Breastfeeding

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

Background

According to the American Academy of Pediatrics, human milk is the preferred nutrition source for all infants, including sick and premature infants, except in rare cases.1 Exclusive breastfeeding (i.e., breast milk as the sole source of food) is the ideal method of feeding infants up to about six months of age, after which breastfeeding should be continued but complemented with other sources of nutrition.

Breastfeeding has been shown to have health benefits for infants, particularly by reducing infectious disease and chronic digestive disease. It also has been implicated as having a long-term impact on growth, health, and development. From an economic standpoint, breastfeeding reduces health care costs and employee absenteeism attributable to childhood illness. In addition, after the first six weeks of lactation, the cost of increased caloric intake for nursing mothers vs. non-nursing mothers is about half the cost of purchasing formula. Thus, savings of $400 per child for food purchases can be realized.2 In spite of well-documented positive effects, the present in-hospital breastfeeding initiation rate in the United States is 64 percent, and duration rate (at six months postpartum) is 29 percent. These percentages fall short of the Healthy People 2010 goals for breastfeeding, which state that the proportion of mothers who initiate breastfeeding should be increased to at least 75 percent, and the proportion of mothers who continue to breastfeed until their infants are six months old should be increased to at least 50 percent.3 Generally, initiation rates for working women do not differ from non-working women. However, in 1997, only 18 percent of full-time working mothers were still breastfeeding their children at six months old, which is below both that of part-time working and non-working mothers.4

Policy

Promote breastfeeding practices in workplaces by providing information, materials, and access to comfortable surroundings for mothers and babies.

CIGNA Corporation, the insurance and benefits company based in Philadelphia, has instituted the Working Well Moms lactation program for new mothers, which boasts a current enrollment of over 1,000 women. Nearly 80 percent of CIGNA’s 38,000+ employees are women, at an average age of 35. The program provides consultation for mothers with a professional lactation consultant before and after birth and access to a private room equipped with a hospital-grade breast pump, refrigeration, a carry case, and supplies.

The Public Health Foundation Enterprises WIC Program (620 employees; 95 percent women) has a Perinatal Support Program for all pregnant employees (average deliveries are 40 per year). The program provides both educational and emotional support, along with time and space for
mothers to pump milk. Expectant mothers (employees) receive information about pregnancy and breastfeeding through monthly prenatal classes and are also enrolled in a prenatal support group. When a WIC employee goes on maternity leave, the Perinatal Support Program Coordinator assists employees with applications for Family Medical Leave and also advocates for the employee if any insurance issues arise. The employee then chooses a Trained Lactation Coach (TLC) from a pool of other employees who have undergone an eight-hour breastfeeding training. This TLC provides support for the new mother from the initiation (within 24 hours of delivery) throughout the duration of breastfeeding. After employees return to work, they can participate in monthly breastfeeding support groups offered during the workday as they continue to breastfeed. Additionally, new mothers are provided with breast pumps at work and allowed time to pump breast milk at up to four intervals throughout the workday.5

**Effectiveness**

Results from a recent evaluation of Working Well Moms shows that more than 70 percent of women enrolled in CIGNA’s Working Well Moms program were still nursing once their babies were six months old, compared to the national average of about 20 percent of employed new mothers. At one year, 36 percent of Working Well Moms participants are still breastfeeding, compared to the national average of 10.1 percent. The research further shows annual savings of $240,000 in health care expenses for the more than 1,000 women enrolled since the program’s inception. CIGNA is also seeing savings on pharmacy costs, as breastfed children require 62 percent fewer prescriptions. In addition, the program saves $60,000 per year through reduced absenteeism among breastfeeding mothers at CIGNA. Researchers say the program appears to encourage more women to breastfeed and stay with it by breaking down economic and sociological barriers.6

Results from the Public Health Foundation Enterprises WIC Program’s Perinatal Support Program demonstrate that these WIC employees significantly exceed the national health objectives for breastfeeding. In 1999, all employees participated in the program and initiated breastfeeding. Seventy-six percent continued through at least six months and 55 percent of these employees were still breastfeeding at one year. These rates are consistently higher than the goals set forth by Healthy People 2010, which establish target rates of 50 percent for continuing breastfeeding through six months and 25 percent for continuing breastfeeding through one year. The program’s 1999 results are similar to results achieved during the previous three years.

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2 Ibid.