

OREGON PUBLIC HEALTH ASSOCIATION BREASTFEEDING POSITION PAPER

It is the position of the Oregon Public Health Association:

- That breastmilk is ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months of life, when not medically indicated.
- That breastfeeding continue for at least twelve months, and thereafter as mutually desired.
- That breastfeeding will be promoted, supported and protected in Oregon.

And as part of this position, the Oregon Public Health Association:

- Promotes, supports and protects the right for women to breastfeed in public.
- Promotes and supports legislation to ensure the initiation and duration of breastfeeding.
- Promotes and supports insurance policies and programs that provide breastfeeding support services and equipment.
- Promotes, supports and protects hospital and employer breastfeeding friendly policies, programs and services.
- Promotes and supports public education to encourage the initiation and duration of breastfeeding.

Position Rationale for the Statement

Benefits to Child:

Epidemiologic research shows that human milk and breastfeeding of children provide advantages with regard to general health, growth, and development, while significantly decreasing risk for a large number of acute and chronic diseases. Human milk feeding decreases the incidence and/or severity of diarrhea, lower respiratory infection, otitis media, bacteremia, bacterial meningitis, botulism, urinary tract infection, and necrotizing enterocolitis. There are a number of studies that show a possible protective effect of human milk feeding against sudden infant death syndrome, insulin-dependent diabetes mellitus, Crohn's disease, ulcerative colitis, lymphoma, allergic disease, and other chronic digestive diseases. In addition, breastfeeding has been strongly related to enhancement of cognitive development. ⁽¹⁾

Benefits to Mother:

There are possible health benefits for mothers too. Breastfeeding has been linked to less post partum bleeding, delayed resumption of ovulation with increased child spacing, earlier return of prepregnant weight, reduced risk for osteoporosis, and reduced ovarian and premenopausal breast cancer. ⁽¹⁾

Economic Benefits:

Breastfeeding provides reduced health care costs and reduced employee absenteeism for care attributable to child illness. A 1997 study done in an HMO found that for the first year of life the average total medical costs of breastfed infants was \$200 less than those of bottle fed infants (2). When an infant is breastfed for at least 6 months, it is anticipated that \$898 would be saved per infant by HMO's, representing a 40% reduction in health care costs (for the first year of life each breastfed infant cost is \$1347 vs \$2245 for non-breastfeeding infant.) Based on 1993 estimates for purchasing infant formula, cost is \$855 for the first year after birth. An additional benefit to the family and the employer is the fact there is a 27.3% less absenteeism rate for women who breastfeed, and 35.7% fewer health care claims filed, by women who are breastfeeding. ⁽¹⁾

Trends:

BREASTFEEDING RATES IN OREGON* AND THE U.S., 1995

Feeding Method	Source	Hospital Discharge	2 Week Postpartum	6 Month Postpartum
Exclusive Breastfeeding	Oregon	65.1%	57.6%	NA
	National (Ross)	NA	NA	NA
Mixed (exclusive BF or combination BF & formula)	Oregon	79.4%	69.1%	NA
	National (Ross)	59.4%	NA	21.6%
	HP 2000 Goal	75%	75%	50%

* Oregon breastfeeding rates are derived from the Newborn Screening Program.

The rates of breastfeeding are lower among women with limited income, younger age, and ethnic minorities. Many women initiate breastfeeding but quit by the time the infant is two weeks old. Barriers which are known to reduce the duration of breastfeeding include: difficulties breastfeeding, and lack of support from family, the medical system, the community, and the work place. There are very few employers that have a workplace environment that supports breastfeeding. ⁽¹⁾

Women with infants and children below age three are the fastest growing segment of today's labor force. At least 50% of women who are employed when they become pregnant return to the labor force by the time their child is three months old. Women who wish to continue breastfeeding after returning to work have relatively few and simple needs which include: availability of suitable, dependable efficient breast pumps; a convenient, safe, private and comfortable location at the worksite; and the ability to pump two or three times during the work shift.

Position of the American Academy of Pediatrics ⁽¹⁾:

In 1997 the American Academy of Pediatrics (AAP) made many recommendations about breastfeeding practices and steps to promote and protect breastfeeding. Included among those recommendations are:

- ◆ That human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions.
- ◆ That breastfeeding continue for at least 12 months, and thereafter as mutually desired.
- ◆ That arrangements be made to provide expressed breast milk if mother and child must be separated during the first year.
- ◆ That routine insurance coverage for necessary breastfeeding services and supplies is encouraged.
- ◆ That breastfeeding be promoted as a normal part of daily life, and encourage family and community support for breastfeeding.
- ◆ That the media be encouraged to portray breastfeeding as a positive norm.
- ◆ That employers be encouraged to provide appropriate facilities and adequate time in the workplace for breast-pumping

Although economic, cultural, and political pressures often confound decisions about infant feeding, the AAP firmly adheres to the position that breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant. Enthusiastic support and involvement of all health organizations, especially public health organizations in promotion of breastfeeding and assuring a supportive environment for successful breastfeeding is essential to the achievement of optimal infant and child health, growth, and development. ⁽¹⁾

References:

1. American Academy of Pediatrics, Breastfeeding and the Use of Human Milk. Pediatrics Vol. 100, No. 6, Dec. 1997, pp. 1035-1039.
2. American Journal of Managed Care 1997; 3:861-865.