Breastfeeding Increase Could Save $13B Annually

BY MELINDA TANZOLA

An increase in breastfeeding rates in the United States could save billions of dollars and prevent nearly a thousand infant deaths each year, according to the findings of a recent cost analysis.

If 90% of U.S. families could exclusively breastfeed infants for the first 6 months of life, the United States would save $13 billion each year and prevent an excess 911 deaths, 95% of which would be in infants, said Dr. Melissa Bartick of the Cambridge Health Alliance and Harvard Medical School, Boston, and Arnold Reinhold of the Alliance for the Prudent Use of Antibiotics, both of Boston (Pediatrics 2010;125:e1048-56). An 80% compliance rate would save $10.5 billion annually and prevent 741 deaths.

These estimates are substantially higher than those reported in a 2001 publication, which stated the economic impact of suboptimal breastfeeding at $3.6 billion. The current study, which used 2005 breastfeeding rates and 2007 dollars, included more health conditions and included both direct and indirect medical costs.

Premature deaths accounted for 74% of the costs. The most costly conditions, excluding deaths, were otitis media, atopic dermatitis, childhood obesity, and lower respiratory tract infections.

According to 2005 data from the Centers for Disease Control and Prevention, 32% of infants are exclusively breastfed at 3 months of age and 12% are exclusively breastfed at 6 months. Another 43% of infants are receiving any breast milk at 6 months, and extrapolated data suggest that 59% are receiving any breast milk at 3 months.

To determine the excess costs of suboptimal breastfeeding, the authors first calculated the number of breastfed and nonbreastfed infants in the United States by multiplying breastfeeding rates by the number of births in 2005. They then calculated the incidence of each disease for each group based on the 2007 Agency for Healthcare Research and Quality report, which provides risk ratios for various diseases in breastfed versus nonbreastfed infants.

'Action to improve breastfeeding rates, duration, and exclusivity, including creation of a national infrastructure to support breastfeeding, could be cost-effective.'

Compared with exclusive formula feeding, exclusive breastfeeding for 3 months reduces the risk of otitis media by half, necrotizing enterocolitis and related deaths by 58%, and atopic dermatitis by 32%.

Exclusive breastfeeding for 4 months reduces the risk of hospitalizations and deaths from lower respiratory tract infections by 72%. Exclusive breastfeeding for 6 months reduces the risk of gastroenteritis by 64%.

Any breastfeeding for 3 months reduces the risk of childhood asthma and related deaths by 27%, type 1 diabetes by 23%, type 1 diabetes–related deaths by 25%, and childhood obesity by 7%.

Any breastfeeding for 6 months is associated with a 36% reduction in the risk of sudden infant death syndrome, a 19% reduction in the risk of childhood acute lymphocytic leukemia and related deaths, and a 15% reduction in the risk of acute myelogenous leukemia and related deaths.

Dr. Bartick and Mr. Reinhold explained that their study was limited by inconsistencies in some of the cost and breastfeeding duration assumptions. To compensate for these limitations, the researchers erred on the conservative side of their estimates.

"We believe that true costs are higher," they concluded. "Action to improve breastfeeding rates, duration, and exclusivity, including creation of a national infrastructure to support breastfeeding, could be cost-effective."

The authors reported no financial relationships relevant to this article. ■

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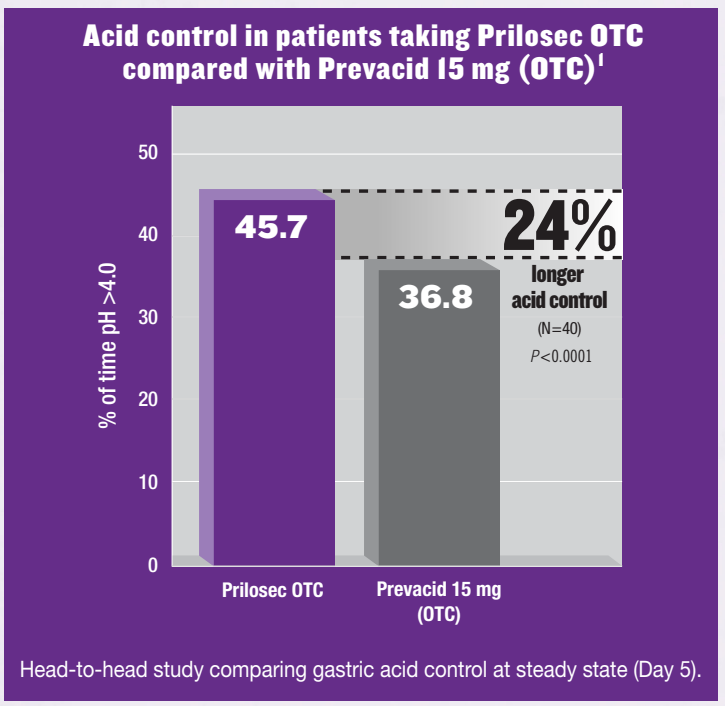

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