

## What Informs a Woman's Decision to Breastfeed: Health Benefits or Economic Benefits?

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Breastfeeding is promoted as the optimal form of nutrition for newborns by the American Academy of Pediatrics [1], Academy of Nutrition and Dietetics [2], the United States Surgeon General [3] and the World Health Organization [4]. Mothers are recommended to exclusively breastfeed their infants for the first six months without giving water, infant formula, other liquids (juices) or solids, and to continue breastfeeding with appropriate complementary foods through the first birthday of the child or second birthday and beyond [1,4]. These recommendations are based on the health benefits to the child and mother that have been documented by research studies over the years and embraced by both the scientific and lay societies. However, little emphasis is placed on the social circumstance or economic impact on mothers who choose to breastfeed and their ability to do it successfully. The impact that successful breastfeeding mothers have on productivity within the workforce and the firms/organizations they work for is unknown.

Although we have seen gradual increases in breastfeeding initiation, duration and exclusivity in the United States since the last decade [5], these rates are much lower compared to those of other developed countries and below the *Healthy People 2020* breastfeeding targets. The question that begs to be asked is why there is a discrepancy in breastfeeding rates since the United States spends the highest per capita on healthcare compared to any other country? Does this have to do with the individual mother or laws and policies that promote or discourage breastfeeding?

For a mother to be able to successfully breastfeed her child for the first six months of life, it requires time to establish her milk production to meet the needs of the child and support from family and society. Successful breastfeeding also will require mothers to have time in the early postpartum period with their child to nurse, establish and sustain their milk production within a supportive environment. The above have been some of the reasons mothers have ascribed to their decision not to breastfeed, and early introduction of complementary feeding as well as early breastfeeding cessation are other explanations [6]. Breastfeeding promotion is championed in the United States by organizations such as CDC, American Academy of Pediatrics, the Academy of Nutrition and Dietetics and the La Leche League and there are limited laws and provisions both at the state and federal

levels that protect breastfeeding particularly when a working mother gives birth. Notably absent is maternity leave with some form of salary. This particularly contributes to the disparities in breastfeeding rates between the low-income versus middle-income, less educated versus the more educated, and minority versus majority racial/ethnic groups by virtue of their position within the workforce. Statistics from the United States suggest that minority racial/ethnic groups tend to be less educated and fall within the low-income brackets and also work in low paid jobs with fewer or no benefits and as such are less likely to take time off work after childbirth to breastfeed without compromising their household income. With the current situation of more women working outside the home, there is an urgent need for paid maternity leave, which will benefit mothers from minority racial/ethnic groups and those from low-income households with higher birthrate, as a form of incentive to choose to follow breastfeeding recommendations and for the United States to meet its breastfeeding goals enshrined in the *Healthy People 2020* objectives.

Currently, the United States provides 12 weeks of job-protected time off without pay compared to other countries such as Sweden, which provides paid parental leave of up to 16 months of paid leave to be used by both parents. In Norway, where a mother can take up to 40 weeks of maternity leave, there is a universal breastfeeding initiation with over 80% of mother breastfeeding at 6 months postpartum [7]. A 2008 study by Baker

and Milligan from Canada reported at least one month increase in breastfeeding duration and meeting recommendation for exclusive breastfeeding with increased paid maternity leave compared to shorter maternity leave [8]. In another study by Appelbaum and Milkman conducted in California, one of the only 3 states (the others are Rhode Island and New Jersey) in the United States with paid family leave, found a doubling of the median duration of breastfeeding among mothers who took paid family leave and even higher breastfeeding rates among mothers in higher paying jobs [9]. Appropriate maternity leave policies not only provide job security but also contribute to financial security for the mother and the entire household. This allays the fear, particularly of a low-income mother, of losing her job or income, and offers the ability to devote the time needed to be with her child to establish her breast milk production. This is very critical in the early stages of the postpartum period when the mother establishes her breast milk production and also bonds with her newborn. Although most women know of the benefits of breastfeeding for their child and themselves, the potential financial burden and/or assurance tends to be the ultimate deciding factor, particularly among low-income, less educated and minority women in the United States whether or not to breastfeed their newborn, and if they choose to breastfeed, do so for a very short period. Research shows that mothers who return to work very early are more likely not to breastfeed at all or

breastfeed for a shorter duration compared to mothers who have the option to return to work later. These observations are in line with the Surgeon General's Call for Paid Maternity Leave in 2011 [3]. Interestingly, the bill to this effect that passed the US House of Representatives did not pass the US Senate. This is ironic since the United States has set breastfeeding targets to be achieved by the year 2020 as part of the *Healthy People 2020* objectives supported by Congress as part of the roadmap to improving the health of Americans and reduce healthy disparities.

The time has come for the United States to choose and implement maternity leave policies that ensure financial security, especially for working class American women and to protect breastfeeding, and the benefits that come with the practice, as we approach 2020. Legislation is needed to compensate breastfeeding mothers financially for the time off the job to breastfeed. There is a need for breastfeeding advocates and health professionals to inform mothers of the potential hidden cost of breastfeeding to inform their infant feeding choice. With the associations between income, time, breastfeeding and household or population health, there is therefore a need for enforceable federal legislation that not only protects the rights of mothers to breastfeed in their community and at the workplace, but most importantly to provide some form of financial incentive beyond job protection to be with and breastfeed their children.

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