

The Importance of Breastfeeding

Substituting breastmilk with infant formula increases health risks and costs.³

Over 73% of Oregon children face more short and long-term health problems simply because they were not exclusively breastfed for six months.¹

- Six months of exclusive breastfeeding provides the most protection against health problems for both children and mothers ².
- Over 89% of Oregon Mothers breastfeed at birth-the highest rate in the nation.¹
- At six months only 26% are exclusively breastfeeding.¹

Lower breastfeeding results in higher rates of obesity and health problems

- Babies not exclusively breastfed for six months have higher rates of
 - a) infections, otitis media, necrotizing enterocolitis, allergies, and sudden infant death syndrome (SIDS).³
 - b) Later in life they are more likely to suffer from chronic health problems like diabetes, leukemia, and childhood obesity.^{2, 3, 4}
- Mothers who do not breastfeed have higher rates of breast cancer and osteoporosis.
- It takes non-breastfeeding mothers longer to lose their pregnancy weight gain, which can contribute to obesity.^{2, 6}

Lower breastfeeding increases the need for costly health services paid for by insurers, government agencies and families.

- Data shows cost savings of \$400 to \$1000 per year for each breastfed baby.³
- For every 1,000 babies not breastfed there are 2,033 more medical visits, 212 more days in the hospital and 609 more prescriptions.³
- Over \$200,000 is spent for each case of necrotizing enterocolitis. Over 10% of formula-fed babies have this condition, for breastfed babies the rate is 1.2%.³
- The higher rate of diabetes in formula-fed children costs a minimum of \$1,185,900,000 per year nationally.⁵

Helping mothers breastfeed is a cost effective way to improve health and address the obesity epidemic.

- Lactation services help, but are not covered by most insurance plans including the Oregon Health Plan (OHP).
- Lower breastfeeding rates for low-income women can increase OHP costs.
- Most mothers return to work by three months postpartum so workplace support is critical for successful breastfeeding.
- Families and communities need to be educated about the risks of not breastfeeding.

(Over)

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1. CDC National Immunization Survey Breastfeeding data, 2005
http://www.cdc.gov/breastfeeding/data/NIS_data/data_2005.htm
 2. US Dept. of Health and Human Services, "Blueprint for Action on Breastfeeding", Wash. D.C., DHHS, Office of Women's Health, 2000.
 3. Welmer, J "The Economic Benefits of Breastfeeding: A Review and Analysis." Economic Research Service, USDA 2001; FNARR-13.
 4. Arenz S., Ruckwerl R., Koletzko B., von Kries R. (2004) "Breast-feeding and childhood obesity—a systematic review." *International Journal of Obesity & Related Metabolic Disorders: Journal of the International Association for the Study of Obesity*, 28(10): 1247-56.
 5. Owen CG., Martin RM, Whincup PH, Smith GD, Cook DG. (2006) "Does breastfeeding influence risk of type 2 diabetes in later life? A quantitative analysis of published evidence." *American Journal of Clinical Nutrition*, 84(5): 1043-54.
 6. Collaborative Group on Hormonal Factors in Breast Cancer. (2002) "Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease." *Lancet*, 360(9328):187-95.