



The cost of formula feeding

“The lactating mother is an exceptional national resource ... and the direct benefits are enjoyed uniquely and fully by the producer and her child.”

—Jon Eliot Rolde, MD

The economic, health and social costs of formula feeding place an unnecessary burden on parents, the healthcare system and society as a whole.

While many of us routinely tout the benefits of breastfeeding, including the immunological protection, reduced risk of chronic diseases and improved bonding between mother and baby, we don't often communicate the risks, or costs associated with infant formula use. In fact, the economic burden that infant formula places on a family can be enormous, especially for low-income families and single parents.

While breastfeeding is free, families who formula feed spend a significant portion of their income on an inferior feeding product (see Table 1), but the true cost of formula goes well beyond the price tag. Infants who are formula-fed have higher rates of respiratory and ear infections, obesity, diabetes, asthma, allergies, and other chronic diseases. Mothers who don't breastfeed are also at a higher risk of developing breast and ovarian cancers as well as cardiovascular diseases. Formula-fed children are sick more often, which means more hospital visits and missed work days for parents, leading to further economic stress and the perpetuation of a cycle of poverty and poor health. These health issues carry a heavy financial, physical and mental toll.

Breastfeeding protects both infant and maternal health in the short- and long-term, providing protection against communicable and non-communicable diseases. The reduction in IQ scores of formula-fed babies can limit educational achievement and by extension earning potential. This has a negative economic impact on individuals, families and society as a whole.

Unfortunately, in Canada it is families who can least afford the costs of infant formula who are the most likely to use it.^{1,2} According to Statistics Canada, in 2006 approximately 760,000 (or 11.3 per cent) children under 18 live below the low-income cut-off.³ Low-income families face food insecurity and a myriad of other challenges, placing them in what can be considered a state of chronic emergency – often relying on social assistance and food banks to help meet their basic needs. For these families, the financial burden of buying formula is significant.⁴

Those facing food insecurity have the most to gain by breastfeeding, as breastfeeding increases the amount of money available to buy food for older family members, while infants enjoy the many protective factors in breastmilk. Improving breastfeeding supports for mothers on social assistance is crucial to protecting the health of both mother and baby.

Lower price, higher risk

Because the price of infant formula varies by type, many families with financial constraints will choose powdered infant formula, as it is the least expensive. However, with this reduced price come additional risks, particularly if the powder is not prepared properly. Since powdered infant formula is not sterile, it has been found to be contaminated with *E. sakazakii*, which can lead to sepsis, meningitis, necrotizing enterocolitis and even death.³ Ensuring that the formula is prepared properly is crucial in minimizing this risk, but safety concerns still remain for those using powdered formula.

In order to understand the financial burden that the purchase of formula places on families in poverty, **Table 1** provides the breakdown of infant formula costs by type and the maximum social assistance for a single parent with one child. For single mothers and parents relying on social assistance, the cost of a six-month supply of ready-to-feed infant formula could account for up to approximately 43 per cent of their income.



**Table 1:** Percent of welfare spent on infant formula in Canada

Province/Territory	Cost of Formula for six months in Canadian dollars*	Maximum welfare for a single parent with one child (for six months)**	Percent (%) of income spent on formula
Newfoundland & Labrador	\$543-2,965	\$9,394.00	6-32%
Prince Edward Island	\$543-2,965	\$7,890.50	7-38%
Nova Scotia	\$543-2,965	\$7,362.50	7-40%
New Brunswick	\$543-2,965	\$7,725.50	7-38%
Quebec	\$559-2,965	\$8,534.00	7-35%
Ontario	\$598-3,062	\$8,219.50	7-37%
Manitoba	\$553-2,946	\$7,332.00	8-40%
Saskatchewan	\$553-2,946	\$8,272.50	7-36%
Alberta	\$553-2,946	\$6,851.50	8-43%
British Columbia	\$510-2,798	\$8,115.00	6-34%
Northwest Territories	\$553-2,946	\$10,212.50	5-29%
Nunavut	\$553-2,946	\$12,199.50	5-24%
Yukon	\$553-2,946	\$10,430.50	5-28%

*Based on National pricing, Shoppers Drug Mart 2004, prices adjusted to account for inflation between 2004 and 2007. Price range includes powdered formula (lowest price) and ready-to-feed formula (highest price).

**Welfare rates based on the National Council of Welfare Reports, Welfare Incomes 2006, 2007

Ideas for action:

- Advocate for full implementation of the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions into Canadian legislation to reduce commercial pressure for artificial feeding. Write to your local MP, or minister of health urging them to support the inclusion of the Code into Canadian law and sign the petition at www.infactcanada.ca.
- Inform pregnant women, mothers, parents and caregivers about the risks of formula feeding. The International Code requires that health workers inform parents about the risks associated with infant formula use as well as the additional costs.
- Support Baby-Friendly hospital practices. When the Ten Steps to Successful Breastfeeding are implemented, hospitals have higher breastfeeding rates on discharge, as well as improved duration rates. Start a Baby-Friendly committee in your community or at your hospital, whose mission is to improve breastfeeding practices.
- Talk to your local food bank about starting a mother-to-mother support group. Pairing new mothers

with experienced mothers is an effective tool to improve breastfeeding rates and increase a mother's confidence. Establishing breastfeeding support groups at food banks will help include low-income mothers in peer-to-peer support.

The bottom line?

Breastfeeding helps to protect babies, mothers and families in poverty by improving health and eliminating the financial burden of formula feeding.

References:

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