



ANA ISSUE BRIEF

*Information and analysis on topics affecting nurses,
the profession and health care.*

The Imperative of Breastfeeding

Policy changes to promote the health and economic benefits of infant feeding.

Key Points

Breastfeeding has tremendous economic and health benefits for babies, mothers, and communities.

Education and encouragement of breastfeeding will not succeed without policies that can assist women to nurse, especially for women that are working while breastfeeding.

Nurses should enhance national efforts to support breastfeeding, and advocate for nursing-friendly hospitals—both for the patients and the staff.

Breastfeeding is the best way to go...

Breastfeeding has far-reaching, lasting effects, affecting the lifelong health of both the mother and her child. The nutritious components of breast milk provide crucial immunological and anti-inflammatory properties that protect the child against acquiring a host of illnesses and diseases, as well as improving maternal health outcomes. Although, breastfeeding rates in the United States have increased over the last few years, they still fall far short of Healthy People objectives 2010. Now, the Healthy People 2020 objectives, including an overall objective of 81 percent of infants ever being breastfed, are consistent with the universal medical recommendation to breastfeed exclusively for six months with continued breastfeeding for at least one year. Breastfeeding is an essential public health strategy to improve infant and child morbidity and mortality rates, improve maternal morbidity, and assist in controlling the cost of health care.¹

Economic Benefits to Breastfeeding

Infant formula costs the average family in the United States between \$1,200 – \$1,500 annually. According to the United States Department of Agriculture, a minimum of \$3.6 billion in medical expenses per year would be saved if 50 percent of children were breastfed for the first six months. If 90 percent of children in the United States were exclusively breastfed for six months, an estimated \$13 billion annually could be saved from reduced direct and indirect medical expenses.²

What are the health benefits of breast milk?

The health benefits of breast milk for children are unparalleled. Breast milk not only contains immunological properties that protect a newborn, but research has shown that the overall risk of Sudden Infant Death Syndrome is twice as great for formula-fed infants compared with breastfed infants. The widespread health benefits of breastfeeding extend beyond their child's first few months of life. Children that are breastfed experience an overall 72 percent reduction in the risk of hospitalization due to lower respiratory tract diseases. There are numerous health benefits, listed on **Table 1**.

Table 1 Health outcome improvement correlation with breastfeeding

Improved Health Outcomes	Reduction of Risk in Percentages ³
Asthma	* 27- 40 percent
Acute otitis Media	* 23-50 percent
Atopic Dermatitis	42 percent
Childhood Leukemia	15 percent
Childhood Obesity	24 percent
Gastrointestinal Infections	64 percent
Type I Diabetes	19 percent
Type II Diabetes	39 percent

* *Percentages varied due to the duration of breastfeeding and family history of disease.

In addition to improving infant health outcomes, breastfeeding also reduces the risk of several maternal health outcomes. For each year a women breastfeeds her child, studies have shown that she is 4 to 28 percent less likely to develop breast cancer.⁴ According to the Center of Disease Control and Prevention (CDC), approximately 202,964 women were diagnosed with breast cancer and 40,598 of those women died from the disease in 2007 (the most recent year numbers are available).

According to the CDC, ovarian cancer is the fourth most deadly cancer among women. In 2007, 20,749 women were diagnosed with ovarian cancer and 14,621 of those women died from this disease. Breastfeeding reduces the risk of developing ovarian cancer by 21 percent.

Additional benefits of breastfeeding include a 12 percent reduced risk of developing type 2 diabetes, may reduce the risk of postpartum depression, osteoporosis, and possibly assists a mother with returning to pre-pregnancy weight.⁵

Rates of Breastfeeding in the United States

According to a recent report by the CDC, nearly 3 out of every 4 new mothers in the United States initiate breastfeeding. Even though breastfeeding rates have improved, disparities still exist. Breastfeeding rates among non-Hispanic black children are about 50 percent lower than those of non-Hispanic white infants. Breastfeeding rates among non-Hispanic black infants are not well understood, but employment may play a role. Research has shown that Non-Hispanic black women tend to return to work earlier than non-Hispanic white women, and are more likely to work in an environment that is not supportive of breastfeeding.⁶

Barriers to Breastfeeding

Despite known benefits to breastfeeding, several barriers still persist that hinder the initiation and the continuation of breastfeeding throughout the child's first

year of life. Barriers experienced by breastfeeding mothers have been identified as ranging from lack of knowledge about the benefits of breastfeeding, the women's place employment, insufficient support from family members and other social support networks, current the hospitals policy and procedure, and health care providers.

One of the most significant reasons a mother decides not to initiate breastfeeding is her need to return to work. Even if breastfeeding is initiated, employed mothers typically find that returning to the workforce is a significant barrier to continuing to breastfeed. According to the United States Department of Labor's Bureau of Labor Statistics, approximately 60 percent of women in the United States participate in the labor force. Slightly more than 70 percent of full-time employed mothers have children under the age of three.



Barriers identified by working mothers include inflexible working hours, lack of privacy and location to express milk, having no place to store expressed milk, concerned about job security, and have limited maternity leave benefits. In 2009, only 25 percent of companies surveyed had lactation programs or made special accommodations for employees that were breastfeeding. Pressure from both coworkers and supervisors has been associated with premature discontinuation of breastfeeding. Many mothers encounter pressure from supervisor and coworkers not to take breaks to express milk. These mothers are often have resorted to unhygienic measures of using the restroom to express their milk.⁷

Paving the Way for Breastfeeding

In 1991, the World Health Organization, the United Nations Children's Fund, and the Baby-Friendly Initiative in Community Health Services jointly launched the Baby-Friendly Hospital Initiative (BFHI). BFHI is the gold standard for evidenced-based breastfeeding care in hospitals. BFHI encourages hospitals to adopt the 'Ten Steps to Successful Breastfeeding' initiative.

Accrediting organizations have substantial leverage in modifying hospital practices. The Joint Commission, which accredits most hospitals, has set quality measures that are publicly reported and are the subject of considerable attention by hospital administrators. Effective April 2010, The Joint Commission added 'exclusive breast milk feed' as a new hospital Core Measure for perinatal care.

A Break For Nursing Mothers

To support of breastfeeding as a public health goal, the Surgeon General issued a

Call to Action. This *Call to Action* details the benefits of breastfeeding, as well as urges clinicians, employers, communities, researchers, and government officials to make a commitment to enable mother to breastfeed.

In addition, First Lady Michelle Obama launched a breastfeeding campaign to support nursing mothers. The campaign is recognizing the health benefits of breastfeeding and identifies its association with lowering the risks of childhood obesity, which coincides with Mrs. Obama's 'Let's Move!' initiative.

The 'Patient Protection and Affordable Care Act' also supports breastfeeding by protecting the rights of breastfeeding working mothers. Section 4207 of this act ensures breastfeeding mothers are given reasonable break times and have a private location to express their breast milk or breastfeeding their child.⁸

Breastfeeding provides economic and social benefits to the family, the employer, and the nation. Employers can benefit when their employees breastfeed. Since, breastfed infants are at a reduced risk of developing common illnesses, maternal absenteeism from work is significantly lower in companies with established lactation programs. It is estimated that companies can save three dollars for every dollar they spend on supporting breastfeeding in their place of work by increasing productivity, reducing health care costs for both the mother and infant, lower turnover rates due to higher employee morale, improved corporate image, and additional recruitment incentives.⁹

As a professional national organization, the ANA partners with other advocacy groups such as the American Academy of Nursing's expert panel and the US Breastfeeding Committee on this issue. ANA encourages employers to create an environment that supports breastfeeding through the following strategies:

- Develop corporate policies that provide information for all employees on the benefits of breastfeeding.
- Offer a list of available resources to support breastfeeding women
- Encourage a positive accepting attitude toward working breastfeeding mothers.
- Designate a clean and comfortable lactation area equipped with running hot water and soap.
- Allow breastfeeding mothers adequate break time to express milk or breastfeed her infant.
- Provide a refrigerator for storage of expressed breast milk.

How Nurses Can Support Breastfeeding

Providing health education, including on such topics as breastfeeding, is a vital part of the professional role of a nurse. Nurses are also in a unique position to enhance a mother's breastfeeding success as she transitions into the workplace.



To support and promote “breastfeeding-friendly” environments nurses can:

- Endorse the World Health Organization recommendation for exclusive breastfeeding for the first six months.
- Advocate for policies that support breastfeeding-friendly work environments, public “mother and baby” areas for breastfeeding, and 24-hour help resources for mothers who are having difficulties in breastfeeding.
- Endorse local peer support breastfeeding programs.
- Promote community action for support of breastfeeding.
- Provide emotional and physical support to breastfeeding mothers.
- Endorse the Baby-Friendly Hospital Initiative (BFHI) and assist in implementation of the “Ten Steps to Successful Breastfeeding”.
- Encourage health care facilities to provide breastfeeding training for nurses with education appropriate to their role in order to develop the knowledge and skills necessary to support breastfeeding mothers and aid in the prevention and management of problems.



Nurses provide health education to their patients and have the power to influence their health promoting and disease prevention behaviors. As trusted member of our health care system, nurses can play a pivotal role in improving breastfeeding practices among all women.

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