

Low Breastfeeding Rates Incur Billions in Medical Costs

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- Note that the economic analysis may have been an underestimate of the financial cost of low adherence to breastfeeding guidelines, since few of the cost projections were based on six months of exclusive breastfeeding.

Review

Poor compliance with breastfeeding recommendations costs the nation at least \$13 billion each year, with nearly all of the cost related to infant morbidity and mortality, according to a comprehensive economic analysis.

If 90% of new mothers followed guidelines for six months of exclusive breastfeeding for their children, an estimated 911 deaths would be prevented annually, said authors Melissa Bartick, MD, MSc, of Harvard Medical School, and Arnold Reinhold, MBA, of the Alliance for the Prudent Use of Antibiotics, both in Boston.

Even 80% adherence would save \$10.5 billion and prevent 741 deaths each year, they reported online in *Pediatrics*.

Taking action to help more families to follow the guidelines, such as by creating a national infrastructure to support breastfeeding, would likely be cost-effective, Bartick and Reinhold said.

Prior analyses that included fewer pediatric conditions affected by breastfeeding suggested a more modest potential savings of \$3.6 billion if breastfeeding rates rose to meet the Healthy People 2010 objectives for initiation (75%) and six-month duration (50% any breastfeeding, 17% exclusive breastfeeding).

However, that data was based on actual breastfeeding rates collected by the infant formula industry and incorrectly assumed that this reflected exclusive breastfeeding, Bartick and Reinhold wrote.

So with national data now available from the CDC on breastfeeding, they aimed to

get a more accurate estimate of the economics of breastfeeding.

The CDC's National Immunization Survey found actual breastfeeding rates in 2005 were 74.1% for initiation and the early postpartum period, 42.9% for any breastfeeding at six months, 12.3% for exclusive breastfeeding at six months, and 21.5% for any breastfeeding at 12 months.

"Exclusive breastfeeding" meant only breast milk -- no water, infant food, juice, formula, cow's milk, or sugar water.

Bartick and Reinhold determined direct and indirect costs of illness and premature death as assessed in a 2007 Agency for Healthcare Research and Quality analysis of the impact of breastfeeding on a host of maternal and childhood diseases.

The excess annual cost in 2007 dollars associated with the current poor levels of adherence compared with 90% compliance was:

- \$4.7 billion and 447 excess deaths due to sudden infant death syndrome
- \$2.6 billion due to 249 excess deaths from necrotizing enterocolitis
- \$1.8 billion due to 172 excess deaths from lower respiratory tract infections
- \$908 million due to otitis media
- \$601 million due to atopic dermatitis
- \$592 million due to childhood obesity

The largest proportion of these costs -- 74% -- was associated with premature deaths, although the price for more common conditions, such as otitis media and childhood obesity, was still substantial, the researchers noted.

There wasn't enough data available for type 2 diabetes to estimate the effect of breastfeeding duration, "although these costs are partially represented in the obesity analysis," the researchers said.

Furthermore, few of these estimates were based on exclusive breastfeeding for six months and most erred on the conservative side, so the projections may actually be an underestimate, they explained.

"Substantial gains could be made with exclusive breastfeeding for four months and any breastfeeding at six months," they concluded.

The researchers reported that they had no financial relationships or conflicts of interest to disclose.

Primary source: Pediatrics

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Bartick M, Reinhold A "The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis" *Pediatrics* 2010; 125: e1048–e1056.

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