# Issue At A Glance:

## Breastfeeding and US Health Policy

*In recognition of August being National Breastfeeding Month, this brief explores the state of breastfeeding in the US, socioeconomic and racial disparities that persist, and opportunities for health policy to improve breastfeeding rates.*

## The Importance of Breastfeeding

Breastfeeding is considered an effective public health measure with important health benefits. Aside from providing babies with a vital source of nutrition for development, breastfeeding confers immunity from pathogens for babies, resulting in fewer infections such as common colds and diarrhea. Some studies suggest that breastfeeding may have long-term benefits for the child such as reduced risk of asthma, obesity, and type 1 diabetes. Babies who are breastfed are also 36 percent less likely to die from sudden unexpected death in infancy (SUDI). Breastfeeding also has positive health effects for the mother and can build a special bond between the mother and her baby.[1]

The American Academy of Pediatrics recommends that babies exclusively breastfeed for the first 6 months, yet only 1 in 4 US infants is exclusively breastfed during this time.[2,3] The United States Healthy People 2020 set a national goal to increase the proportion of *any* breastfeeding of babies at 6 months from 57.3 percent (2017-2018 survey) to 60.6 percent by 2020.[3] While breastfeeding has increased since 2009, the US falls at the bottom quartile when compared to other industrialized countries.[4] Furthermore, there are disparities in breastfeeding rates due to age, race/ethnicity, and socioeconomic status of the mother.[5]

### *Socioeconomic and Racial Disparities in Breastfeeding Rates*[5,6]

- Black infants have the lowest rate of *ever* being breastfed (74 percent) compared to non-Hispanic White infants (86.6 percent) and Hispanic/Latino infants (82.9 percent).
- Infants receiving government support for nutrition services are less likely to *ever* being breastfed (75.5 percent) compared to ineligible infants (92.7 percent).

# Barriers to Breastfeeding

According to the Centers for Disease Control and Prevention, the following are factors that influence the duration of breastfeeding: problems with lactation and difficulty latching, concerns over taking medication during breastfeeding, unsupportive workplace policies, lack of parental leave policy in the US, lack of support from hospitals to initiate breastfeeding, cultural norms, and lack of family support.[5] Many of these concerns highlight opportunities to develop health policies to promote breastfeeding and to reduce socioeconomic disparities in breastfeeding rates.

# Federal Policies Addressing Breastfeeding

**Policies in place:** The Affordable Care Act (ACA) passed in March 2010 amended labor laws to require employers to allow adequate break time and an appropriate space (other than a restroom) for employees who need to express breast milk for up to one year of nursing. The law exempted part-time employees as well as small businesses with up to 50 employees for this requirement. Moreover, the ACA mandated coverage for women's preventive health services including breastfeeding support, supplies, and lactation counseling. Additionally, the ACA established the Prevention and Public Health fund that led to the creation of the Best Fed Beginnings Initiative, a 22-month program to implement evidence-based maternity care practices and breastfeeding promotion in hospitals.[7]

**Challenges remaining:** At the federal level, many challenges exist. For one, the current administration's efforts to dismantle the ACA could remove many of the policies mentioned above that promote breastfeeding. The repercussions may also include severe cuts to funding for community programs that promote breastfeeding.[8]

Additionally, the lack of a national paid maternity/parental leave policy puts pressure on women to re-enter the workforce quickly after giving birth, making it more difficult to initiate or continue breastfeeding. Women still face challenges to accessing the services afforded by the ACA, signifying that the provisions may not be properly implemented.

Finally, the US is unique to many other developed nations with respect to its regulations around marketing of infant formula. In 1994, the International Code of Marketing of Breast-milk Substitutes that recommended restrictions on the marketing of breast milk substitutes was passed by 118 nations and the US was the only nation that voted "no" to its passage.[9] More recently, the US pushed to remove language that would provide technical support to nations that were trying to stop "inappropriate promotion of foods for infants and young children" at the World Health Assembly in Geneva.[10]

# State Policies Addressing Breastfeeding

**Policies in place:** While federal policies preempt states from giving less protections for breastfeeding, states can provide greater protections. Therefore, states' breastfeeding laws vary. Many states have policies that address the following: allowing women to breastfeed in public or private locations, exempting breastfeeding from public indecency laws, addressing breastfeeding rights in the workplace, allowing exemption or postponement of jury duty for breastfeeding mothers, and implementing breastfeeding awareness education campaigns.[11]

Currently, all 50 states allow women to breastfeed in any public or private location in which the individual has a right to be. Approximately 31 states have laws that exempt breastfeeding from public indecency or lewd conduct laws; 32 states have laws pertaining to breastfeeding in the workplace; 19 states have laws that exempt breastfeeding women from jury duty or allow for postponement; and 6 states have laws authorizing or encouraging breastfeeding awareness educational campaigns and materials. In addition, Maryland, Louisiana, and New Jersey all have laws pertaining to the exemption of sales tax for breastfeeding items or supplies. New York and Washington have laws that protect breastfeeding for incarcerated women.[11]

**Challenges remaining:** The ACA requirements for coverage of certain breastfeeding resources ***do not*** apply to the Medicaid program, the federal and state health insurance coverage for low-income individuals. Instead, states refer women to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) that covers breastfeeding education, lactation consultation, and provision of a breast pump. In 2014, only 39 states offered a breast pump while 12 states covered lactation consultation through Medicaid.[12,13] Therefore, low-income women who already face a disparity in breastfeeding rates are still at a disadvantage. Moreover, the variability in state laws indicate potential gaps to be addressed such as workplace protections and provisions for nursing women who are incarcerated.

# Addressing the Disparities in Breastfeeding

The social, political, historical, economic, and environmental factors (altogether known as the social determinants of health) influence breastfeeding rates and contribute to the disparities in the outcomes. For instance, women who have higher educational attainment have a higher likelihood of initiating breastfeeding than women who did not complete high school. Higher-income women are two times more likely to exclusively breastfeed at six months compared to their lower-income counterparts; the discrepancy in breastfeeding is even more pronounced after 12 months as 80 percent of higher-income women continue to breastfeed while only 20 percent of lower-income women continue. Black/African American and American Indian/Alaska Native women initiate breastfeeding at lower rates than women of other races.

The Association of State and Territorial Health Officials (ASTHO) implemented community models in 18 states since 2014 and made the following recommendations to equitably improve breastfeeding rates:

- Make hospital policies more supportive of breastfeeding, including outreach and information to new mothers
- Make professional and peer breastfeeding support more accessible (e.g., provision of one-on-one counseling in community health centers)
- Create breastfeeding friendly worksites through the use of a breastfeeding worksite liaison[14]

While breastfeeding rates are increasing, there are still gaps in our healthcare and public health system that impose barriers to achieving the breastfeeding goals set forth by the Healthy People 2020. Threats to the ACA may potentially slow or reverse the progress that has been made. In order to buffer against such potential changes, states should seek to pass policies and measures that confer workplace protections for nursing women, adequate coverage of breastfeeding supplies, and paid parental leave. These measures must be implemented with an eye towards health equity. Such public health promotion and disease prevention measures can help ensure that our mothers and children have a better chance of living healthy lives.

## A Personal Note for Mothers

*While breastfeeding can confer many benefits, it may be quite challenging given the physical limitations of the body, emotional issues, need for medications that could be passed through the breastmilk, and the lack of an adequate support system.*

*Experts say that women should have the opportunity to make their own breastfeeding decisions free of any societal pressures to do so. Studies indicate that in many situations, the decision to not breastfeed does not hinder a child's ability to live a happy and healthy life.*[15]

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