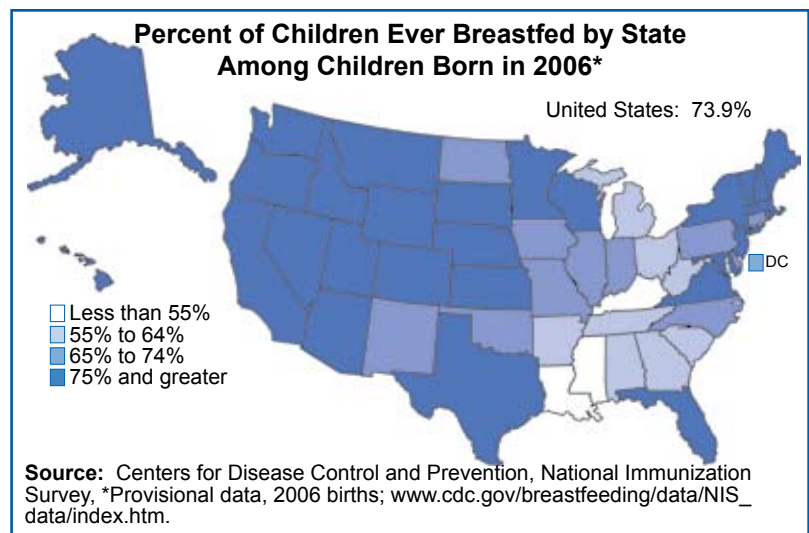


The Economic Benefits of Breastfeeding

By Jennifer B. Saunders

Breastfeeding offers economic benefits for states.

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 medi-



cal 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.

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.

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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 pre-pregnancy 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.

Young mothers are less likely to breastfeed.

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/benefitsttopics/breastfeeding.cfm).

State Action State legislatures have taken a variety of actions to promote breastfeeding or to reduce the barriers that discourage or prevent women from breastfeeding.

- Laws in 43 states, the District of Columbia and the Virgin Islands allow women to breastfeed in any public or private location.
- In 28 states, the District of Columbia and the Virgin Islands, breastfeeding is exempt from public indecency or indecent exposure laws.
- Laws in 24 states, the District of Columbia and Puerto Rico relate to breastfeeding in the workplace, most typically requiring employers to provide time each day and adequate facilities for a breastfeeding employee.
- In 12 states and Puerto Rico, breastfeeding mothers are exempt from jury duty.

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Louisiana prohibits any child care facility from discriminating against breastfed babies. Mississippi requires licensed child care facilities to provide mothers with an appropriate place to express milk or breastfeed their child, to provide a refrigerator to store expressed milk, to train staff in safe and proper storage and handling of human milk, and to display breastfeeding promotion information to clients of the facility. Maryland exempts from sales and use tax certain items used for breastfeeding, such as breast pumps. Several states have enacted laws to create campaigns to promote breastfeeding.

Federal Action In 1984, the U.S. Surgeon General's Workshop on Breastfeeding and Human Lactation released several recommendations related to breastfeeding, including strengthening the support of breastfeeding in the health care system, improving professional education, developing public education and promotion efforts, developing community-based support services, and initiating a national breastfeeding promotion effort directed to women in the workforce. In 2000, a subcommittee of the Federal Interagency Working Group on Women's Health and the Environment developed the *HHS Blueprint for Action on Breastfeeding*, the first national, comprehensive framework on breastfeeding, which summarizes the importance of breastfeeding; identifies racial and ethnic disparities in breastfeeding; and recommends action steps for health care systems, families, communities, researchers and workplaces to promote breastfeeding.

Contacts for More Information

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U.S. Department of Health and Human Services
Office of Women's Health, Breastfeeding
www.womenshealth.gov/Breastfeeding/

NCSL's Breastfeeding Laws Webpage
www.ncsl.org/Default.aspx?TabId=14389

Centers for Disease Control and Prevention
Breastfeeding
www.cdc.gov/breastfeeding/