

Policy Drivers of Perinatal Mental Health and Breastfeeding

NASEM COMMITTEE ON UNDERSTANDING BREASTFEEDING
PROMOTION, INITIATION, AND SUPPORT ACROSS THE U.S.,

PUBLIC INFORMATION-GATHERING SESSION

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Overview

U.S. breastfeeding guidelines and patterns

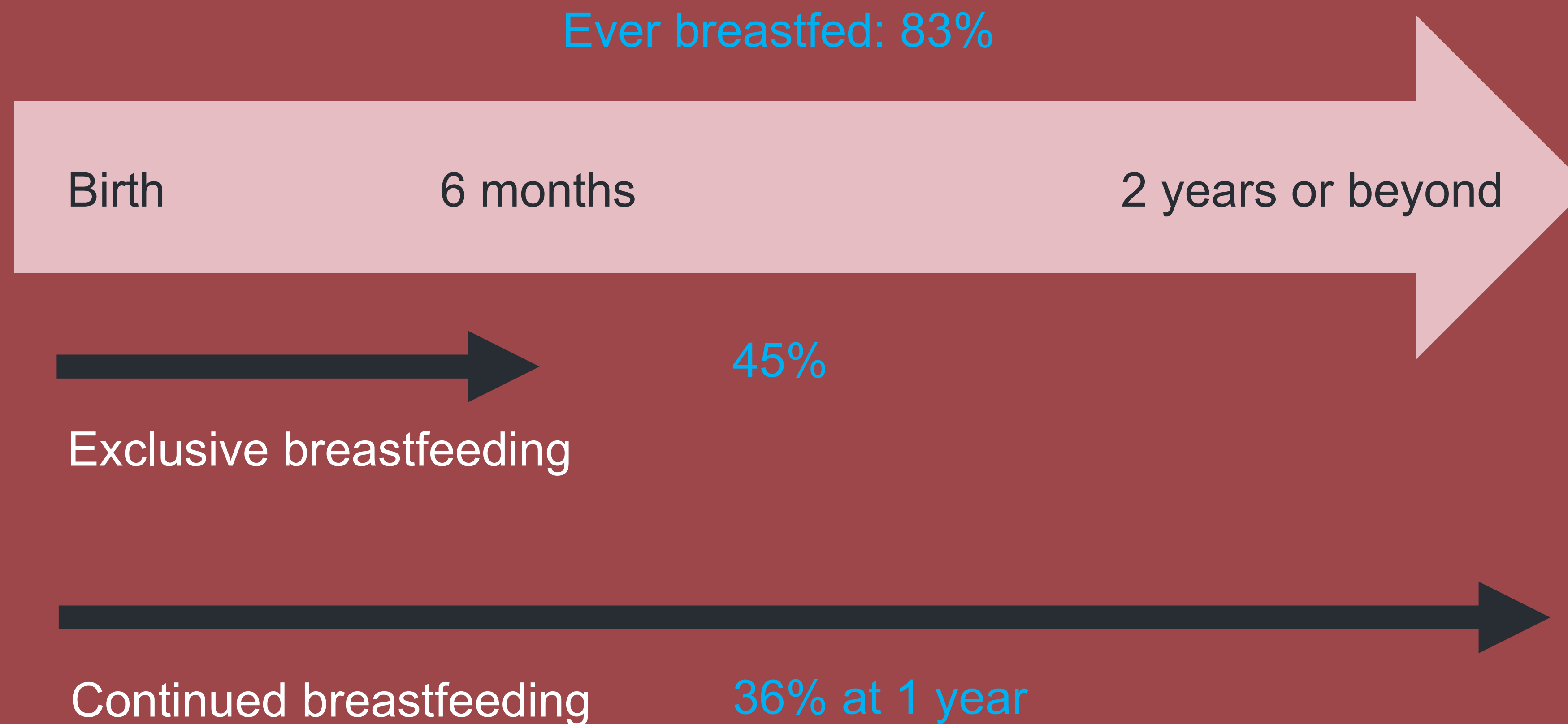
Conceptual framework of economic & policy drivers

Evidence on governmental policy drivers of breastfeeding

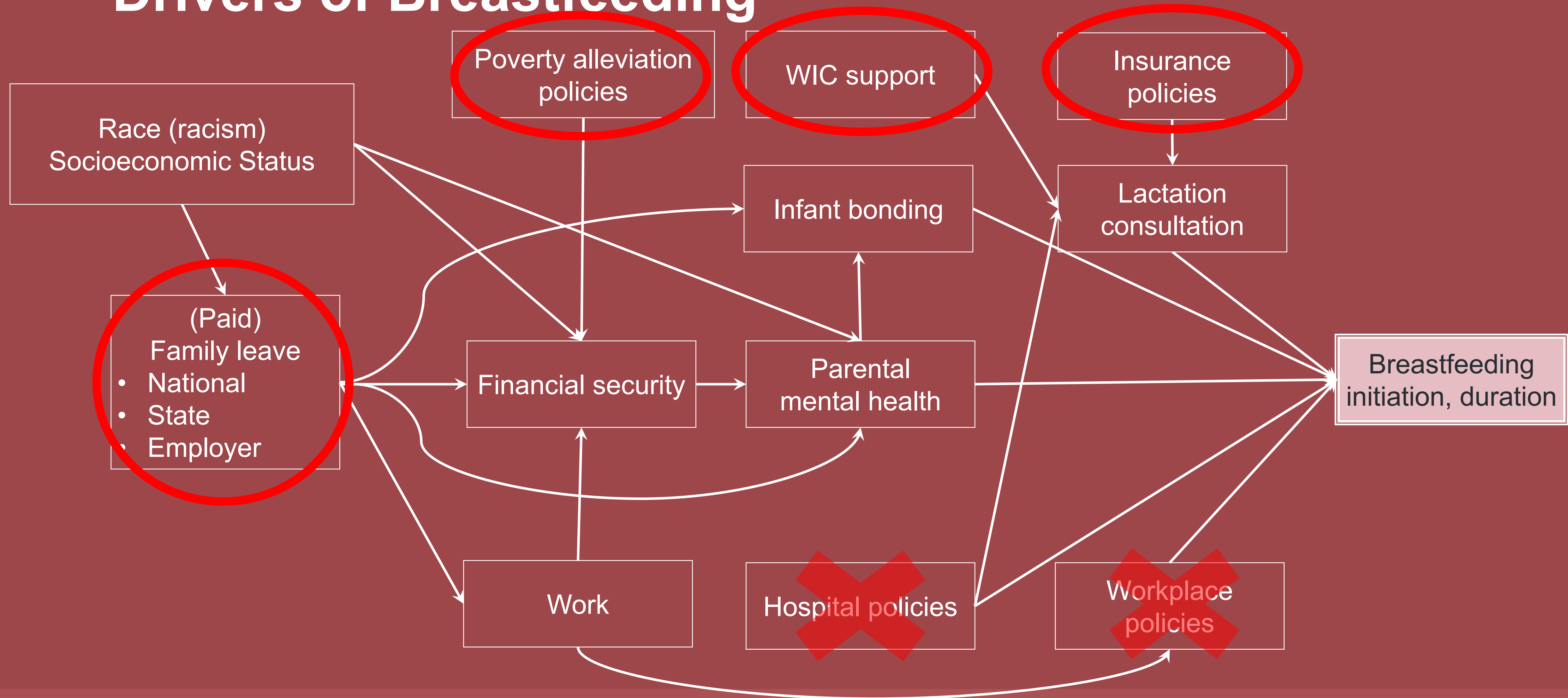
Conclusions and next steps



U.S. Breastfeeding Guidelines

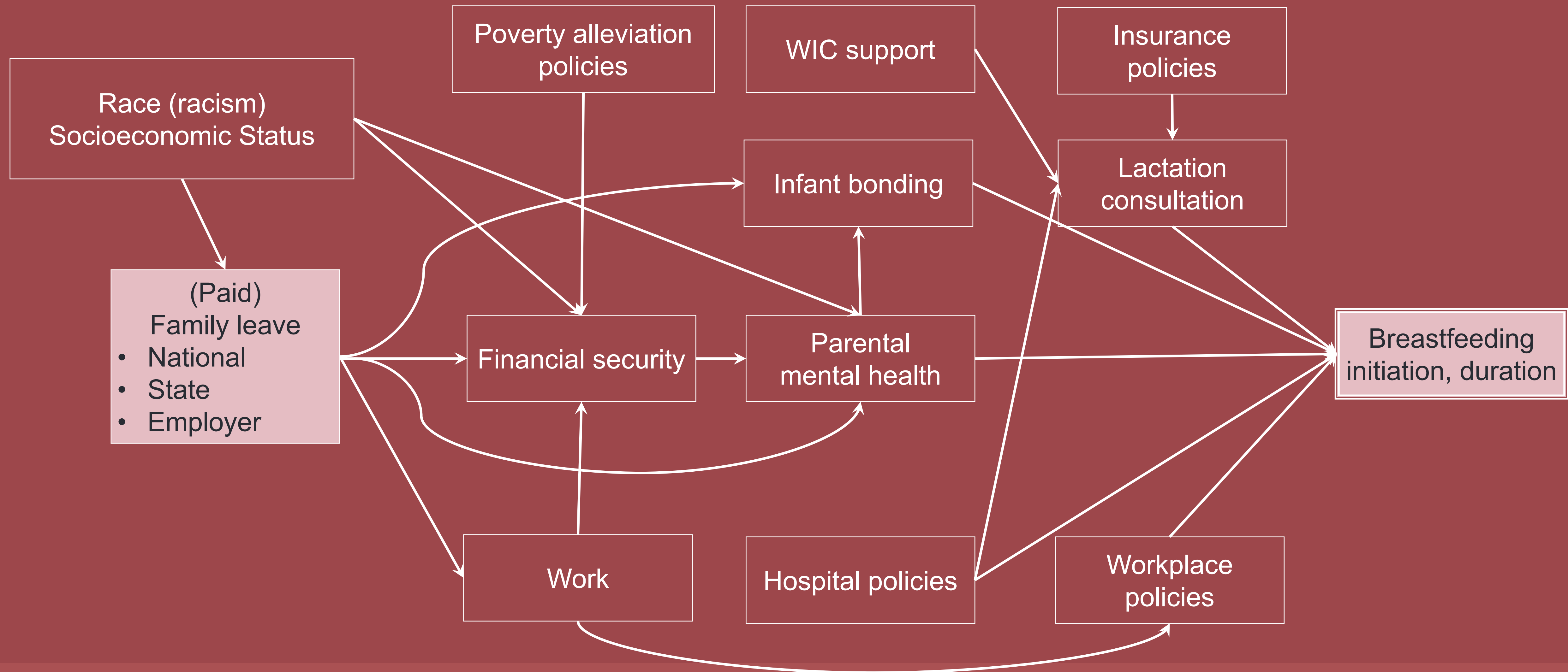


Conceptual Diagram of Economic and Policy Drivers of Breastfeeding



Conceptual Diagram of Economic and Policy Drivers of Breastfeeding

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U.S. Family and Medical Leave Act (1993)

Provides unpaid job-protected leave for qualifying workers

More than 40% of employees don't qualify

Low-education workers less likely to take leave



Paid Family Leave (PFL)

Key elements:

Wage replacement

Guaranteed job protection

Intended impacts:

Financial security

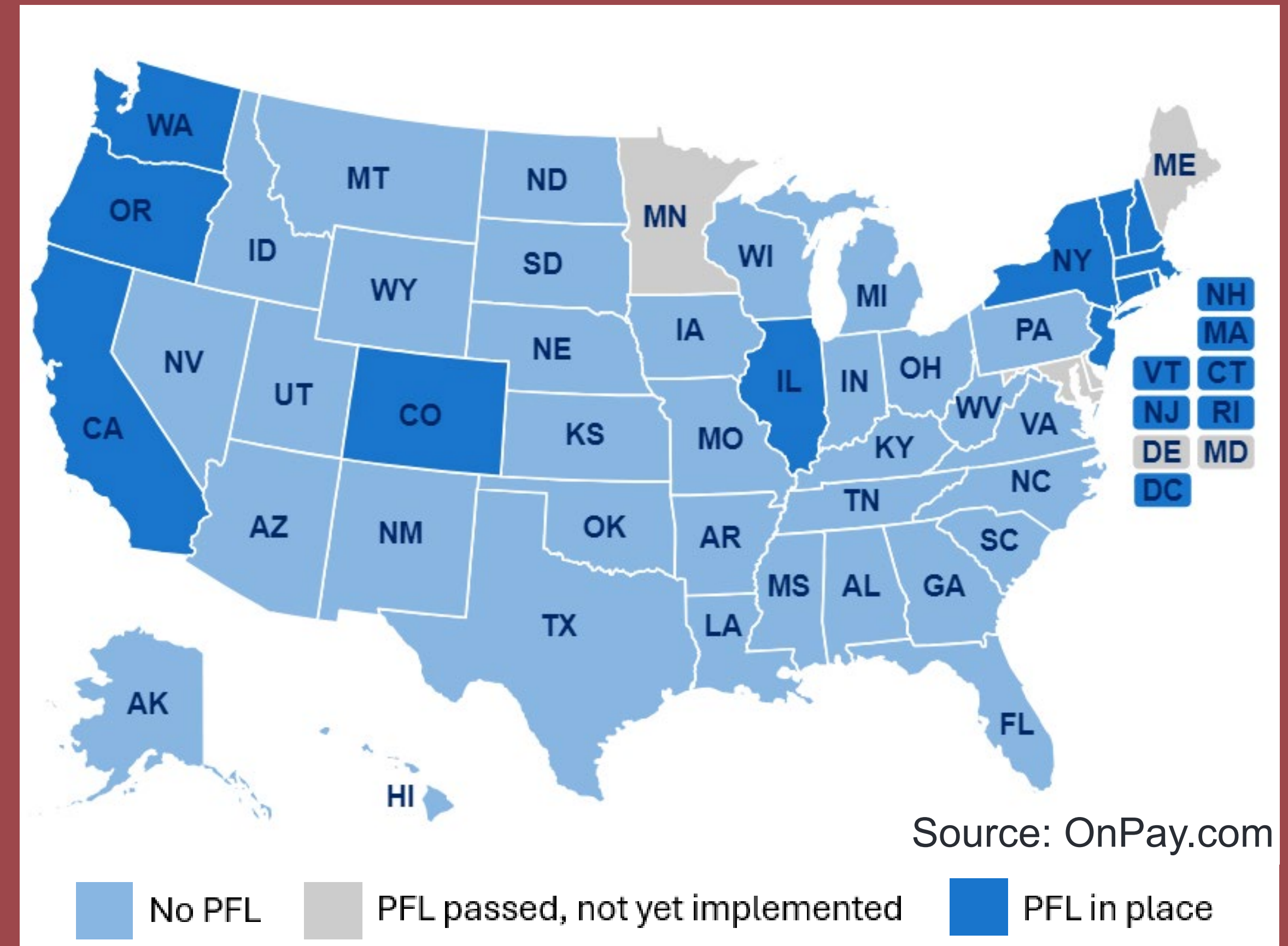
Time for infant-parent bonding

Disparities in PFL access:

27% of private sector workers

Only 5% of low-wage workers

U.S. State Paid Family Leave Policies



Evidence: Association of PFL Policies with Breastfeeding and Mental Health

Improvements in breastfeeding duration (+5 percentage points at 6 months)

Weaker effects on breastfeeding initiation

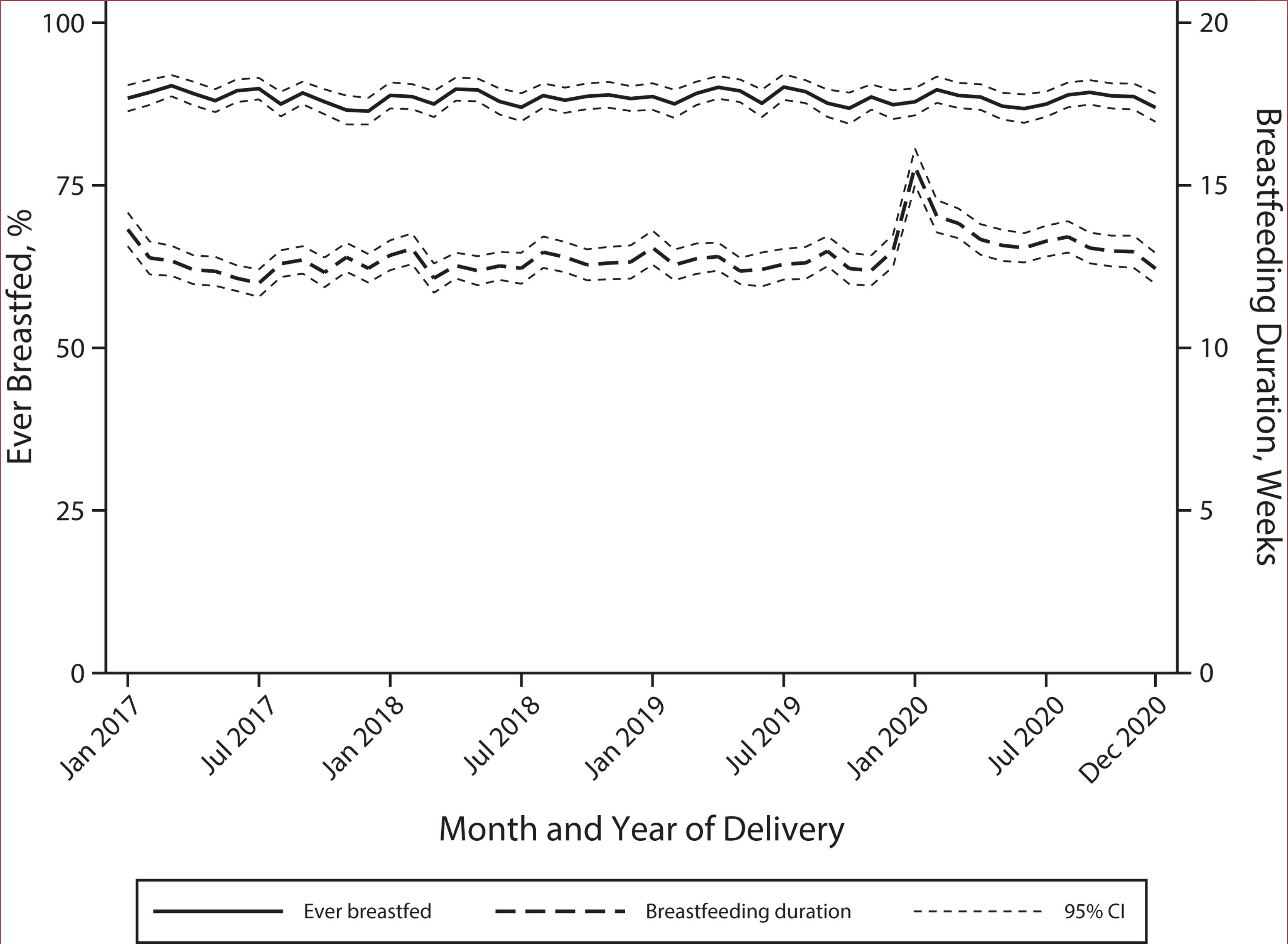
Consistent effects on parental mental health

Most studies examine California (2004) and New Jersey (2009) policies

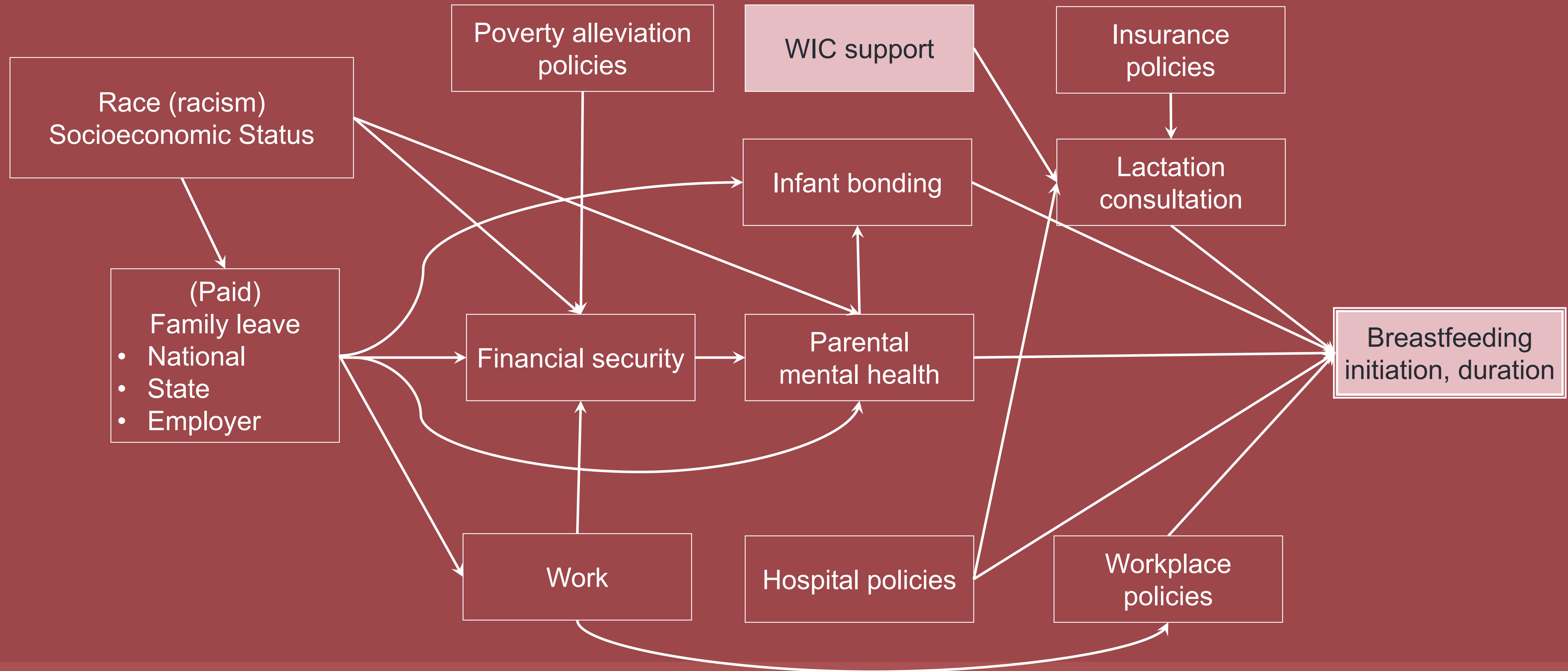
Conflicting evidence on subgroup effects

Conflicting evidence on return to work

Pent-up Demand for Paid Family Leave: Breastfeeding During COVID-19 Shelter-in-Place



Conceptual Diagram of Economic and Policy Drivers of Breastfeeding



Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Serves >25% of pregnant women, >50% of infants

Provides electronic benefit transfer (EBT) card to be redeemed on specific foods

Provides breastfeeding support and/or formula

Criticism that formula discourages breastfeeding

→ 2009 WIC revision ↑ food to breastfeeding women, breastfed infants; ↓ formula



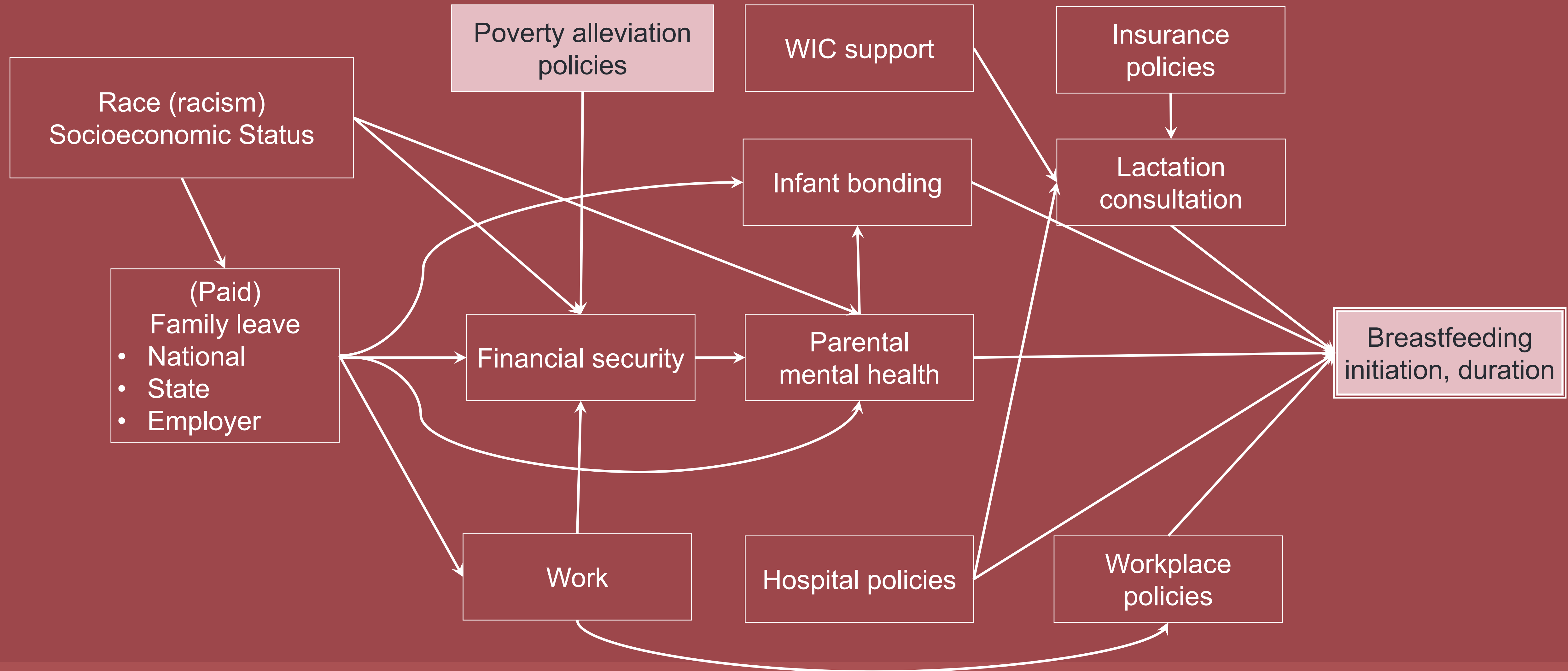
Evidence: Association of WIC Participation with Breastfeeding

Less breastfeeding among WIC participants: free formula vs selection bias?

WIC changes in 2009 contributed to increased breastfeeding

Small studies suggest 2022 infant formula crisis increased breastfeeding

Conceptual Diagram of Economic and Policy Drivers of Breastfeeding



Evidence: Association of Poverty Alleviation Policies with Mental Health and Breastfeeding

Earned Income Tax Credit (EITC): largest poverty alleviation program, ~\$2,500 annually

Numerous studies showing improved mental health

One study found increase in breastfeeding initiation

Temporary Assistance for Needy Families (TANF): short-term for pregnant women or people with children

Adding work requirements (relative to AFDC) worsened mental health, decreased breastfeeding

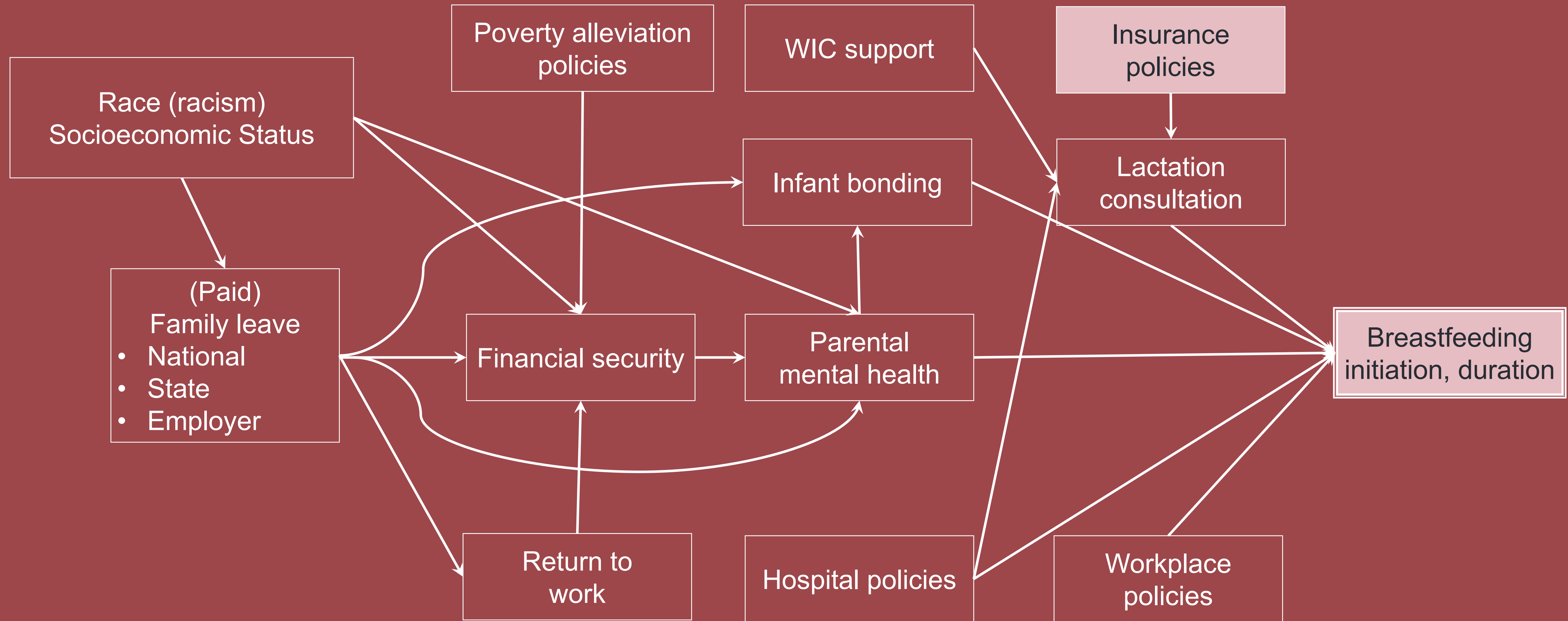
More supportive TANF policies during COVID-19 improved mental health

2021 Expansion of Child Tax Credit (CTC): \$2,000 → \$3,600; middle-income → even zero-income families

Several studies showing improvements in mental health among lowest-income parents

No studies specifically on breastfeeding

Conceptual Diagram of Economic and Policy Drivers of Breastfeeding



Affordable Care Act Coverage

Required private insurers to provide coverage for lactation support and breast pumps (2012)

Required Medicaid expansion states and Marketplace insurers to provide these benefits (2014)

Expanded coverage

Increased claims for breast pumps

Increased breastfeeding initiation and duration

Reduced risk and greater treatment of
postpartum depression



Kapinos et al., 2017; Gurley-Calvez et al., 2018; Austin et al., 2022; Hawkins et al., 2022; Schuster et al., 2022; Steenland et al., 2023



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Conclusions

Numerous state and federal policies are consistently associated with breastfeeding and mental health

* especially paid family leave

More research needed on state policies



Thank you! Questions?

<https://hsph.harvard.edu/sphere>



