



usbc

United States Breastfeeding
COMMITTEE
PROTECTING • PROMOTING • SUPPORTING

BREASTFEEDING

A Vision for the Future


Supporting families:
improving health.



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,¹ 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:

1

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



2

Implement maternity care practices, including the *Ten Steps to Successful Breastfeeding*,² that foster normal birth and breastfeeding in every facility that cares for childbearing women.





3

Ensure that health care providers provide evidence-based, culturally competent birth and breastfeeding care.

4

Create and foster work environments that support breastfeeding mothers.





5

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

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

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. ⁶

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

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





7

Reduce the barriers to breastfeeding imposed by the marketing of human milk substitutes.

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 months.¹⁰

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



\$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. ¹²

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. ¹⁴

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.¹⁶



Achieving these nine objectives will benefit families, communities, employers, the economy, and the environment. Working toward these objectives will help to ensure that women are supported to breastfeed for as long as they choose.

Achieving our vision is possible because **Babies Are Born to Breastfeed.**



Sources

¹ WHO recommends that breastfeeding continue for at least two years of age and beyond.

² <http://www.babyfriendlyusa.org>

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¹¹ Ball TM, Wright AL. Health care costs of formula feeding in the first year of life. *Pediatrics*. 1999;103(4):870-876.

¹² 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.

¹³ Riordan JM. The cost of not breastfeeding: a commentary. *J Hum Lact*. 1997;13(2):93-97.

¹⁴ 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.

¹⁶ Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-e1056.