

# The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis

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## BACKGROUND AND OBJECTIVE

A 2001 study revealed that \$3.6 billion could be saved if breastfeeding rates were increased to levels of the Healthy People objectives. It studied 3 diseases and totaled direct and indirect costs and cost of premature death. The 2001 study can be updated by using current breastfeeding rates and adding additional diseases analyzed in the 2007 breastfeeding report from the Agency for Healthcare Research and Quality.

## STUDY DESIGN

Using methods similar to those in the 2001 study, we computed current costs and compared them to the projected costs if 80% and 90% of US families could comply with the recommendation to exclusively breastfeed for 6 months. Excluding type 2 diabetes (because of insufficient data), we conducted a cost analysis for all pediatric diseases for which the Agency for Healthcare Research and Quality reported risk ratios that favored breastfeeding: necrotizing enterocolitis, otitis media, gastroenteritis, hospitalization for lower respiratory tract infections, atopic dermatitis, sudden infant death syndrome, childhood asthma, childhood leukemia, type 1 diabetes mellitus, and childhood obesity. We used 2005 Centers for Disease Control and Prevention breastfeeding rates and 2007 dollars.

## RESULTS

If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save \$13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants (\$10.5 billion and 741 deaths at 80% compliance).

## CONCLUSIONS

Current US breastfeeding rates are suboptimal and result in significant excess costs and preventable infant deaths. Investment in strategies to promote longer breastfeeding duration and exclusivity may be cost-effective.

**Abbreviations:** AML = acute myelogenous leukemia