

## **Vision Statement**

We look forward to a society where:

- > There is widespread knowledge of the importance of breastfeeding and the risks of not breastfeeding.
- > Mothers and families make informed choices about feeding children.
- > Women begin and continue to breastfeed for as long as they wish.





The United States Breastfeeding Committee (USBC) developed this vision to increase awareness of the importance of breastfeeding and the risks of not breastfeeding for women, their children, and the community.

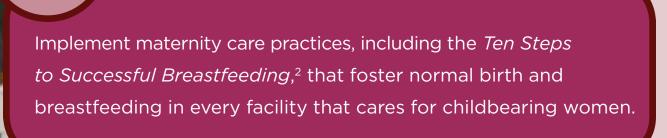
Although national and international medical associations and health care organizations, including UNICEF and the World Health Organization (WHO), recommend that babies be exclusively breastfed for the first six months of life, fewer than 12% of babies in the United States are exclusively breastfed at six months.

A multi-faceted, multi-disciplinary approach to infant feeding will lead to significant increases in breastfeeding rates and consequent improvements in child health. Evidence demonstrates that breastfeeding also optimizes health outcomes for mothers, does not contribute to pollution, and saves money for the family and the health care system.

## We call on all sectors of U.S. society to:

Meet and exceed the Healthy People objectives to increase the proportion of mothers who breastfeed:

- > in the early postpartum period
- > at six months
- > at one year
- > exclusively through three months
- > exclusively through six months







When comparing exclusive formula feeding with exclusive breastfeeding, there was a 50% increase in the risk of acute otitis media (middle ear infections). 3

Ensure that all federal, state, and local laws relating to child welfare and family law recognize the importance of breastfeeding and support its practice.

Babies
under one
year of age who
were not exclusively
breastfed for four months
or more may have a
72% increase in the risk of
hospitalization for lower
respiratory tract
infections. 4

Babies
who were not
breastfed for at least
three months have a
27% increase in the risk of
asthma when there is a family
history of asthma, compared to
children who were breastfed. For
children without a family history
of asthma and who were not
breastfed, there is a
40% increase in the risk of
asthma compared with
those who were
breastfed. 5

There is a 36% increase in death from SIDS in babies who were not breastfed compared to those who were breastfed. <sup>6</sup>

There is an increased risk of leukemia in children who were not breastfed for at least six months. <sup>7</sup>

**6**)

Implement curricula that teach students of all ages that breastfeeding is the normal and preferred method of feeding infants and young children.

There is an increased risk of overweight and obesity in children, teenagers, and adults who were not breastfed. 8





In mothers
who do not have a
history of gestational
diabetes, each additional
year of breastfeeding is
associated with a
4-12% reduction in the
risk of developing
type 2 diabetes. 9

There is an increase in breast cancer risk in women who did not breastfeed their infants. The increase in risk may be as much as 28% as compared to women who breastfed for 12 or more

Excess
use of health
care services
attributable to formula
feeding costs an HMO
between \$331 and \$475
per never-breastfed infant
for lower respiratory
illness, otitis media, and
gastrointestinal
illness. 11

Reduce the barriers to breastfeeding imposed by the marketing of human milk substitutes. \$200,000
is spent for each
case of necrotizing
enterocolitis, with a
10.1% occurrence in
formula fed premature
babies and a
1.2% occurrence in
breast milk fed
premature babies. <sup>12</sup>

8)

Protect a woman's right to breastfeed in public.

Additional health care costs for respiratory syncytial virus due to not breastfeeding are \$225 million per year. 13

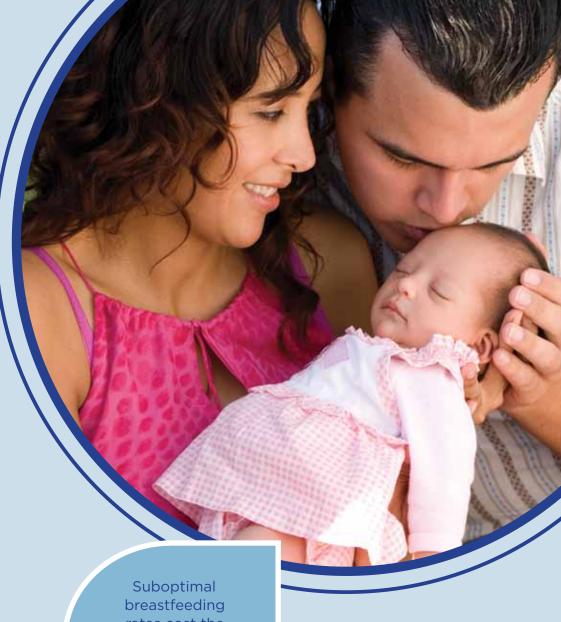
Costs for
hospitalization
from lower respiratory
infections among 1,000
never-breastfed babies
range from \$26,585 to
\$30,750 more than for
1,000 exclusively
breastfed infants <sup>14</sup>



9

Encourage greater social support for breastfeeding as a vital public health strategy.

Every
10% increase
in breastfeeding
among its recipients
would save the
U.S. Department of
Agriculture Women,
Infants, and Children
(WIC) Program
\$750,000 per
year. 15



Suboptimal breastfeeding rates cost the U.S. economy \$13 billion and 911 excess deaths per year. <sup>16</sup>



## Sources

- <sup>1</sup>WHO recommends that breastfeeding continue for at least two years of age and beyond.
- <sup>2</sup> http://www.babyfriendlyusa.org
- <sup>3</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>4</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>5</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>6</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>7</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>8</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>9</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>10</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- <sup>11</sup> Ball TM, Wright AL. Health care costs of formula feeding in the first year of life. *Pediatrics*. 1999;103(4):870-876.
- <sup>12</sup> Bisquera JA, Cooper TR, Berseth CL. Impact of necrotizing enterocolitis on length of stay and hospital charges in very low birth weight infants. *Pediatrics*. 2002;109(3):423-428.
- <sup>13</sup> Riordan JM. The cost of not breastfeeding: a commentary. J Hum Lact. 1997;13(2):93-97.
- <sup>14</sup> Ball TM, Wright AL. Health care costs of formula feeding in the first year of life. *Pediatrics*. 1999;103(4):870-876.
- $^{15}$  Weimer JP. Breastfeeding: health and economic issues. *FoodReview*. 1999;22(2):31-35.
- <sup>16</sup> Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-e1056.

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