For every 597 women who optimally breastfeed, one maternal or child death is prevented.[1]

10 REASONS
BREASTFEEDING IS DESIRABLE

1. **A healthier baby.** Research shows that babies who are breastfed have lower risks of asthma, childhood leukemia, ear infections, eczema, lower respiratory infections and Type 2 diabetes.[2] Breastfed babies also have a better antibody response to vaccines than formula-fed babies.
2. **Less expense.** Formula and related supplies can cost well over $1,500 a year. Plus, since breastfeeding reduces the risk of illness, health care expenses for a baby can be lower.
3. **Postpartum depression reduction.** Exclusive breastfeeding, when the infant receives only breastmilk, may help to reduce symptoms of depression from childbirth to three months postpartum as well as promote a faster recovery from symptoms.[3]
4. **Infant death prevention.** According to WHO, increasing breastfeeding to near-universal levels could save more than 800,000 lives every year, the majority being children under six months.[4]
5. **Reduced cancer risk.** Breastfeeding prevents 5,023 cases of breast cancer annually. It also lowers the risk of premenopausal ovarian cancer by as much as 30%, with greater protection afforded by a longer duration of breastfeeding.[5]
6. **Lower chance of SIDS.** Breastfeeding is listed among the recommendations from the American Academy of Pediatrics to reduce the risk of sleep-related infant deaths.[6] Research has shown that the rate of SIDS is 60 percent lower among infants who were breastfed at all compared to those who weren't, and 70 percent lower for those exclusively breastfed for any amount of time.[7]
7. **Protection from childhood obesity.** The American Academy of Pediatrics recommends breastfeeding as a way to help reduce a child's risk of becoming overweight or obese. Moreover, an analysis of 17 studies published in the *American Journal of Epidemiology*[8] shows that breastfeeding reduces a child's risk of becoming overweight as a teen or adult.
8. **Optimal Nutrition.** Breast milk is the ideal nutrition for infants, containing the live cellular components, immunoreactive substances and hormones, and other nutritional components needed for optimal growth, health and development in the newborn.[9]
9. **Higher IQs.** Children who are breastfeed perform better in intelligence tests.[10] And this IQ gain may have a long-term impact, with those who were breastfeed showing improved performance in school tests and higher education in adolescence and adulthood.
10. **Better intestinal health.** Studies suggest that maternal antibodies provide benefits to the intestinal immune system of the breast-fed infant, which persist into adulthood.[11]

More than 20,000 CLCs are available throughout the United States to help mothers and babies realize these benefits. Visit www.alpp.org to learn more about the role of CLCs or to locate a CLC near you.

ALPP
THE ACADEMY OF
Lactation Policy and Practice

THE ACADEMY OF LACTATION POLICY AND PRACTICE | PO BOX 1288, FORESTDALE, MA 02644
phone: 508.833.1500 | *fax:* 508.833.6070 | *e-mail:* info@alpp.org | **WWW.ALPP.ORG**

ALPP

THE ACADEMY OF
Lactation Policy and Practice

[1] Bartick, M. C., Schwarz, E. B., Green, B. D., Jegier, B. J., Reinhold, A. G., Colaizy, T. T., … Stuebe, A. M. (2017). Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Maternal & Child Nutrition*, 13(1).

[2] American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics,* 129(3): e827-e841.

[3] Figueiredo B., Canário C., & Field T. (2104). Breastfeeding is negatively affected by prenatal depression and reduces postpartum depression. *Psychological Medicine,* 44(5): 927–936.

[4] Hansen, K. (2016). Breastfeeding: a smart investment in people and in economies. *The Lancet*, 387(10017): 416.

[5] Luan, N.N., Wu, Q.J., Gong, T.T., Vogtmann, E., Wang, Y.L., & Lin, B. (2013). Breastfeeding and ovarian cancer risk: a meta-analysis of epidemiologic studies. *American Journal of Clinical Nutrition,* 98(4): 1020-31.

[6] Moon, R., (2016). SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics,* 138(5).

[7] Hauck, F. R., Thompson, J. M. D., Tanabe, K. O., Moon, R. Y., & Vennemann, M. M. (2011). Breastfeeding and Reduced Risk of Sudden Infant Death Syndrome: A Meta-analysis. *Pediatrics,* 128(1), 103–110.

[8] Harder, T., Bergmann, R., Kallischnigg, G., & Plagemann, A. (2005). Duration of breastfeeding and risk of overweight: a meta-analysis. *American Journal of Epidemiology,* 162(5): 397-403.

[9] Pound, C.M., Unger, S.L., & Canadian Paediatric Society, Hospital Paediatrics Section, Nutrition and Gastroenterology Committee. (2012). The Baby-Friendly Initiative: Protecting, promoting and supporting breastfeeding. *Paediatrics & Child Health,* 17(6): 317-321.

[10] Horta, B. L., Loret de Mola, C., & Victora, C. G. (2015). Breastfeeding and intelligence: a systematic review and meta-analysis. *Acta Paediatrica,* 104(467), 14-19. doi:10.1111/apa.13139

[11] Rogier, E.W., Frantz, A.L., Bruno, M.E., Wedlund, L., Cohen, D.A., Stromberg, A.J., & Kaetzel, C.S. (2014). Secretory antibodies in breast milk promote long-term intestinal homeostasis by regulating the gut microbiota and host gene expression. *PNAS,* 111(8): 3074-3079.

THE ACADEMY OF LACTATION POLICY AND PRACTICE | PO BOX 1288, FORESTDALE, MA 02644

phone: 508.833.1500 | *fax:* 508.833.6070 | *e-mail:* info@alpp.org | **WWW.ALPP.ORG**