

PUBLIC SUBMISSION

As of: 7/26/23, 6:27 PM Received: July 10, 2023 Status: Pending_Post Tracking No. ljx-3j5h-8svd Comments Due: August 09, 2023 Submission Type: Web

Docket: CDC-2023-0045
Feeding My Baby and Me: Infant Feeding Practices Study III

Comment On: CDC-2023-0045-0001
Feeding My Baby and Me: Infant Feeding Practices Study III 2023-12361

Document: CDC-2023-0045-DRAFT-0002
Comment from National Lactation Consultant Alliance

Submitter Information

Email: Marshalact@gmail.com
Organization: National Lactation Consultant Alliance

General Comment

See attached file.

Attachments

CDC comments Feeding My Baby

Understanding more about how mothers make infant feeding choices is important for improving nutrition and health for our nation’s children.

We wish to comment on Form 0920-20FO; 4d-Month 1 survey-Revised. B32. **After coming home from the hospital, did any of the following people help you with breastfeeding by showing you how or talking to you about breastfeeding?**

The choices of providers in answer to this question should be more specific. The term “lactation support provider” is too generic and does not adequately differentiate among the various categories of lactation personnel. There is no such thing as a “certified lactation consultant.” There is only one kind of lactation consultant—the International Board Certified Lactation Consultant (IBCLC®). The Women’s Preventive Services Initiative (WPSI) clearly specifies the differences between clinical lactation care providers and breastfeeding educators or counselors.¹

Clinical lactation professionals providing clinical care include, but are not limited to, licensed lactation consultants, the IBCLC®, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, and physicians. Lactation personnel providing counseling, education or peer support include lactation counselors/breastfeeding educators and peer supporters.

The delivery of risk appropriate care allows the proper matching of provider to patient and problem. It is important for policy makers to recognize that they may not get a clear picture of who is helping breastfeeding mothers or the efficacy of such help unless they specify the various categories from which the mothers can choose their answer. The IBCLC® provides clinical lactation care while breastfeeding/lactation educators, counselors, and doulas provide basic education and support. There should be a question regarding the effectiveness of breastfeeding care that was received based on the type of provider delivering the care. It is important to know if the breastfeeding interventions received were effective and who provided it. These interventions are directly related to the initiation, duration, and exclusivity of breastfeeding. Differentiating lactation personnel can help direct Federal agencies to target breastfeeding improvement interventions that provide optimal health outcomes.

Continuation of this survey can aid policy makers, legislators, public health efforts, and government agencies to better direct funding and develop programs to improve breastfeeding initiation, duration, and exclusivity as a means to reduce maternal/infant morbidity and mortality.

¹ <https://www.womenspreventivehealth.org/recommendations/breastfeeding-services-and-supplies/>



September 7, 2023

National Lactation Consultant Alliance:

Thank you for providing your comment on Form 0920-20FO; 4d-Month 1 survey-Revised. B32. The Feeding My Baby and Me: Infant Feeding Practices Study III is currently in the field. Because of this, we are not able to change a question on surveys at this time because it would not allow us to have similar data collection efforts for all study participants. We can consider these comments for questions on future studies.

Sincerely,

Heather C. Hamner PhD, MS, MPH

Centers for Disease Control and Prevention

PUBLIC SUBMISSION

As of: 8/17/23, 3:04 PM
Received: August 03, 2023
Status: Posted
Posted: August 16, 2023
Tracking No. lkv-dxca-dahq
Comments Due: August 09, 2023
Submission Type: Web

Docket: CDC-2023-0045

Feeding My Baby and Me: Infant Feeding Practices Study III

Comment On: CDC-2023-0045-0001

Feeding My Baby and Me: Infant Feeding Practices Study III 2023-12361

Document: CDC-2023-0045-0003

Comment from Anonymous

Submitter Information

Name: Anonymous Anonymous

Email: cdewinter22@georgefox.edu

General Comment

I think that this study could provide some very helpful information when it comes to the nutrition of infants. I believe there is the potential to receive information from somewhat of low income families, due to this being a paid survey, that could provide vital information on the nutrition that low income parents are able to provide to their children. If this information is used to the best of its ability, the outcome that rise from this could play an important and life changing role in the physical well being of many children.

PUBLIC SUBMISSION

As of: 8/17/23, 3:05 PM
Received: August 09, 2023
Status: Posted
Posted: August 16, 2023
Tracking No. 1l4-8kwq-cbil
Comments Due: August 09, 2023
Submission Type: Web

Docket: CDC-2023-0045
Feeding My Baby and Me: Infant Feeding Practices Study III

Comment On: CDC-2023-0045-0001
Feeding My Baby and Me: Infant Feeding Practices Study III 2023-12361

Document: CDC-2023-0045-0004
Comment from WhoPoo App

Submitter Information

Organization: WhoPoo App

General Comment

The Biden administration hates babies so concern over infant feeding practices is really strange.

the Biden administration said that federal law preempts state abortion bans when emergency care is needed and that the federal government can penalize institutions or providers that fail to provide abortions as needed to treat medical emergencies.

“Under the law, no matter where you live, women have the right to emergency care – including abortion care,” HHS Secretary Xavier Becerra said in a news release Monday. “Today, in no uncertain terms, we are reinforcing that we expect providers to continue offering these services, and that federal law preempts state abortion bans when needed for emergency care.” Reminder that the vast majority of abortions in the United States today are due to not wanting the baby and have nothing to do with emergency care or health.

“We heard a lot from physicians that we needed to be clearer on these points because people were still too scared to treat people,” a senior adviser with HHS said in a background briefing. The new guidance is “meant to try to provide that reassurance here on the clinical judgment of these physicians and hospitals.” Will the CDC be recommending Americans let their babies die in accordance with pro abortion statements provided by the HHS?