



THE BUSINESS CASE FOR BREASTFEEDING SUPPORT

Lactation programs are cost-effective, showing a 3-to-1 return on investment. By supporting lactation at work, employers can:

- Retain experienced employees.
- Lower recruitment and training costs.
- Reduce sick time taken by parents for a child's illness.
- Boost morale and productivity.
- Reduce health-care and insurance costs.

Breastfeeding Employees Miss Work Less Often.

That's because breastfed infants are healthier. Human milk boosts an infant's immune system and helps protect against common childhood illnesses, infections, and dermatitis. For infants in child-care settings in which they are frequently exposed to germs and viruses, human milk provides even greater protection. Parents—both mothers and fathers—of breastfed infants miss work less often. One-day absences to care for sick children occur more than twice as often for mothers of formula-feeding infants.¹ The protective effects of breastfeeding appear to continue long after the infant stops breastfeeding.

Breastfeeding Lowers Health-Care Costs

The reduced health-care costs for breastfed infants translate into lower medical insurance claims for businesses. Babies who are not breastfed visit the doctor more often, spend more days in the hospital, and require more prescriptions than breastfed infants. One study found that for every 1,000 babies not breastfed, there were 2,033 extra physician visits, 212 extra hospitalization days, and 609 extra prescriptions for three illnesses alone—ear, respiratory, and gastrointestinal infections.² These numbers don't include the risks of other childhood illnesses and infections or diseases, such as breast and ovarian cancer, which are also reduced for mothers who breastfeed.³

Companies that provide comprehensive onsite lactation support programs enjoy additional health-care cost savings. That's because these programs allow employees to breastfeed longer and to breastfeed exclusively for six months (the recommendation of the American Academy

of Pediatrics), which provides the greatest health advantages for breastfeeding employees and their infants. When programs include prenatal education to help improve breastfeeding outcomes, the savings are even greater.

Breastfeeding Lowers Turnover Rates

Employees are more likely to return to work after childbirth and continue working at their previous place of employment when their workplace provides a supportive environment for continued breastfeeding. Being able to keep experienced employees after childbirth means lowering or eliminating the costs a company would incur to hire temporary staff or to recruit, hire, and train replacement staff, both of which involve additional lost revenue while getting new staff up to speed. One study of several companies with lactation programs showed a retention rate of 94.2 percent compared to the national average of only 59 percent.⁴ A New Zealand study estimated \$75,000 in savings for each employee returning to work after maternity leave.⁵

Breastfeeding Boosts Productivity and Loyalty.

Employees whose companies provide breastfeeding support consistently report improved morale, better satisfaction with their jobs, and higher productivity.⁶ The support also eases the transition back to work and enables them to return from maternity leave sooner.

The Business Case for Breastfeeding: The Proof Is in the Numbers

Although 80 percent of its employees are male, the Los Angeles Department of Water and Power found that a lactation support program for mothers, fathers, and partners of male employees made a dramatic difference in reducing turnover and absenteeism rates for both male and female workers. They also found that 83 percent of employees were more positive about the company as a result of the program, and 67 percent intended to make it their long-term employer.⁷

Mutual of Omaha found that health-care costs for newborns are three times lower for babies whose mothers participated in their company's maternity and lactation program. Per-person health-care costs were \$2,146 more for employees who did not participate in the program, with a yearly savings of \$115,881 in health-care claims for the breastfeeding mothers and babies.⁸

The insurance company CIGNA conducted a two-year study of 343 employees who participated in their lactation support program and found that the program resulted in an annual savings of \$240,000 in health-care expenses, 62 percent fewer prescriptions, and \$60,000 savings in reduced absenteeism rates.⁹

Adapted from the Business Case for Breastfeeding, published in 2008 by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau.



Notes:

- 1 Cohen R, Mrtek MB, Mrtek RG. Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. *AJHP*. 1995;10 (2), 148-153.
- 2 Ball T, Wright A. Health care costs of formula-feeding in the first year of life. *Pediatrics*. 1999;103 (4), 871-876.
- 3 US Department of Health and Human Services, Agency for Healthcare Research and Quality (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Evidence report, Technology Assessment, Number 153.
- 4 Ortiz, J, McGilligan K, Kelly P. Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatric Nursing*. 2004;30(2):111-119.
- 5 EEO Trust. 2001. New Zealand's Best Employers in Work and Life 2001. Auckland, NZ.
- 6 Galtry J. Lactation and the labor market: Breastfeeding, labor market changes, and public policy in the United States. *Health Care Women Int*. 1997;18, 467-480.
- 7 Cohen R, Lange L, Slusser W. A description of a male-focused breastfeeding promotion corporate lactation program. *J Hum Lact*. 2002;18(1), 61-65.
- 8 Mutual of Omaha. 2001. Prenatal and lactation education reduces newborn health care costs. Omaha, NE: Mutual of Omaha.
- 9 Dickson V, Hawkes C, Slusser W, Lange L, Cohen R. 2000. The positive impact of a corporate lactation program on breastfeeding initiation and duration rates: Help for the working mother. Unpublished manuscript. Presented at the Annual Seminar for Physicians, co-sponsored by the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and La Leche League International on July 21, 2000.