Covering Lactation Services Lowers Health Risks and Costs

Covering lactation services is a primary prevention strategy that gives a high return on investment including improvements in lifelong health and significant reductions in health care costs.

Over 76% of Oregon's children miss out on benefits of exclusive breastfeeding. Lower breastfeeding rates increase the incidence of many preventable chronic diseases and other health problems. That is why health experts recommend six months of exclusive breastfeeding as a way to improve the health of Mothers and children and reduce health care costs. Oregon Mothers have already gotten the message that breastfeeding is best-over 86% breastfeed their babies at birth. Unfortunately, recent Center for Disease Control (CDC) research shows only 23.7% exclusively breastfeeding for six months *and this rate has gone down 4% since 2005*.

Lack of access to lactation services contributes to lower breastfeeding rates. Often mothers quit breastfeeding early or do not exclusively breastfeed because they are unable to access assistance when they encounter breastfeeding difficulties. Three Oregon surveys, the Pregnancy Risk Assessment Monitoring System Survey, the WIC Peer Counseling Research Project survey, and a Portland area hospitals survey showed that the majority of problems causing mothers to stop breastfeeding could be solved with early intervention from a lactation specialist.

Including lactation services, as part of all preventive services, including insurance and Medicaid coverage, will help mothers breastfeed longer. The Oregon Health Plan (OHP) – Lactation Analysis and Proposal recommended allowing "at least two" lactation visits. Reimbursement for community based visits with physicians and certified lactation consultants, breast pumps and pumping kits was another recommendation. In the long run, adding lactation benefits to insurance plans will save much more than it will cost.

Low exclusive breastfeeding rates increase health care costs.
An abundance of research document the increase in health risks and medical care costs associated with low breastfeeding rates. For example, there is an increased incidence of many costly chronic diseases.

Table 1: Maternal/Child Health Risks of Not Breastfeeding

Disease	Increased risk
Diabetes	40%
Recurrent ear infections	60%
Obesity	25%
Hospitalization for asthma or pneumonia	250%
Maternal breast cancer	39%
Maternal ovarian cancer	26%

There are many other risks and costs when children are not breastfed.

- In the first year of life alone, breastfeeding is associated with fewer cases of otitis media, respiratory infections and gastrointestinal illnesses.
- For every 1,000 babies not breastfed there are 2,033 more medical visits, 212 more days in the hospital and 609 more prescriptions.
- Formula-fed children in the US have a much higher rate of diabetes costing over one billion dollars per year in avoidable health care costs..

Summary of OHP cost/benefit analysis for coverage of lactation services.
OHP analyzed the possible financial impact of adding lactation benefits by looking at how often Medicaid women had breastfeeding problems and how often mothers used these services when they were available. They found that:

- If 15% of mothers used the service and the "lowest" cost savings were realized the benefit would be budget neutral; with the "most likely" cost savings the benefit would save $600,000 per year.
- If 30% of mothers used the service and the "most likely" cost savings were realized the benefit would be budget neutral; with the "best" cost savings the benefit would save over $2.8 million per year.

Table 2: Annual Costs for Covering Two Lactation Visits

	Cost Estimates
Cost if 15% of women use the lactation benefit	$703,463
Cost if 30% of women use the lactation benefit	$1,406,925

Table 3: Estimates of Annual Cost Savings with Added Lactation Benefit

	Yearly Cost Savings
Lowest cost savings	$664,710
Most likely cost savings	$1,329,421
Best cost savings	$4,220,384

Because Oregon women living on a limited income have breastfeeding rates similar to the general population, these cost savings can be applied to both groups. The OHP analysis does not include future saving in health care costs from reductions in long-term chronic diseases and other health problems. For a copy of the complete OHP analysis, contact Sue Woodbury, Director of the Oregon WIC Program.

Conclusion
The importance of providing lactation care to mothers is recognized by many health organizations including the United States (US) Department of Health and Human Services, the Surgeon General and the US Breastfeeding Committee. Provider reimbursement for lactation services is essential to the success of our efforts to improve the health of Oregonians by increasing breastfeeding rates.