The Economic Benefits of Breastfeeding

By Jennifer B. Saunders

Although the health benefits of breastfeeding are well-established, few budget analysts consider breastfeeding as a health cost-savings strategy. As policymakers look for additional ways to reduce health costs, they may want to consider the economic benefits of breastfeeding. The U.S. Department of Agriculture’s Economic Research Services estimates that at least $3.6 billion in medical expenses could be saved each year if the number of children breastfed for at least six months increased to 50 percent, as recommended by the U.S. surgeon general. The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first six months of life. Among babies born in the United States in 2006, only about 43 percent still were breastfed by age six months.

Cost savings result from the health benefits of breastfeeding. Breast milk contains a balance of nutrients that closely matches infant requirements for growth and development, is more readily digestible, and includes antibodies that are active against infection. Breastfed infants experience fewer or less severe cases of diarrhea, respiratory infections, pneumonia, urinary infections and ear infections. Breastfeeding also is associated with a lower risk of asthma, childhood obesity, diabetes, childhood leukemia and sudden infant death syndrome. A study reported in Pediatrics concluded that, for every 1,000 babies who are not breastfed, there are 2,033 more medical office visits, 212 extra days of hospitalization and 609 excess prescriptions.

Forty-one percent of U.S. births are covered by Medicaid, and increasing breastfeeding rates among these infants may be one potential strategy for state budget savings. In addition to the benefits to babies, mothers who breastfeed experience less postpartum bleeding, an earlier return to prepregnancy weight, a reduced risk of ovarian cancer and premenopausal breast cancer, and a lower risk of osteoporosis.
Young mothers, those with less formal education, and African-American mothers are the least likely to breastfeed. In 2006, only 24 percent of mothers under age 20 breastfed their infants at six months of age, compared with 50.4 percent of mothers age 30 or older; and only 29.3 percent of African-American mothers were still breastfeeding their infants at six months, compared with 45.8 percent of white mothers and 48.5 percent of Hispanic mothers.

Employment also can affect whether and for how long mothers breastfeed their children. According to a study in *Women’s Health Issues*, mothers working full-time are less likely to breastfeed at six months compared to mothers working part-time or not at all. The National Business Group on Health notes that workplace breastfeeding programs may reduce health care costs by decreasing the risk of some health issues for women and children, reducing lost productivity and reducing absenteeism associated with caring for a sick child. The business group offers a toolkit to help employers in efforts to support breastfeeding ([www.businessgrouphealth.org/benefitstopics/breastfeeding.cfm](http://www.businessgrouphealth.org/benefitstopics/breastfeeding.cfm)).

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NCSL’s Breastfeeding Laws Webpage