



Breastfeeding: A Common-Sense Solution To Improve Your Company's Bottom Line

When a baby is ill, everyone pays.

When a child is ill, parents often miss work for doctors' visits and to care for a sick child who cannot be left in regular day-care. Health care costs and medical claims go up.

Healthy mothers and babies can save health care dollars and improve productivity among your employees. Breastfeeding is proven to promote better health among mothers and children...an investment in improving your company's bottom line!

For example, did you know:

- ◆ Among employed women with children under age 3, approximately 70 percent work full time. One-third of mothers return to work within 3 months after giving birth and two-thirds return within 6 months. (1)
- ◆ If a parent misses 2 hours of work for the excess illness attributable to formula feeding, greater than 2,000 hours - the equivalent of 1 year of employment - are lost per 1,000 never-breastfed infants. (2)
- ◆ Companies that have adopted breastfeeding support programs have noted cost savings of \$3 per \$1 invested in breastfeeding support. (1)
- ◆ Excess use of health care services attributable to formula feeding costs an HMO between \$331 and \$475 per never-breastfed infant for diarrhea, ear infection and lower-respiratory illness. (2)
- ◆ For private and government insurers, a minimum of \$3.6 billion must be paid each year to treat diseases and conditions preventable by breastfeeding. (2)

Bottom Line:

Parental absenteeism due to infant illness is three times greater among parents of formula fed children than those who are breastfed. (3)

Bottom Line:

Breastfed babies have less illness and lower health care costs than formula fed babies. Formula fed infants have higher levels of hospitalization, more clinical office visits and more pharmacy costs. (4)

Bottom Line:

Companies with an employee lactation support program experience less turnover and loss of skilled workers after childbirth and higher employee satisfaction, loyalty, and morale. (1)

Bottom Line:

Breastfeeding support programs in the workplace result in an improved ability to attract valuable employees and portrays the company as family-friendly. (1)

Worksite support makes the difference!

The American Academy of Pediatrics (AAP) recommends that mothers breastfeed exclusively for the first 6 months, continue breastfeeding with the addition of appropriate complementary foods until the baby is at least one year of age, and continue thereafter for as long as mother and baby wish. (5)

The *HHS Blueprint for Action on Breastfeeding* and the United States Breastfeeding Committee's *Breastfeeding in the United States: A National Agenda* outlines goals, objectives and strategies for worksites to facilitate the continuation of breastfeeding after mothers return to their jobs. (6) (7)

Workplace barriers can create added stress for a mother who is trying to do her best for both her employer and her baby. Research studies show that many women discontinue breastfeeding early because of workplace constraints. Many other choose never to initiate breastfeeding at all due to concerns over how they will manage breastfeeding and working. Your support can make the difference.

Here's what you can do for your employees:

- ⌘ Provide breastfeeding employees a flexible break (at least 15-20 minutes in the morning and afternoon) to nurse their infants or express their milk.
- ⌘ Provide a private, clean area for breastfeeding or milk expression. (Note: a restroom is not a sanitary or private area.) See "Furnishing a Worksite Lactation Room", PPH _____.
- ⌘ Provide a safe, clean, and cool place or container to store expressed breastmilk. A refrigerator works well or a mother can bring her own cooler from home.
- ⌘ Have a written policy supporting breastfeeding mothers in your worksite
- ⌘ Implement a worksite lactation program. This can include such things as:
 - Employer-provided breastfeeding education classes and support groups
 - A lactation consultant or counselor
 - Information on breastfeeding resources in the community
 - On-site hospital-grade electric pump for employee use (employees provide own attachment kits)

References

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- 3) Cohen, R. Mrtek, MB, Mrtek RG. American Journal of Health Promotion 1995; 10:148-5
- 4) Ball T, Wright A. Health Care Costs of Formula-feeding in the First Year of Life. Pediatrics. Volume 103, Number 4, April 1999.
- 5) American Academy of Pediatrics Policy Statement, "Breastfeeding and the Use of Human Milk." Pediatrics 97; 100:6.
- 6) U.S. Department of Health and Human Services. HHS Blueprint for Action on Breastfeeding, Washington, D.C. U.S. Department of Health and Human Services, Office on Women's Health, 2000.
- 7) United States Breastfeeding Committee (2001). Breastfeeding in the United States: A National Agenda. Rockville MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.