



# Maternal and Child Health Breastfeeding and Public Health

Breastfeeding is an important public health issue in the US. Massachusetts breastfeeding rates fall short of those recommended by the federal Healthy People 2010 goals, and disparities are pronounced.

▶ **Doctors recommend 6 months of breast milk, and nothing else**

All major medical authorities recommend that babies get no other food or drink for their first 6 months, and continue to breastfeed for at least the first 1-2 years.<sup>1-4</sup> Authorities include the AAP, ACOG, AAFP, WHO.

▶ **Public policy influences breastfeeding success**

Research studies have shown that hospital practices, workplace policies, and state legislation powerfully influence the success of breastfeeding mothers.<sup>9</sup>

▶ **Not breastfeeding increases health risks**

The medical evidence shows that the longer a mother breastfeeds, the lower the baby's risk of ear infections, obesity, and diabetes, and the lower the mother's risk of breast cancer<sup>10</sup> and diabetes.<sup>11</sup>

▶ **The Bay State loses when breastfeeding fails**

- **\$475 per never-breastfed infant** for extra health care costs during the first year of life, for just 3 common diseases.<sup>12</sup> These costs are borne by MassHealth, insurance companies, and parents.
- **\$3.6 billion/year** in the US<sup>1</sup> for premature deaths and other costs: \$77 million for Massachusetts.

▶ **Business loses when employees don't breastfeed**

- New moms who aren't breastfeeding have 3 times as many 1-day absences from work.<sup>13</sup> For every 1,000 formula-fed babies, 1 full year of work is missed due to increased absences to care for sick children.<sup>12</sup>

### The Health Risks of Not Breastfeeding

| Disease  | Increased risk |
|--|----------------|
| Diabetes <sup>5</sup>                                | 40%            |
| Recurrent ear infections <sup>5</sup>                | 60%            |
| Obesity <sup>6</sup>                                 | 25%            |
| Hospitalization for asthma or pneumonia <sup>5</sup> | 250%           |
| Death in the first year of life <sup>7</sup>         | 27%            |
| Maternal breast cancer <sup>8</sup>                  | 39%            |
| Maternal ovarian cancer <sup>8</sup>                 | 26%            |
| Maternal type 2 diabetes <sup>8</sup>                | 14%/yr         |

**Support breastfeeding legislation** Massachusetts is one of only 3 states with *no* breastfeeding legislation.

- ▶ **S 78 and H 1568: Protect a woman's right to breastfeed.** Both bills protect breastfeeding in public, which is necessary to ensure optimal infant growth and maintain mothers' milk supply. They allow mothers to feel free to leave their homes without fear of harassment for feeding their infants.
- ▶ **S 1210: Ensure access to high quality lactation support,** an act to license lactation consultants. This bill would improve access to specialized services, especially for low-income mothers by recognizing these important allied health professionals.
- ▶ **S 78: Support nursing mothers in the workplace.** S 78 helps working mothers take unpaid time to express milk. Employers who support breastfeeding mothers are able to improve employee retention, reduce health claims, and lower employee absenteeism.
- ▶ **S 1223: Get the word out.** This bill instructs DPH to make breastfeeding information more available.

## Public health begins with breastfeeding.

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## References

1. Gartner LM, Morton J, Lawrence RA, et al. Breastfeeding and the use of human milk. *Pediatrics* 2005;115(2):496-506.
2. American College of Obstetricians and Gynecologists. Breastfeeding. Washington, DC; 2003 July.
3. American Academy of Family Physicians. Breastfeeding (Position Paper). In; 2001.
4. WHO/UNICEF. WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Geneva: WHO; 2003.
5. Moreland J, Coombs J. Promoting and supporting breast-feeding. *Am Fam Physician* 2000;61(7):2093-100, 103-4.
6. 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):1247-56.
7. Chen A, Rogan WJ. Breastfeeding and the risk of postneonatal death in the United States. *Pediatrics* 2004;113(5):e435-9.
8. Ip S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. In: Evidence Report/Technology Assessment Number 153: Agency for Healthcare Research and Quality; April 2007. Available at <http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf>
9. Shealy K, Li R, Benton-Davis S, Grummer-Strawn L. The CDC Guide to Breastfeeding Interventions. Atlanta: US Department of Health and Human Services, Center for Disease Control and Prevention; 2005.
10. Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96,973 women without the disease. *Lancet* 2002;360:187-95.
11. Stuebe A, Rich-Edwards J, Willett W, Manson J, Michels K. Duration of lactation and incidence of type 2 diabetes. *JAMA* 2005;294(20):2601-19.
12. Ball T, Wright A. Health care costs of formula-feeding in the first year of life. *Pediatrics* 1999;103(4 Pt 2):870-6.
13. Cohen R, Mrtek M, Mrtek R. Comparison of maternal absenteeism and infant illness rates among breast-feeding and formula-feeding women in two corporations. *Am J Health Promot* 1995;10(2):148-53.