

Breast-feeding isn't free. This is how much it really costs.

By [Anna Momigliano](#)

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This post has been updated.

I have been breast-feeding for almost six months now and loved every minute of it. My fiancé says that, when I attach our baby daughter to my breast, I “glow full of love.” But while enjoying this beautiful experience I also have, less poetically, kept track of all the money we’ve spent on it.

Because despite what you might hear from some [mommy blogs](#), breast-feeding [support groups](#) and even from [some health providers](#), for many women, breast-feeding is far from free.

We have paid about \$690 in breastfeeding-related products and services. Almost \$250 went into the purchase of an electric pump; at first I tried to stick to a cheap model (\$45), but it was noisy to the point that I soon realized that, if I wanted to keep both pumping *and* my sanity, I needed a better one (found it on sale for \$200). About \$140 went to a lactation consultant, because Baby and I had a rocky start, but I also had the luck to have an affordable breast-feeding clinic close to home, with both a midwife and a pediatrician available for a weekly hour-long meeting. (U.S. moms should know their health insurance probably covers this – and a pump – but a public-funded lactation consultant wasn’t close enough to where I live in Italy.) Then there were the vitamins (\$132), the nursing pillow (\$38), the bras (I bought three for \$60), the pads (both disposable and reusable: \$23 in total), the nipple cream (\$13), the bottles (two for \$22) and the freezing bags (50 for \$16).

The U.S. surgeon general estimates that breast-feeding could save families [between \\$1,200 and \\$1,500](#) on formula in an infant’s first year. True, unlike formula, all of nursing expenses are in theory optional (if you are never away from your baby for hours, in which case a pump becomes a requirement). But for mothers struggling with low milk production and/or clogged ducts, having access to a lactation consultant or to a high-quality pump, none of which comes cheap, can make the difference between continuing or giving up nursing. A nursing pillow can be a blessing, especially if you suffer from posture-related back pain. Pads or milk collection shells are a quasi-necessity for those of us on the leaky end of the spectrum, and other items simply make your nursing life less stressful, which seems an entirely reasonable goal to me.

“Breast-feeding is truly free only when everything goes 100 percent smooth,” Chiara Daniela Pronzato, an economist at the University of Turin in Italy, told me. And that does not include the indirect costs, i.e., the impact of breast-feeding on a woman’s future earnings, she adds. Pronzato, who is also the mother of three young children, has co-written with fellow economist Emilia Del Bono [a paper](#) about the employment status of new mothers: Using 2005 British data from the Infant Feeding Survey, they found a “significant negative relationship between maternal employment and breast-feeding durations,” meaning that women who nurse their children longer are less likely to come back to work within a year after giving birth, and that

breastfeeding-friendly corporate policies, such as on-site day care and [pumping rooms](#), increase the likelihood of coming back to work while breast-feeding, but only for the better-educated women.

In a [separate study](#), Canadian sociologists Mary Noonan and Phyllis Rippey found that even after going back to work, mothers who have breast-fed longer tend to be more penalized in their income, when compared with formula-feeding mothers and with mothers who breast-fed for shorter periods: A year after childbirth there is “a decline in average earnings for all three groups of mothers,” but “the percentage drop in earnings is most extreme for long-duration breastfeeders.” In other words, the “mommy tax” affects all mothers, but it hurts those who nurse longer more. One of the possible explanations is that women who breast-feed for several months also tend to take longer maternity leaves, which means they could “lose out on promotions that come with increased experience.”

Breastmilk has indisputable health benefits, including its ability to boost the newborn’s immune system and to lower the risk of child obesity. That’s why the [World Health Organization](#) recommends exclusive breast-feeding for six months and suggests supplementing solid foods with breast milk “up to 2 years of age or beyond.” But following that recommendation can be financially challenging even for those living in social democracies with maternity policies more generous than the those in the United States. For instance, I live in Italy, where the law mandates five months of compulsory maternity leave, usually divided into two or one months before childbirth and three or four months after childbirth, during which women receive 80 percent of their monthly wages. After that, they can take an extra six months, in which they receive only 30 percent of their wages. Many American women aren’t that lucky: The Family and Medical Leave Act requires employers to give 12 weeks of maternity leave to new mothers, but that’s unpaid and applies only to firms that have 50 or more employees. True, some states have additional laws and some employers voluntarily provide more generous conditions, but [only 58 percent of employers](#) offer any kind of pay during maternity leave.

No wonder lower-income moms tend to breast-feed less. It has long been noted that there’s a strong correlation between a mother’s socioeconomic status and breast-feeding rate, with college-educated and wealthier women tending to nurse more and for longer periods. Because education and income often go hand in hand, people have assumed that wealthier women nurse more simply because they are cultivated enough to understand the benefits for their babies’ health and their own finances. Breast-feeding, or the lack of thereof, has been dismissed as an issue of education: If only poorer women knew how healthy breast milk is, they surely would breast-feed more, and save money in the process. This is like telling poor people that they would be less poor if they started to behave like the rich.

Don’t get me wrong, breast-feeding is great. It’s good for babies’ health, and for some women it can be a rewarding experience, an occasion to bond with their child and to feel empowered by their bodies. But insisting on the “breast is free” mantra is deceiving and unfair to those women who cannot afford to breast-feed. These are not fools who don’t know how to budget. They are mothers who need to make a living for themselves and their families.

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