



Health Care Reform: Improving Breastfeeding Support Will Save Billions

Breastfeeding prevents many costly chronic diseases in mothers and children and acute illnesses in infants. More than \$14 billion per year could be saved by strengthening government leadership and policy infrastructure to support breastfeeding.

▶ Not breastfeeding increases health risks.

The medical evidence shows that breastfeeding lowers the baby's risk of infections, diarrhea, SIDS, obesity, diabetes, asthma, and childhood leukemia, and lowers the mother's risk of breast and ovarian cancers and diabetes.¹ A 2009 study of nearly 140,000 women found that women who breastfed for at least one year were 10-15% less likely to have high blood pressure, diabetes, high cholesterol, and cardiovascular disease compared to mothers who never breastfed. Benefits were seen in women who breastfed for a minimum duration of 6 months, but the longer a woman breastfed, the better.²

Cardiovascular disease is the No. 1 cause of death for women in the U.S.

▶ Doctors recommend 1-2 years of breastfeeding, but mothers need more support.

All major medical authorities recommend that babies get no other food or drink other than breast milk for their first 6 months and continue to breastfeed for at least the first 1-2 years of life.^{3 4 5 6} Authorities include the AAP, ACOG, AAFP, WHO, CDC, DHHS, and USDA. However, only 12% of U.S. mothers are exclusively breastfeeding at 6 months, and only 21% are still breastfeeding at 1 year.⁷ The CDC and FDA recently found that 60% of women do not even meet their own breastfeeding goals.

▶ The U.S. loses billions when breastfeeding fails.

- **LOST: \$475 per non-breastfed infant** for extra health care costs during the first year of life, to treat just three common diseases.⁸ These costs are borne by Medicaid, insurance companies, hospitals, and parents.
- **LOST: At least \$14 billion/year** in the U.S.⁹ for premature deaths and other costs of diseases and conditions caused when infants are not breastfed.

▶ Policy Gap: Inadequate federal leadership and coordination.

Research studies have shown that hospital practices, workplace policies, and state legislation powerfully influence the success of breastfeeding mothers,¹⁰ but there is no central government leadership to encourage the implementation of improved practices. As a result, breastfeeding is more difficult than it should be. U.S. government publications have repeatedly called for better policy support for breastfeeding as a cost-effective disease prevention measure.¹¹

Maternal and Child Health Risks of Not Breastfeeding	
Disease	Increased risk
Diabetes ¹⁴	40%
Recurrent ear infections ¹⁴	60%
Obesity ¹⁵	25%
Hospitalization for asthma or pneumonia ¹⁴	250%
Death in the first year of life ¹⁶	27%
Maternal breast cancer ¹	39%
Maternal ovarian cancer ¹	26%
Maternal type 2 diabetes ¹	14%/yr

NEEDED: Include breastfeeding support in three areas of health care reform legislation.

- ▶ **Bring down the cost of health care.** Runaway health care costs are due, in part, to the many diseases and conditions that are preventable or reduced in severity by breastfeeding. Approximately 10% of the Healthy People 2010 health objectives for the nation would be met or improved if breastfeeding were adequately supported. **A lead federal health agency should be designated to coordinate breastfeeding support efforts.**
- ▶ **Include breastfeeding support in all preventive services.** As Senator Kennedy said, "The best way to treat a disease is to prevent it from ever striking."¹² Breastfeeding support services should be included as a key component in all preventive services, including Medicaid coverage for professional health care providers, support to ensure access to such services by all mothers, and promotion of the Baby-Friendly Hospital Initiative for better maternity care practices in hospitals.¹³ A well-coordinated government infrastructure is needed for breastfeeding support.
- ▶ **Require health professions training.** Physicians, nurses, and other health professionals receive little to no training in the support of breastfeeding mothers. All medical and nursing schools should be required to provide training in lactation support to meet the core competencies as recommended by the United States Breastfeeding Committee.

Health Care Reform begins with breastfeeding.

References and Notes

- ¹ Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- ² Schwarz EB, Ray RM, Stuebe AM, Allison MA, Ness RB, Freiberg MS, Cauley JA. Duration of lactation and risk factors for maternal cardiovascular disease. *Obstet Gynecol*. 2009;113(5):974-982.
- ³ American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women and Committee on Obstetric Practice. Special report from ACOG: breastfeeding: maternal and infant aspects. *ACOG Clin Rev*. 2007;12(1)(suppl):1S-16S.
- ⁴ American Academy of Family Physicians. Family Physicians Supporting Breastfeeding (position paper). <http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html>. Accessed May 31, 2009.
- ⁵ American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). *Pediatrics*. 2005;115(2):496-506.
- ⁶ World Health Organization/UNICEF. *Global Strategy for Infant and Young Child Feeding*. Geneva, Switzerland: World Health Organization; 2003.
- ⁷ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Breastfeeding: Data and Statistics: National Immunization Survey (NIS). http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm. Accessed May 31, 2009.
- ⁸ Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics*. 1999;103(4 pt 2):870-876.
- ⁹ Weimer J. *The Economic Benefits of Breastfeeding: A Review and Analysis*. Washington, D.C.: Food and Rural Economics Division, Economic Research Service, U.S. Department of Agriculture; 2001. Food Assistance and Nutrition Research Report No. 13. Weimer cited a savings of \$3.6 billion annually if breastfeeding rates were increased from their current rates to those recommended by Healthy People 2010 goals. However, if one repeats Weimer's calculations using the most current data on breastfeeding rates, updating the figures for inflation, the true figure would be over \$14 billion today. This figure is an underestimation of the total savings because it represents cost savings from the treatment of only three childhood illnesses. Including chronic diseases in children and mothers would likely result in cost savings of many times that figure.
- ¹⁰ Shealy K, Li R, Benton-Davis S, Grummer-Strawn LM. *The CDC Guide to Breastfeeding Interventions*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2005.
- ¹¹ U.S. Department of Health and Human Services. *HHS Blueprint for Action on Breastfeeding*. Washington, D.C.: U.S. Department of Health and Human Services, Office on Women's Health; 2000.
- ¹² Kennedy EM. Health bill would fix what's broken. Op ed. *Boston Globe*. May 28, 2009:A15.
- ¹³ Breastfeeding-related maternity practices at hospitals and birth centers--United States 2007. *MMWR Morb Mortal Wkly Rep*. 2008;57(23):621-625.
- ¹⁴ Moreland J, Coombs J. Promoting and supporting breast-feeding. *Am Fam Physician*. 2000;61(7):2093-100, 2103-4.
- ¹⁵ Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity--a systematic review. *Int J Obes Relat Metab Disord*. 2004;28(10):1247-1256.
- ¹⁶ Chen A, Rogan WJ. Breastfeeding and the risk of postneonatal death in the United States. *Pediatrics*. 2004;113(5):e435-e439.