated due to COVID-19 would not typically be eligible. Mothers/families of color are disproportionately impacted by COVID-19 and thus more likely to be separated, compromising exclusive breastfeeding. Infants of color already have an infant mortality rate that is two to three times that of white babies, so keeping them on an exclusive human milk diet is vitally important from a public health and social justice perspective.

We need more training for Internationally Board Certified Lactation Consultants (IBCLCs) and lactation counselors/educators, nurses, and physicians to enable the provision of trauma-informed lactation care. Increased and continued access to telehealth for clinical lactation consults is critically important. Additionally, adequate PPE for healthcare workers providing community support in a clinic, community organization, or in the family's home is a pivotal component.

Further, we urge Congress to require state Medicaid agencies and third-party payers to reimburse for clinical lactation telehealth consults provided by IBCLCs, or education/counseling provided by lactation educators. Financially, the return on investment would be significant by reducing the known health complications for infants and mothers who do not meet the medical recommendations for exclusive and continued breastfeeding.

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. 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.

HMBANA calls on your leadership to protect breastfeeding and access to human and donor human milk as a critical public health strategy as the nation continues to address the COVID-19

pandemic. Given the consistent and well-documented health, economic, and environmental benefits of breastfeeding and human milk exclusivity, this is an investment that will continue to produce measurable dividends across the country.

Thank you for your consideration.



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