



Breastfeeding is good for babies, moms and Illinois!

Breastfeeding is good for Illinois babies.

- The American Academy of Pediatrics (AAP) recommends **exclusive breastfeeding for the first six months** and continued breastfeeding throughout the first year.¹
- 3 out of every 4 new mothers in the United States initiate breastfeeding. The United States has now met the *Healthy People 2010* national objective for breastfeeding initiation. However, **rates of breastfeeding at 6 and 12 months as well as rates of exclusive breastfeeding at 3 and 6 months remain stagnant and low.**²
- Breast milk has disease-fighting antibodies that can help **protect infants from several types of illnesses** such as diarrhea, ear infections, allergies and bacterial meningitis. This protection is unique; **formula cannot match the chemical makeup of human breast milk.**³
- For most babies, **breast milk is easier to digest than formula.** The proteins in formula are made from cow's milk and it takes additional time for babies' stomachs to adjust to digesting them.³
- **Formula-fed babies have higher risks of disease** including asthma, obesity, type 1 and type 2 diabetes, lower respiratory infections, and necrotizing enterocolitis.³

Breastfeeding is good for Illinois moms.

- **Mothers who breastfeed have a lower risk of some health problems**, including breast cancer, ovarian cancer, postpartum depression and type 2 diabetes.³
- Mothers who breastfeed experience delayed return of menstrual periods, which **decreases the chance of pregnancy soon after birth.** Spacing between pregnancies prevents adverse perinatal outcomes such as preterm birth, low birth weight and small for gestational age babies.³

Breastfeeding is economically smart for families and businesses in Illinois.

- Formula feeding leads to increased health claims, **decreased productivity**, and an increase in **missed work days for parents** to care for their sick children.⁵
- For families, the **purchase of infant formula** can amount to **\$1200 - \$1500** or more for the baby's first year.⁶

Questions? Contact Kathy Chan, Associate Director, Cell: 773-251-8696

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- **Employers that support breastfeeding** have lower absenteeism⁷, lower turnover rates⁸, and lower healthcare costs⁹. Their employees experience higher productivity and morale¹⁰, return quicker to work from maternity leave¹⁰, and have more company loyalty¹¹.

Disparities in breastfeeding rates exist in Illinois.

- In Illinois, **breastfeeding rates differ widely by race and ethnicity**: in 2008, 77.6% of Latino mothers initiated breastfeeding after delivery, compared to only 45.9% of African American mothers.²
- Prevalence of **breastfeeding at 12 months** also shows racial and ethnic differences, 20.3% of Latino mothers report breastfeeding at 12 months compared to only 9.1% of African mothers.
- **Breastfeeding rates also differ by income level**: nationwide, the proportion of infants who were ever breastfed is lower (57%) among infants whose families have a lower income status compared with infants whose families have a higher income status (74%).²
- **Insurance coverage of breast pumps and other breastfeeding support services is inequal and insufficient** - private insurers provide little to NO coverage for breast pumps and breastfeeding support services, such as peer counselor or lactation consultants. Illinois Medicaid covers breast pumps, but not breastfeeding support services, outside of an office visit with a physician.⁴

The State of Illinois must recognize the unique health, economic and societal benefits breastfeeding provides to babies, mothers, families and the community as a whole and should work to ensure that barriers to initiation and continuation of breastfeeding are removed and that a mother's right to breastfeed is upheld.

¹ <http://www.aap.org/breastfeeding/>

² <http://www.cdc.gov/breastfeeding/data/reportcard.htm>

³ <http://www.womenshealth.gov/breastfeeding/>

⁴ <http://www.kff.org/womenshealth/>

⁵ United States Breastfeeding Committee. Economic Benefits of Breastfeeding. Raleigh, NC: United States Breastfeeding Committee; 2002.

⁶ Tuttle CR, Dewey KG. Potential cost savings for Medi-Cal, AFDC, Food Stamps, WIC Programs Associated with Increasing Breast-feeding Among Low Income Hmong Women in California. J. of Amer. Diet Assoc, 1996 96:885-890.

⁷ Cohen R, Mrtek MB, Mrtek RG. (1995). Comparison of Maternal Absenteeism and Infant Illness Rates Among Breast-feeding and Formula-feeding Women in Two Corporations. American Journal of Health Promotion. 10(2): 148-153.

⁸ Lyness K, Thompson C, Francescio A & Judiesch M. (1999). Work and pregnancy: individual and organization factors influencing organizational commitment, timing of maternity leave, and return to work. Sex Roles. 41 (7-8): 485 – 508.

⁹ Mutual of Omaha. (2001). Prenatal and Lactation education reduces newborn health care costs. Omaha, NE: Mutual of Omaha.

¹⁰ Galtry J. (1997). Lactation and the labor market: breastfeeding, labor market changes, and public policy in the United States. Health Care Women Int., 18: 467-408.

¹¹ Ortiz J, McGilligan K, & Kelly P. (2004). Duration of Breast milk expression among working mothers enrolled in an employer-sponsored lactation program. Pediatric Nursing, 30(2):111-119.

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