



Breastfeeding Saves Billions: Fund Breastfeeding Support

Breastfeeding prevents many costly chronic diseases in mothers and children and acute illnesses in infants. More than \$13 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 human 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: At least \$13 billion/year** in the U.S.⁸ for premature deaths and other costs of diseases and conditions caused when infants are not breastfed.
- 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.

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,⁹ 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.¹⁰

Excess Health Risks Associated with Not Breastfeeding	
Outcome: full-term infants	Excess risk
Acute ear infection ¹³	100%
Diarrhea and vomiting ¹³	178%
Hospitalization for lower resp. disease in first year ¹³	257%
Childhood obesity ¹³	32%
Type 2 diabetes mellitus ¹³	64%
SIDS ¹³	56%
Death in the first year ¹⁴	27%
Outcome: mothers	Excess risk
Breast cancer ¹³	4%
Ovarian cancer ¹³	27%

NEEDED: Fund breastfeeding support in implementation of health care reform.

- ▶ **Include breastfeeding education and support in the activities of new interagency working groups created by the PPACA.**
 - Interagency Working Group on Health Care Quality
 - National Prevention, Health Promotion and Public Health Council
 - HHS Coordinating Committee on Women's Health
- ▶ **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."¹¹ Breastfeeding support services should be included as a key component in all preventive services, including Medicaid coverage for professional health care providers, services provided by community health centers, 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.¹² A well-coordinated government infrastructure is needed for breastfeeding support.
- ▶ **Require health professional 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.

References and Notes

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