OVERVIEW

A wealth of evidence demonstrates that breastfeeding provides numerous short- and long-term benefits for both mother and child. These include a solid foundation for lifetime cardiovascular health, greater resistance to childhood infectious diseases, enhanced immunity, reduced risk for other chronic diseases, such as diabetes, improved cognitive functions, and better maternal physical and mental health.\(^1,2,3,4\) Furthermore, breastfeeding is economically beneficial for families, employers and our healthcare system as a whole.\(^5\)

Given its importance, both the American Academy of Pediatrics and the World Health Organization recommend breastfeeding until six months of age. Unfortunately, as of 2005, only slightly more than one of ten new mothers in the U.S. were meeting this goal.\(^5,6\)

The American Heart Association (AHA) advocates exclusive breastfeeding for the first six months of a child's life and supports policies and patient education initiatives that encourage women to make the informed choice to breastfeed.

BREASTFEEDING AND HEALTH

A healthy diet for infants and children is critical for lifetime cardiovascular health and breastfeeding is a cornerstone of that healthy foundation.\(^7\)

Breastfeeding also lowers the incidence of many infant and childhood diseases, including ear and respiratory infections, gastroenteritis, type 2 diabetes, and sudden infant death syndrome.\(^8\)

Breastfeeding may also reduce the risk of obesity later in life.\(^9,10\) In addition, breastfeeding may hold the promise of helping decrease hypertension and high cholesterol as children mature. However, further robust research is needed to evaluate these associations, especially in at-risk populations across different ethnic, cultural, and socioeconomic groups.\(^11\)

The potential health benefits of breastfeeding are not limited to infants and children. Breastfeeding can help mothers reduce their risk of cardiovascular disease, breast and ovarian cancer, type 2 diabetes and postpartum depression.\(^12\)

Breastfeeding is a win-win for mothers and children.

CHALLENGES

Despite the benefits of breastfeeding, only four states (Alaska, Montana, Oregon, and Washington) have met all five Healthy People 2010 targets for breastfeeding.\(^8\)

One significant issue is maternity practices in hospitals and birth centers which have the potential to significantly influence a mother’s choice to breastfeed during a period that is critical to successful lactation. Best practices include: ensuring mother-newborn skin-to-skin contact, keeping mother and newborn together, and not giving supplemental feedings to breastfed newborns unless medically indicated.\(^5\)

Unfortunately, a substantial proportion of facilities use maternity practices that are not evidence-based and are known to interfere with breastfeeding. States in the southern U.S. have the lowest scores on best practices for promoting lactation. Clearly, U.S. hospitals and birth centers need to implement changes in maternity practices that support breastfeeding.

There are special challenges for certain parts of the population. For example, rates of exclusive

FACTS
Breastfeeding – Health Benefits for Mother and Child
Promoting Sound Lactation Policies in the U.S.

Percent of Children Ever Breastfed Among Children Born In 2004 (by State)

Source: National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services
Breastfeeding are significantly lower for black infants and for infants born to unmarried mothers. By contrast, factors such as older age, urban residence, higher education, and higher income of mothers all contribute to exclusive breastfeeding. Additional funding is needed to identify and conduct successful breastfeeding programs and policies that support breastfeeding, especially for at-risk groups where current rates are low.

THE WORKPLACE

Whether or not a mother is employed and how many hours she works during the postpartum period is another significant factor that determines whether or not a woman chooses to breastfeed and for how long. Lack of time, lack of private space for lactation and additional stress have all been identified as barriers. It is critical that employers institute worksite lactation policies that make it easy for women to continue breastfeeding when they return to work. Under the Affordable Care Act, employers are required to provide a reasonable break time for employees to express breast milk and provide a suitable, safe, secure space for lactation. The Department of Labor has developed comprehensive resources to support implementation of this law.

Breastfeeding can also benefit a business’ bottom line. Lactation programs are cost-effective, showing a $3 return for every dollar invested and employers can reduce turnover, lower recruitment and training costs, cut rates of absenteeism, boost morale and productivity, and reduce health care costs.

THE AHA ADVOCATES FOR

- Increased patient education by health professionals regarding the short- and long-term benefits of breastfeeding for both mother and child.
- Increased support for women who choose to breastfeed in the workplace. Excellent resources to promote lactation policy in the workplace may be found at http://www.usbreastfeeding.org/Portals/0/Publications/HC-Reform-Background-2010-05-USBC.pdf.
- Adequate funding for ongoing systematic data collection and continued assessment of nationwide breastfeeding-related maternity care practices, breastfeeding duration and prevalence, and barriers to lactation.
- U.S. hospitals and birth centers adopting best maternity practices to support and promote breastfeeding.
- Additional research on the link between breastfeeding and improved cardiovascular health.

References: