

# Breastfeeding OUTLOOK

## It's Time to be Heard! Shout Out— Not Shut Up



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Editor

In the prenatal period, mothers listen up. We tell them “breast is best,” and they decide to do it. In the early postnatal period, they cozy up. Breastfeeding is lovely, and they enjoy it. Later in the postpartum period, they return to work. They discover that their employee benefits package does not cover lactation equipment or services, and there’s not even a room where they can express their milk. Most just give up—and shut up.

Therein lies a big part of the problem.

In determining what to offer in their benefits packages, employers consider several factors, including cost, demand, and medical evidence. Let’s look at those. The medical evidence to support breastfeeding is well-documented in the most respected scientific publications and government documents.<sup>1,2,3,4</sup> The cost savings of breastfeeding is well-known. If breastfeeding rates were at the Healthy People 2010 goals, Americans could save 3.6 billion dollars annually.<sup>5</sup> CIGNA’s Working Well Moms Programs realized a savings of \$300,000 in annual healthcare expenses for breastfeeding mothers and their children.<sup>6</sup> Further, Aetna estimated savings of \$1,435 in medical claims during just the first twelve months of life for infants who were breastfed.<sup>7</sup> Further, the absenteeism rate for breastfeeding mothers is lower than their formula-feeding peers, and this is another cost saving for employers.<sup>7</sup> So, what about demand? Demand—or lack thereof—appears to be the primary reason why lactation programs are not more abundant.

Perhaps women would feel more able to demand lactation services if they understood how benefits packages work. All employee benefits are categorized as either health benefits or non-health (sometimes called “family-friendly”) benefits. Health benefits, such as medical, dental, prenatal, and chiropractic services, are considered to be higher priority than family-friendly benefits, such as dry-cleaning services and pet insurance. This illuminates two fundamental problems. First, lactation programs often end up being categorized as family-friendly benefits, rather than health benefits; as such, they are considered to be a lower priority. Second, “prenatal care” covers only the period of pregnancy; this should more accurately be referred to as childbearing care, covering conception, gestation, partuition, and lactation. Lactation will be left out of every loop that is not threaded in the concept of childbearing.

Demand from the grassroots drives employee benefits packages. Why do you think that 56% of employers offer chiropractic services as part of their benefits packages, but only 19% offer lactation services? It’s because employees have clamored for chiropractic services to be covered. Corporate lactation programs—whether they cover a broad range of professional services or merely provide a clean and comfortable room in which to express milk—are scarce because women and their families have not been vocal enough. As the fastest-growing segment of the American workforce, mothers have many voices, and they need to use them. We need to help them realize that they can’t continue just shut up; rather, they need to have employers pay up for the services that they want—and need—most.

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