



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 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: \$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 \$12 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

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- 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's original analysis 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. Weimer's calculations represent cost savings from only three childhood illnesses, however. Using the most current data on breastfeeding rates, updating the figures for inflation, and including ten pediatric diseases, the true figure would be over \$12 billion today.
- 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.



December 16, 2009

The Honorable Harry Reid
Majority Leader, U.S. Senate
522 Hart Senate Office Building
Washington, DC 20510

Dear Mr. Majority Leader:

The undersigned organizations representing health professions and advocacy for women, children, and families would like to express our strong support for the breastfeeding support provision (Sec. 4207) in the Patient Protection and Affordable Care Act.

Human milk is the optimal source of nutrition for infants, and an enormous body of research demonstrates the health benefits of breastfeeding for both mother and child. Section 4207 will provide women returning to work with safe, sanitary conditions and reasonable break time to express breast milk, providing the best possible nutrition for their infants. This support is needed to enable mothers and children to achieve the universal medical recommendations of exclusive breastfeeding for six months, and continued breastfeeding for the first year of life and beyond. Currently, 24 states have laws related to breastfeeding in the workplace, but they are not uniform, resulting in a haphazard approach to support for working mothers.

As you know, the evidence for the value of breastfeeding to children's *and* women's health is scientific, solid, and continually being reaffirmed by new research. 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. 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, breast and ovarian cancers, high blood pressure, high cholesterol, and cardiovascular disease. And studies are looking at the effects of breastfeeding on still other diseases and conditions in which breastfeeding may reduce the risk to mothers and infants.

Breastfeeding also has significant economic and environmental benefits: For every non-breastfed infant, \$475 is lost to extra health care costs just during the first year of life, to treat just three common diseases. Breastfed infants are healthier, so their parents have an almost three-fold reduction in absenteeism from work to care for sick infants. Employers that provide breastfeeding support also experience lower turnover rates and higher employee productivity and loyalty. And most visibly, breastfeeding reduces or eliminates the need to purchase expensive formula (and to discard waste from formula packaging).

Interest in breastfeeding is at an all-time high: 77% of women breastfeed their infants at birth. But breastfeeding rates drop rapidly after hospital discharge. More than 50% of women with infants less than one year old are in the labor force. Working mothers are more likely to stop breastfeeding early if they do not receive the support they need in the workplace. Only 12% of U.S. mothers are exclusively breastfeeding at 6 months, and only 21% are still breastfeeding at 1 year.

Not only is workplace breastfeeding support necessary to bridge this gap, it requires few resources, and ultimately saves money! The future prosperity of our country greatly depends on the productivity of women, as workers *and* as mothers. Women's economic security and the health of mothers and families translate directly into the potential of our future workforce and the vigor of our economy.

We commend you for supporting breastfeeding—a scientifically proven practice that makes mothers and children healthier and eases the burden on our health care system—in the Patient Protection and Affordable Care Act. We applaud your ongoing work to provide quality, affordable health care for all Americans.

Sincerely,

United States Breastfeeding Committee
Academy for Educational Development
Academy of Breastfeeding Medicine
African-American Breastfeeding Alliance
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American Breastfeeding Institute
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American College of Osteopathic Pediatricians
American Nurses Association
American Public Health Association
AnotherLook
Association of Maternal and Child Health Programs
Association of Military Surgeons of the United States
Association of State & Territorial Public Health Nutrition Directors
Association of Women's Health, Obstetric and Neonatal Nurses
Baby-Friendly USA
Best for Babes® Foundation
Carolina (Global) Breastfeeding Institute, The University of North Carolina at Chapel Hill
Childbirth Connection
Coalition for Improving Maternity Services
Every Mother, Inc.
Healthy Children Project
Human Milk Banking Association of North America
International Board of Lactation Consultant Examiners
International Childbirth Education Association
La Leche League International

Lamaze International
National Alliance for Breastfeeding Advocacy: Research, Education, and Legal
National Association of Pediatric Nurse Practitioners
National Healthy Mothers, Healthy Babies Coalition
National WIC Association
U.S. Lactation Consultant Association
Wellstart International
ZERO TO THREE

cc: The Hon. Tom Harkin, Chair, Senate Committee on Health, Education, Labor, and Pensions
The Hon. Max Baucus, Chair, Senate Finance Committee
The Hon. George Miller, Chair, Committee on Education and Labor
The Hon. Charles Rangel, Chair, Committee on Ways and Means
The Hon. Henry Waxman, Chair, Committee on Energy and Commerce
The Hon. Jeff Merkley

The United States Breastfeeding Committee (USBC) is an independent nonprofit coalition of 41 nationally influential professional, educational, and governmental organizations. Representing over half a million concerned professionals and the families they serve, USBC and its member organizations share a common mission to improve the Nation's health by working collaboratively to protect, promote, and support breastfeeding. For more information on USBC, visit www.usbreastfeeding.org.

1 **SEC. 4207. REASONABLE BREAK TIME FOR NURSING MOTH-**
2 **ERS.**

3 *Section 7 of the Fair Labor Standards Act of 1938*
4 *(29 U.S.C. 207) is amended by adding at the end the fol-*
5 *lowing:*

6 “(r)(1) *An employer shall provide—*

7 “(A) *a reasonable break time for an employee to*
8 *express breast milk for her nursing child for 1 year*
9 *after the child’s birth each time such employee has*
10 *need to express the milk; and*

11 “(B) *a place, other than a bathroom, that is*
12 *shielded from view and free from intrusion from co-*
13 *workers and the public, which may be used by an em-*
14 *ployee to express breast milk.*

15 “(2) *An employer shall not be required to compensate*
16 *an employee receiving reasonable break time under para-*
17 *graph (1) for any work time spent for such purpose.*

18 “(3) *An employer that employs less than 50 employees*
19 *shall not be subject to the requirements of this subsection,*
20 *if such requirements would impose an undue hardship by*
21 *causing the employer significant difficulty or expense when*
22 *considered in relation to the size, financial resources, na-*
23 *ture, or structure of the employer’s business.*

24 “(4) *Nothing in this subsection shall preempt a State*
25 *law that provides greater protections to employees than the*
26 *protections provided for under this subsection.”.*

December 7, 2009

The Honorable Harry Reid
Majority Leader
U.S. Senate
Washington, DC 20510

Dear Mr. Majority Leader:

The undersigned organizations representing health, public health, and children's advocacy would like to express our strong support for a range of preventive health provisions benefitting children in the Patient Protection and Affordable Care Act (PPACA).

Improving the health of children is fundamental to improving the health and wellbeing of our entire nation. A wealth of scientific evidence demonstrates that myriad adult health disorders and chronic diseases have their roots in childhood. Almost 90 percent of adult smokers began smoking before the age of 18. Overweight and obese children have a marked increase in risk for many disorders, such as diabetes and heart disease, in adulthood. The Adverse Childhood Experiences study has shown strong correlations between childhood physical and emotional trauma and increased risk in adulthood of substance abuse, certain cancers, heart disease, obesity, and suicide, as well as numerous other disorders.

We commend you for including in the Patient Protection and Affordable Care Act a range of prevention initiatives that will improve children's health and provide access to care for greater numbers of children. In particular, we strongly support the following provisions.

Essential Health Benefits (Sec. 1302). The essential health benefits package covers pediatric services as well as "preventive and wellness services." While the Secretary of Health and Human Services will determine the specific services that must be covered, we deeply appreciate the inclusion of this category of benefits, which will have a positive impact upon the growth and development of our nation's children.

Preventive Health Services (Sec. 2708). The bill requires health plans to cover well child care, defined as the Health Resources and Services Administration's comprehensive guidelines for infants, children and adolescents, as well as all immunizations recommended by the federal Advisory Committee on Immunization Practices, with no cost-sharing. This section is absolutely critical to ensuring that all children have access to comprehensive preventive clinical services.

Home visiting programs (Sec. 2951). Home visitation programs have shown measurable increases in child health outcomes across a range of indicators. We commend you for recognizing the potential in these programs and providing \$1.5 billion over five years to establish or expand home visiting programs.

National Prevention and Health Promotion Strategy (Sec. 4001). There is a significant need to coordinate current and planned federal preventive health and wellness activities. We support the development of this national strategy and look forward to working with the associated Council to address children's issues within it.

Prevention and Public Health Fund (Sec. 4002). The Prevention and Public Health Fund has the potential to make a significant impact on children's health by improving both clinical and community-based prevention. In addition to improving preventive services for children delivered in the medical setting, this fund will build healthier communities by providing safe, healthy environments for children to live, learn and play. Joint ventures that link clinical and community prevention efforts, medicine, and public health are more likely than isolated efforts to benefit children, youth and families.

Clinical and Community Preventive Services Task Forces (Sec. 4003). Our organizations fully support the authorization of these task forces, which refines their missions to include a more specific focus on different age groups, including children of different ages, and areas where gaps exist. We appreciate your efforts to coordinate the activities of the task forces and to examine areas in which their work overlaps or intersects.

Prevention Education and Outreach Campaign (Sec. 4004). Experience has shown that benefits are often not utilized unless both health care providers and the general population are made aware of their existence. The education and outreach campaign established in Sec. 4004 will ensure that families and providers know that these vital benefits are available for children.

Oral Health Promotion (Sec. 4102). Dental caries is the most common disease of childhood. We fully support the grant and education programs on oral health, and appreciate the inclusion of specific references to children as well as improved national oral health surveillance activities.

Tobacco Cessation Services (Secs. 4107 and 2502). Research continues to uncover additional adverse impacts of tobacco exposure for the fetus and pregnant mother, as well as children of all ages. Medicaid coverage for tobacco cessation has the potential to help many more women quit smoking and improve both their own health and that of their children. In addition, the coverage of tobacco cessation drugs under Medicaid will provide valuable assistance to individuals, including parents, who are attempting to stop using tobacco products.

Medicaid Chronic Disease Prevention Program (Sec. 4108). This program provides \$100 million for innovative projects to improve the health of individuals covered by Medicaid. Given that more than half of Medicaid beneficiaries are children, we appreciate the inclusion of outcomes on weight management, development of diabetes, and tobacco use.

Community Transformation Grants (Sec. 4201). The Community Transformation Grants complement the work of the Prevention and Public Health Fund in driving community-based improvements that will benefit children's health. We commend you for including a variety of pediatric-specific issues in this grant program, such as the focus on school environments, obesity, and family wellness.

Immunizations (Sec. 4204). Immunizations are the single greatest public health victory of the twentieth century, having all but eliminated numerous deadly infectious diseases. The permanent authorization of the Section 317 immunization program is a welcome acknowledgement of the importance of this initiative.

Menu Labeling (Sec. 4205). Consumers cannot make healthier choices when dining out if they are not provided nutrition information. Menu labeling represents a critical step toward enabling families to make healthier food selections.

Breastfeeding Support (Sec. 4207). An enormous body of research demonstrates the health benefits of breastfeeding for both mother and child. The American Academy of Pediatrics recommends breastfeeding at least until a child reaches the age of one year. Section 4207 will provide women who return to work with safe, sanitary conditions and reasonable break times to express breast milk in order to provide the best possible nutrition for their babies.

Public Health Services Research (Sec. 4301). We appreciate the inclusion of preventive services research as one of the key areas for the research program established under Section 4301.

Childhood Obesity Demonstration Project Funding (Sec. 4306). We are grateful for the inclusion of full funding of \$25 million over five years for the childhood obesity demonstration project established under the Child Health Insurance Program Reauthorization Act.

CBO Scoring of Prevention (Sec. 4401). Our organizations share Congress's frustration over the Congressional Budget Office's (CBO) methods for scoring the costs and benefits of prevention and wellness initiatives, particularly with regard to children's health. We look forward to working with you and CBO to develop more accurate and useful models.

Health and Wellness Initiatives Evaluation. (Sec. 4402). Evaluation is central to our ability to develop effective interventions and ensure that resources are not being wasted on ineffective programs. We fully support the rational, thoughtful evaluation of federal prevention and wellness programs.

National Health Care Workforce Commission (Sec. 5101). Health care reform's increased focus on preventive health will almost certainly require a concomitant increase in the health care workforce in the public and private sectors. We applaud the inclusion of this provision and look forward to working with the commission to examine the unique challenges associated with the pediatric health care workforce.

In conclusion, our organizations enthusiastically support the Patient Protection and Affordable Care Act's strong focus on prevention and wellness. Our nation's children will be healthier, and will grow into healthier adults, if our health care system can evolve to emphasize prevention and the maintenance of good health. We look forward to working with you in support of these provisions throughout the Senate's deliberations on this historic legislation.

Sincerely,

Academic Pediatric Association
Academy of Breastfeeding Medicine
American Academy of Pediatrics
American Celiac Disease Alliance
American College of Cardiology
American College of Osteopathic Pediatricians
American College of Preventive Medicine
American Dental Hygienists' Association
American Pediatric Society
American Probation and Parole Association
American Psychological Association
American Public Health Association
American School Health Association
American Thoracic Society
Ascension Health
Association of Maternal and Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of Schools of Public Health
Association of University Centers on Disabilities
Association of Women's Health, Obstetric and Neonatal Nurses
Baby-Friendly USA
Campaign for Public Health
Center for Adolescent Health & the Law
Center for Law and Social Policy
Child & Family Policy Center
Child Welfare League of America
Children's Dental Health Project
Easter Seals
Every Child Matters Education Fund
Family Voices
First Focus Campaign for Children
Generations United
March of Dimes
Medicaid Health Plans of America
Mental Health America
National Alliance of Breastfeeding Advocacy/Research, Education and Legal Branch

National Alliance to Advance Adolescent Health
National Assembly on School-Based Health Care
National Association of Children's Hospitals
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Center on Shared Leadership
National Coalition for Parent Advocacy in CPS
National Initiative for Children's Healthcare Quality
National WIC Association
Nemours
New England Alliance for Children's Health
New York Academy of Medicine
New York City Health and Hospitals Corp.
Parents Anonymous
Partnership for Prevention
Society for Adolescent Medicine
Society for Pediatric Research
Strengthening Families All Around the World
The Child and Family Policy Center
The Children's Health Fund
The Children's Partnership
The Healthy Children Project
Trust for America's Health
United States Lactation Consultants Association
Voices for America's Children
Wellstart International
Youth Villages, Inc.
Zero to Three