

March 18, 2021

Dear Civil Rights and Human Services Subcommittee and Workforce Protections Subcommittee:

We, the undersigned organizations, urge you to support the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act. The PUMP for Nursing Mothers Act would protect breastfeeding employees across the nation by strengthening the existing Break Time for Nursing Mothers law and has bipartisan support.

The Break Time for Nursing Mothers law (Break Time law), passed in 2010, provided critical protections to ensure that employees would have reasonable break time and a private place to pump breast milk. Unfortunately, the placement of the law within the part of the Fair Labor Standards Act (FLSA) that sets minimum wages and overtime resulted in 9 million women — nearly one in four women of childbearing age — being unintentionally excluded from coverage and as such they have no clear right to break time and space to pump breast milk. Those left unprotected include teachers, software engineers, and many nurses, among others.

Without these protections, breastfeeding employees face serious health consequences, including risk of painful illness and infection, diminished milk supply, or inability to continue breastfeeding. According to a report from the University of California's Center for WorkLife Law,ⁱ the consequences of this coverage gap also include harassment at work, reduced wages, and job loss.

Breastfeeding mothers who return to work should not have to struggle to find time and space to express milk, risking their supply and thereby their ultimate breastfeeding success. The PUMP for Nursing Mothers Act would strengthen the 2010 Break Time law by closing the coverage gap, providing employers clarity on when pumping time must be paid and when it may be unpaid, and providing remedies for nursing mothers.

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness, and adapting over time to meet the changing needs of the growing child. The evidence for the value of breastfeeding to children's and women's health is scientific, solid, and continually being reaffirmed by new research. Breastfeeding is proven to prevent a wide range of illnesses and conditions. Compared with formula-fed children, those who are breastfed have a reduced risk of ear, skin, stomach, and respiratory infections; diarrhea; sudden infant death syndrome; and necrotizing enterocolitis.ⁱⁱ 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 diabetes, cardiovascular disease, and breast and ovarian cancers.ⁱⁱⁱ

More than half of mothers return to the paid labor force before their children are three months old, with as many as one in four returning within just two weeks of giving birth. Many of these mothers choose to continue breastfeeding well after their return to work to meet standard health guidelines—and those employees need to express (or pump) breast milk on a regular schedule.

Businesses of all sizes and in every industry have found simple, cost-effective ways to meet the needs of their breastfeeding employees as well as their business. The HHS Office on Women's Health hosts the *Supporting Nursing Moms at Work: Employer Solutions* resource,^{iv} which provides a critical link between the need for workplace support for breastfeeding families and the need for implementation guidance for their employers.

The online resource provides a user-friendly tool that employers can easily navigate to identify and implement industry-specific solutions to providing time and space accommodations.

According to the HHS *Business Case for Breastfeeding*, employers that provide lactation support see an impressive return on investment (almost 3:1), including lower health care costs, absenteeism, and turnover, and improved morale, job satisfaction, and productivity.^v It is easier to provide temporary, scheduled breaks for milk expression than to cover the missed work shifts of an employee who is absent because either they or their baby is sick.

While 84% of babies are breastfed at birth, only 25% of U.S. infants are still exclusively breastfed at six months of age.^{vi} Obstacles, especially workplace barriers, can make it difficult to fit breastfeeding into many parents' lives. But research clearly shows that employed mothers with access to workplace support are less likely to stop breastfeeding early.

The Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act is a common-sense and important step toward eliminating the barriers to breastfeeding and ensuring all families have the opportunity to reach their personal breastfeeding goals.

Sincerely,

CO-SIGNERS

International, National, & Tribal Organizations:

1,000 Days

2020 Mom

A Better Balance

Academy of Breastfeeding Medicine

Academy of Nutrition and Dietetics

Alimentacion Segura Infantil

American Academy of Family Physicians

American Academy of Nursing

American Academy of Pediatrics

American Association of University Women

American Civil Liberties Union

American Public Health Association

Association of Maternal & Child Health Programs

Association of State Public Health Nutritionists

Baby Cafe USA

Baby-Friendly USA, Inc.

Beaufort-Jasper-Hampton Comprehensive Health
Services

Birthing Miracles Pregnancy Services LLC

Black Breastfeeding Caucus

Black Mothers' Breastfeeding Association

Breastfeeding Family Friendly Communities

Breastfeeding USA

Bright Future Lactation Resource Centre Ltd.

Center for Health Equity, Education, and Research

Center for WorkLife Law

Coalition of Labor Union Women

Dancing For Birth, LLC

Every Mother, Inc.

HealthConnect One

Healthy Children Project, Inc.

Human Milk Banking Association of North America

Indigenous Breastfeeding Counselor

International Board of Lactation Consultant
Examiners

International Childbirth Education Association

Lactation Training Lab

La Leche League Alliance

La Leche League USA

Mom2Mom Global

Mom Congress

MomsRising

National Association of Pediatric Nurse Practitioners

National Partnership for Women & Families

National Women's Law Center

Native Breastfeeding Council
pumpspotting
Precious Jewels Moms Ministries
Reaching Our Sisters Everywhere, Inc
The Institute for the Advancement of Breastfeeding
and Lactation Education
U.S. Breastfeeding Committee
Women-Inspired Systems' Enrichment
ZERO TO THREE

Regional, State, & Local Organizations:

Alabama Breastfeeding Committee
Alaska Breastfeeding Coalition
API Breastfeeding Task Force
Baby And Me LC
Baby Cafe Bakersfield
Breastfeeding Coalition of Palm Beach County
Breastfeeding Coalition of Washington
Breastfeeding Hawaii
Breastfeeding Task Force of Greater Los Angeles
Bronx Breastfeeding Coalition
California Breastfeeding Coalition
Centro Pediatrico de Lactancia y Crianza
Coalition of Oklahoma Breastfeeding Advocates
Connecticut Breastfeeding Coalition
Connecticut Women's Education and Legal Fund
Constellation Consulting, LLC
Courthouse Lactation Space Task Force of the
Florida Association for Women Lawyers
Geelo Wellness
Indiana Breastfeeding Coalition

Justice for Migrant Women
Kansas Breastfeeding Coalition
Lactation Improvement Coalition of Kentucky
Maryland Breastfeeding Coalition
Metropolitan Hospital
Michigan Breastfeeding Network
Mothers' Milk Bank Northeast
Mother's Own Milk Matters
New Hampshire Breastfeeding Task Force
New Jersey Breastfeeding Coalition
New Mexico Breastfeeding Task Force
New York Statewide Breastfeeding Coalition
Nursing Mothers Counsel, Inc.
Nurture.
Nutrition First
NYC Breastfeeding Leadership Council, Inc.
Ohio Breastfeeding Alliance
Solutions for Breastfeeding
Southeast Michigan IBCLC's of Color
Speaking of Birth
West Virginia Breastfeeding Alliance
WIC Nutrition, Sonoma County Indian Health
Project, Inc.
Wisconsin Breastfeeding Coalition
Women Employed
Women's Law Project
Women's Rights and Empowerment Network
Virginia Breastfeeding Advisory Committee
Virginia Breastfeeding Coalition
YWCA of the University of Illinois

ⁱ *EXPOSED: Discrimination Against Breastfeeding Workers*. Center for WorkLife Law; 2019.
<https://www.pregnantatwork.org/breastfeeding-report-fullpage/>. Accessed March 12, 2021.

ⁱⁱ 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).
<https://effectivehealthcare.ahrq.gov/products/breastfeeding/research-protocol>. Published 2020. Accessed January 22, 2020.

ⁱⁱⁱ Making the decision to breastfeed | [womenshealth.gov](https://www.womenshealth.gov). [womenshealth.gov](https://www.womenshealth.gov).
<https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed/#1>. Published 2020. Accessed January

22, 2020.

^{iv} Supporting Nursing Moms at Work. womenshealth.gov. <https://www.womenshealth.gov/supporting-nursing-moms-work>. Published 2016. Accessed March 12, 2021.

^v Business Case for Breastfeeding | Womenshealth.gov. womenshealth.gov. <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>. Accessed January 22, 2020.

^{vi} Results: Breastfeeding Rates | Breastfeeding | CDC. Cdc.gov. https://www.cdc.gov/breastfeeding/data/nis_data/results.html. Published 2019. Accessed January 22, 2020.