





# BENEFITS OF BREASTFEEDING

## WHY IS THIS SO IMPORTANT?

### HEALTH RISK REDUCTION DUE TO BREASTFEEDING<sup>1</sup>

Asthma	27-40%
Childhood Obesity	24%
Type I Diabetes	19%
Type II Diabetes	39%
Childhood Leukemia	15%
Sudden Infant Death Syndrome	36%
Inflammatory Bowel Disease	31%

USDA estimates that if 50% of Americans followed recommended breastfeeding guidelines, the U.S. could save **\$3.6 billion** annually on healthcare costs.<sup>2</sup> If 90% of Americans followed recommended breastfeeding guidelines, the U.S. could save close to **\$13 billion.**<sup>2</sup>



# BREASTFEEDING IN THE SOUTH

THE LOWEST RATES IN THE NATION

STATE RANK <sub>3</sub>	BREATFEEDING INITIATION RATES	STATE RANK	EXCLUSIVE BREASTFEEDING AT 6 MONTHS
LOUISIANA	56.9	MISSISSIPPI	10.1%
WEST VIRGINIA	59.3	ARKANSAS	10.3%
KENTUCKY	61.3	KANSAS	11.4%
MISSISSIPPI	61.5	WEST VIRGINIA	12.2%
DELAWARE	65.7	ALABAMA AND DELAWARE	13.2%

BREASTFEEDING DIRECTLY ADDRESS OUR CHRONIC AND COSTLY HEALTH CONCERNS AT NO COST!



# + BARRIERS TO BREASTFEEDING

## WHY DON'T MORE WOMEN BREASTFEED?



### Knowledge

Survey found that only 25% of Americans agreed that infant formula increases a baby's chances of getting sick.<sup>4</sup>



### Stigma and Embarrassment

Embarrassment and shame are often cited by women as a large reason for the decision not to continue to breastfeed or breastfeed at all.<sup>5</sup>



### Support

A 2009 study found that only 26% of businesses surveyed provided benefits to support breastfeeding mothers.<sup>6</sup>

Many hospitals and clinics do not educate patients on breastfeeding or have infant feeding policies that support or promote breastfeeding.



# CALIFORNIA:

## A CASE STUDY FOR BREASTFEEDING POLICY

- Highest Breastfeeding Initiation Rates: 92.8%.
  - 5<sup>th</sup> highest rates of exclusive breastfeeding at 6 months.<sup>3</sup>
  - 4<sup>th</sup> highest rates of continued breastfeeding at 12 months.<sup>3</sup>
- Comprehensive policy strategy that addresses each barrier:
  - **Knowledge:**
    - *Cal. Health and Safety Code § 1123360, 1257.9:* Requires Dept. of Public Health to do breastfeeding outreach and awareness campaign.
  - **Support:**
    - *Cal. Health and Safety Code § 123667:* Requires all hospitals to become “baby-friendly.”
    - *Cal. Health and Safety Code § 123665:* Requires hospitals to provide either a breastfeeding consultant or information where families can learn more about breastfeeding.
    - *Cal. Assembly Concurrent Resolution 155 and Cal. Labor Code § 1030:* Requires employers to provide break time and a private place to pump and encourages employers to support breastfeeding.
  - **Stigma:**
    - *Cal. Gov. Code § 12926:* Includes breastfeeding into the definition of sex discrimination.
    - *Cal. Civ. Code § 43.3:* Removes punitive barriers to breastfeeding.



## KNOWLEDGE:

POLICIES TO ADDRESS  
LACK OF KNOWLEDGE  
ABOUT BREASTFEEDING  
BENEFITS AND RIGHTS

- *N.Y. Public Health Law § 2505-a:*
  - Creates a Breastfeeding Mothers Bill of Rights that is required to be posted in a public place at each maternal health care facility in the state.
- *Cal. Health and Safety Code § 1123360, 1257.9:*
  - Requires Dept. of Public Health to incorporate the promotion of breastfeeding into their public health campaign.
- *Min. Stat Ann § 145.894:*
  - Directs State Commissioner of Health to develop and implement a public education program that incorporates and features the promotion of breastfeeding.
- *Cal. Health and Safety Code § 123665:*
  - Requires hospitals to provide either breastfeeding consultant or information where families can learn more about breastfeeding.
- *Mo. Rev. Stat § 191.915:*
  - Requires hospitals to provide new mothers with breastfeeding consultation and information on breastfeeding, its benefits, and local support groups. OBGYNs are required to inform patients about the postnatal benefits of breastfeeding.



## SUPPORT:

POLICIES TO ADDRESS  
LACK OF COMMUNITY  
SUPPORT OF  
BREASTFEEDING MOTHERS

### ■ **Employee Support:**

- Laws that requires employers to provide break time and private space to pump for mothers.
  - Have been passed by nearly 20 states, including southern states like Tennessee, Arkansas and Oklahoma, with much success.
- *2008 Vt. Acts 203:*
  - Directs Commissioner of Health to develop practices and recommendations for worksite wellness that include supportive breastfeeding policies.
- *Or. Rev. Stat. § 653.075, 653.077, 653.256:*
  - Requires employers to provide 30 minutes break to pump every 4 hour shift. This break time is unpaid, but must be counted towards hourly total to achieve health benefits.

### ■ **Hospital Support:**

- *Cal. Health and Safety Code § 123667:*
  - Requires all hospitals to become baby friendly.
- *2012 Ill. Laws, P.A. 97-713:*
  - Requires all hospitals that provide birthing services to adopt an infant feeding policy that supports breastfeeding.

### ■ **Support Services:**

- *Georgia HB 363 and MA S.1183:* Legislation to expand and regulate the practice and licensure of lactation consultants.





## STIGMA:

### POLICIES TO ADDRESS THE SOCIAL STIGMA AROUND BREASTFEEDING

- **Public Breastfeeding Laws with Enforcement Provisions:**
  - Most states have these laws, but many states lack enforcement provisions, especially southern states.
- **Breastfeeding-Friendly Establishments:**
  - *N.D. Cent. Code § 23-12-17:*
    - Authorizes employers to use an “infant-friendly” designation in their promotional materials if they establish supportive breastfeeding workplace policies.
  - *Tex. Health Code Ann. § 165.003:*
    - Authorizes the use of “mother-friendly” designation for businesses that have policies supporting breastfeeding.
  - *Wash. Rev. Code § 43.50.640:*
    - Authorizes the use of an “infant-friendly” designation for establishments with pro-breastfeeding policies.
- **State Resolution in Support of Breastfeeding:**
  - *Wyo. House Joint Resolution 5*
  - *Cal. Assembly Concurrent Resolution 155*
  - *2011 Ill. Senate Resolution 170*
  - *2012 Utah House Joint Resolution 4*
  - *Va. House Joint Resolution 145*
- **Celebrating Breastfeeding Awareness Month in August.**





# Sources

- **1:** STANLEY IP ET AL., BREASTFEEDING AND MATERNAL HEALTH OUTCOMES IN DEVELOPED COUNTRIES: EVIDENCE REPORT, U.S. DEP'T. OF HEALTH AND HUMAN SERVICES, 3-5, 40-44, 60-65, 81-96, 93-96 (2007).
- **2:** JON WEIMER, THE ECONOMIC BENEFITS OF BREASTFEEDING: REVIEW AND ANALYSIS, U.S. DEP'T. OF AGRICULTURE, 10 (2001).
- **3:** BREASTFEEDING REPORT CARD 2014, CENTER FOR DISEASE CONTROL AND PREVENTION, 4 (2014).
- **4:** Li R et al., *Changes in Public Attitudes Towards Breastfeeding in the United States: 1999-2003*, 107 J. AM. DIET ASSOC, 122, 122-27 (2007).
- **5:** K Brownell et al., *Barriers to Breastfeed Among African American Adolescent Mothers*, 41 CLIN PEDIATR. (PHIL) 669, 669-673 (2002); AK Mitra et al., *Predictors of Breastfeeding Intention Among Low-Income Women*, 8 MATERNAL CHILD HEALTH J., 65, 65-70.
- **6:** EMPLOYEE BENEFITS: EXAMINING EMPLOYEE BENEFITS IN A FISCALLY CHALLENGING ECONOMY, SOCIETY FOR HUMAN RESOURCE MANAGEMENT, 33 (2009).