



## Breastfeeding Report Card — United States, 2011

Improving the health of mothers and their children is a primary goal of the Centers for Disease Control and Prevention (CDC). Protecting, promoting, and supporting breastfeeding, with its many known benefits for infants, children, and mothers, is a key strategy toward this goal.

There are many ways that communities support mothers and babies to breastfeed, and everyone plays a role. The CDC Breastfeeding Report Card brings together state-by-state information to help tell the story of breastfeeding practices in states. It compiles many types of data so states can monitor progress, celebrate state successes, and identify opportunities to work with health professionals, legislators, employers, business owners, community advocates and family members to protect, promote, and support breastfeeding.

### What's new this year?

The Breastfeeding Report Card, now in its 5<sup>th</sup> year, provides perspectives on state and national trends in breastfeeding data. Since the release of the first Report Card in 2007, there have been steady improvements in several indicators, especially in 3 month and 6 month exclusive breastfeeding rates, which increased more than 5 and 4 percentage points, respectively. Changes in state and national rates are not attributable to any one factor. A woman's ability to reach her breastfeeding goals is affected by a host of factors including support from her family, community, employer and health system.

In the U.S., more babies are being born in facilities that have made special efforts to support breastfeeding than ever before. However, less than 5% of U.S. infants are born in Baby-Friendly hospitals. The hospital period is critical for mothers and babies to learn to breastfeed, and hospitals need to do more to support them. Hospitals can participate in the Maternity Practices in Infant Nutrition and Care (mPINC) survey, and use their results to improve maternity care practices. Hospitals can also work together to share information and experiences on how to achieve the Baby-Friendly designation. State health departments are a valuable resource that can provide technical assistance to hospitals seeking the Baby-Friendly designation.

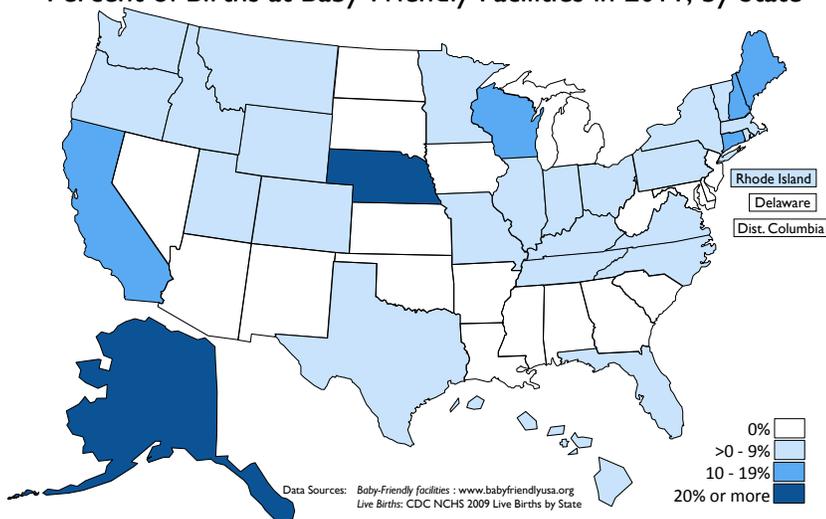
Child care providers play an important role in supporting employed, breastfeeding mothers. As an indicator of support for breastfeeding mothers, child care regulations first appeared on the report card in 2010. This year, state child care regulations related to breastfeeding have been classified to reflect the range of support in states based on the National Resource Center for Health and Safety in Child Care and Early Education best care standards. States that received optimal scores were those whose regulations fully comply with national standards regarding breastfeeding, including arranging for a mother to be able to feed her child on-site.

Through funding from the Communities Putting Prevention to Work initiative, several states and communities have expanded their activities, hired additional staff (FTEs) and engaged new partners. For example, funded states and communities have worked with hospitals to improve maternity care practices and have provided guidance to hospitals seeking Baby-Friendly designation. They have also worked with employers and child care providers to help employed women continue to breastfeed.

### How can states use the Report Card to improve breastfeeding rates?

Mothers need support from the people and organizations they interact with to meet their breastfeeding goals. States can use this Report Card and previous year's Report Cards (available at <http://www.cdc.gov/breastfeeding/data/reportcard.htm>) to track progress, identify the areas where mothers need more support, and work within their communities to better protect, promote and support breastfeeding mothers.

Percent of Births at Baby-Friendly Facilities in 2011, by State



\*The term "exclusive breastfeeding refers to the time when the baby gets only the mother's milk, with no other foods or liquids.



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*“The time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders and to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.”*

Regina M. Benjamin, M.D., M.B.A.  
 Vice Admiral, U.S. Public Health  
 Service Surgeon General  
*Surgeon General’s Call to Action  
 to Support Breastfeeding*

State	Ever Breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breast-feeding at 3 months	Exclusive breast-feeding at 6 months
<b>U.S. National</b>	74.6	44.3	23.8	35.0	14.8
Alabama	56.7	24.4	8.0	19.8	5.9
Alaska	<b>84.2</b>	45.5	25.6	37.7	17.1
Arizona	78.4	52.0	22.3	36.1	12.3
Arkansas	63.9	34.0	16.0	29.9	13.7
California	<b>86.6</b>	59.1	<b>40.0</b>	<b>48.1</b>	<b>25.7</b>
Colorado	80.0	55.6	26.8	<b>46.3</b>	24.0
Connecticut	74.4	47.1	25.0	43.4	16.2
Delaware	71.8	40.7	18.2	31.6	11.4
Dist of Columbia	74.8	48.6	32.4	34.8	17.1
Florida	79.5	39.0	20.2	31.7	12.9
Georgia	71.6	36.7	18.5	27.1	10.1
Hawaii	<b>85.0</b>	52.4	31.2	42.4	20.8
Idaho	<b>84.5</b>	<b>61.2</b>	31.4	<b>49.5</b>	22.1
Illinois	70.6	44.5	21.7	35.3	14.3
Indiana	67.4	31.4	12.8	29.7	11.4
Iowa	78.0	51.9	28.8	37.2	17.0
Kansas	75.4	41.0	21.6	33.5	10.6
Kentucky	57.8	32.9	18.6	24.2	9.8
Louisiana	48.9	18.2	7.0	20.5	7.8
Maine	73.5	49.2	31.6	38.6	18.5
Maryland	78.5	45.2	27.0	32.0	13.1
Massachusetts	76.9	46.0	20.4	42.8	14.1
Michigan	69.3	42.9	18.2	31.3	16.3
Minnesota	<b>82.5</b>	50.9	24.1	45.0	15.0
Mississippi	50.3	22.4	10.5	19.2	5.7
Missouri	64.2	35.1	15.6	29.3	12.0
Montana	<b>82.8</b>	<b>61.1</b>	28.1	<b>51.9</b>	23.0
Nebraska	72.8	44.4	25.5	37.9	13.4
Nevada	80.1	45.6	23.8	32.6	11.5
New Hampshire	<b>82.4</b>	58.2	31.3	<b>50.5</b>	19.6
New Jersey	75.3	45.9	24.4	26.8	10.3
New Mexico	73.1	51.8	27.1	43.5	14.9
New York	78.2	47.7	27.7	32.7	13.7
North Carolina	67.3	37.0	19.6	28.1	8.2
North Dakota	71.4	46.1	23.6	41.0	18.7
Ohio	66.8	40.4	16.8	31.1	8.6
Oklahoma	67.5	36.1	17.9	29.5	11.9
Oregon	<b>91.2</b>	<b>62.5</b>	<b>34.5</b>	<b>50.3</b>	21.0
Pennsylvania	63.4	37.6	17.7	33.4	14.4
Rhode Island	70.4	38.0	19.3	33.0	12.9
South Carolina	62.5	26.5	14.5	23.0	7.1
South Dakota	69.9	44.5	24.3	38.8	15.2
Tennessee	65.6	35.5	14.8	27.9	12.8
Texas	75.2	42.2	23.0	30.6	13.5
Utah	<b>84.5</b>	<b>61.5</b>	29.3	44.1	17.0
Vermont	<b>85.2</b>	<b>63.2</b>	<b>37.1</b>	<b>58.9</b>	<b>25.5</b>
Virginia	79.1	40.8	22.9	36.5	14.5
Washington	<b>89.0</b>	60.2	<b>35.0</b>	<b>49.1</b>	23.0
West Virginia	54.1	26.2	11.9	21.7	5.6
Wisconsin	73.7	44.5	24.9	38.2	14.7
Wyoming	<b>83.2</b>	48.2	21.4	<b>47.9</b>	17.2

NOTE: Percents in bold are those that have met the Healthy People 2020 objective.

## Breastfeeding Report Card—United States, 2011

State	Average mPINC Score	Percent of live births occurring at Baby Friendly Facilities	Percent of breast-fed infants receiving formula before 2 days of age	Number of La Leche League Leaders per 1,000 live births	Number of IBCLCs* per 1,000 live births	Number of state health department FTEs** dedicated to breastfeeding	State child care center regulation supports lactation***
<b>U.S. National</b>	65	4.53	24.5	0.99	2.67	125.06	6 optimal
<b>Alabama</b>	57	0	28.9	0.32	1.84	2.00	less optimal
<b>Alaska</b>	74	<b>21.30</b>	18.5	1.06	6.45	0.25	less optimal
<b>Arizona</b>	64	0	28.8	0.85	2.08	2.50	optimal
<b>Arkansas</b>	52	0	20.1	0.48	1.76	3.50	not optimal
<b>California</b>	73	<b>14.59</b>	23.8	0.65	2.73	13.00	optimal
<b>Colorado</b>	71	7.01	17.4	1.34	3.10	0.88	less optimal
<b>Connecticut</b>	71	<b>15.55</b>	19.1	2.62	4.70	1.00	not optimal
<b>Delaware</b>	67	0	22.8	0.35	3.72	2.00	optimal
<b>Dist of Columbia</b>	72	0	31.4	0.44	1.11	2.00	not optimal
<b>Florida</b>	65	2.19	31.4	0.84	1.98	1.00	less optimal
<b>Georgia</b>	59	0	32.5	0.62	2.26	2.00	less optimal
<b>Hawaii</b>	65	<b>8.68</b>	23.9	0.58	3.49	1.50	less optimal
<b>Idaho</b>	68	7.01	<b>12.3</b>	1.18	2.57	1.00	not optimal
<b>Illinois</b>	63	1.47	26.1	0.93	2.45	2.00	not optimal
<b>Indiana</b>	64	<b>8.76</b>	15.1	1.08	3.33	3.33	not optimal
<b>Iowa</b>	61	0	16.9	0.68	2.34	0.50	not optimal
<b>Kansas</b>	62	0	21.7	1.84	2.58	1.50	not optimal
<b>Kentucky</b>	57	5.72	15.5	0.38	2.19	3.00	not optimal
<b>Louisiana</b>	60	0	18.0	0.46	1.83	2.75	less optimal
<b>Maine</b>	79	<b>19.41</b>	18.9	2.60	5.64	1.00	not optimal
<b>Maryland</b>	68	0	30.9	1.09	3.48	3.00	less optimal
<b>Massachusetts</b>	79	4.09	16.5	1.98	4.81	1.60	less optimal
<b>Michigan</b>	65	0	17.9	1.74	2.26	2.00	less optimal
<b>Minnesota</b>	67	0.62	16.0	1.47	3.14	2.00	not optimal
<b>Mississippi</b>	51	0	24.4	0.70	1.26	2.00	optimal
<b>Missouri</b>	64	0.93	17.9	1.41	2.37	3.00	not optimal
<b>Montana</b>	66	0.29	<b>8.0</b>	2.28	2.53	0.50	less optimal
<b>Nebraska</b>	60	<b>22.33</b>	19.1	1.48	3.04	0.50	not optimal
<b>Nevada</b>	56	0	27.8	0.61	1.01	2.00	not optimal
<b>New Hampshire</b>	81	<b>16.10</b>	15.5	2.54	6.73	1.00	not optimal
<b>New Jersey</b>	62	0	38.0	1.50	2.69	2.50	not optimal
<b>New Mexico</b>	64	0	16.0	0.93	2.79	2.00	less optimal
<b>New York</b>	67	4.01	33.2	0.83	2.53	6.50	less optimal
<b>North Carolina</b>	62	3.73	29.3	1.55	3.52	2.00	optimal
<b>North Dakota</b>	64	0	<b>12.4</b>	0.56	2.22	0.80	not optimal
<b>Ohio</b>	69	4.10	17.9	1.08	3.08	2.00	less optimal
<b>Oklahoma</b>	55	0	15.6	0.59	2.42	4.10	not optimal
<b>Oregon</b>	77	8.02	15.1	1.38	5.47	1.50	less optimal
<b>Pennsylvania</b>	64	0.08	17.9	1.20	2.48	2.00	not optimal
<b>Rhode Island</b>	81	<b>9.42</b>	23.6	0.87	5.33	1.10	less optimal
<b>South Carolina</b>	62	0	29.3	0.58	1.90	1.00	less optimal
<b>South Dakota</b>	58	0	16.3	0.34	2.35	1.00	not optimal
<b>Tennessee</b>	60	0.25	20.3	0.62	1.86	1.00	not optimal
<b>Texas</b>	62	3.22	30.5	0.55	1.73	8.75	not optimal
<b>Utah</b>	64	6.44	21.8	0.87	1.69	6.20	less optimal
<b>Vermont</b>	76	3.22	<b>8.5</b>	3.27	11.13	2.00	optimal
<b>Virginia</b>	63	0.40	25.5	1.68	3.43	3.40	less optimal
<b>Washington</b>	75	<b>9.79</b>	18.0	1.41	4.85	4.20	not optimal
<b>West Virginia</b>	58	0	24.8	0.75	2.91	1.00	not optimal
<b>Wisconsin</b>	71	<b>12.24</b>	<b>14.0</b>	1.20	3.22	2.50	less optimal
<b>Wyoming</b>	62	2.51	<b>11.6</b>	1.90	2.03	5.20	not optimal

\* IBCLC - International Board Certified Lactation Consultant.

\*\*FTE - Full-Time Equivalent.

\*\*\*Based on the PCO/CFOC IA1 standard



## Breastfeeding Report Card Indicators – 2011

Healthy People 2020 Breastfeeding Objectives		
	Objectives	Target
MICH-21:	Increase the proportion of infants who are breastfed	
MICH-21.1	Ever	81.9%
MICH-21.2	At 6 months	60.6%
MICH-21.3	At 1 year	34.1%
MICH-21.4	Exclusively through 3 months	46.2%
MICH-21.5	Exclusively through 6 months	25.5%
MICH-22:	Increase the proportion of employers that have worksite lactation support programs.	38%
MICH-23:	Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.	14.2%
MICH-24:	Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.	8.1%

### Breastfeeding rates from the U.S. National Immunization Survey

- Ever Breastfed
- Breastfeeding at 6 months
- Breastfeeding at 12 months
- Exclusive breastfeeding at 3 months
- Exclusive breastfeeding at 6 months

This nationwide survey provides current national, state, and selected urban-area estimates of vaccination coverage rates for U.S. children ages 19 to 35 months. Since July 2001, breastfeeding questions have been asked on the NIS to assess the population's breastfeeding practices.

### Birth Facility Support

- State Maternity Practices in Infant Nutrition and Care (mPINC) score
- Percent of live births occurring at facilities designated as Baby-Friendly
- Percentage of breastfed infants receiving formula before 2 days of age

Birth facility policies and practices significantly impact whether a woman chooses to start breastfeeding and how long she continues to breastfeed. Several specific policies and practices, in combination, determine how much overall support for breastfeeding a woman birthing in a given facility is likely to receive and how likely her baby is to receive formula in the first 2 days.

Two initiatives, one national and one global, provide informative measures of birth facility support. The mPINC Survey initiated by CDC, in collaboration with the Battelle Centers for Public Health Research and Evaluation in 2007, measures breastfeeding-related maternity care practices at intrapartum care facilities across the U.S. and compares the extent to which these practices vary by state. Thus, the state mPINC score represents the extent to which each state's birth facilities provide maternity care that supports breastfeeding.

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation based on the WHO/UNICEF Ten Steps to Successful Breastfeeding for Hospitals.

To be designated as "Baby-Friendly," facilities undergo external evaluation to demonstrate that the facility meets all of the Ten Steps requirements. All types and sizes of birth facilities can seek the Baby-Friendly designation. Some states have several small Baby-Friendly facilities, others have only one or two large ones, and still others have none at all. Because facilities vary in size and the number of births, measuring their impact on public health requires more than

just counting the number of Baby-Friendly facilities per state. The best way to measure their impact is to look at the proportion of births in a given state occurring at facilities that have earned the Baby-Friendly distinction.

### Mother-to-Mother Support

- Number of La Leche League Leaders per 1,000 live births

La Leche League (LLL) is an organization of trained and accredited volunteer mothers who provide support and help to pregnant and breastfeeding mothers through group meetings, online, via telephone and partnership efforts throughout their communities to help ensure support for breastfeeding mothers and babies. This kind of assistance is an important element of comprehensive breastfeeding support. The number of La Leche League Leaders per 1,000 live births provides a broad estimate of the availability of breastfeeding assistance in a given community.

### Professional Support

- Number of International Board Certified Lactation Consultants (IBCLCs) per 1,000 live births

IBCLCs are health professionals who specialize in the clinical management of breastfeeding. IBCLCs work in many health care settings, such as hospitals, birth centers, physicians' offices, public health clinics, and their own offices. A strong statewide group of professional breastfeeding experts (IBCLCs) is needed to assist the mother-infant pair, create and administer lactation programs, and educate other health professionals about breastfeeding. Availability is measured by the ratio of IBCLCs to the number of live births.

### Infrastructure

- Number of state health department full-time equivalents (FTEs) responsible for breastfeeding

State health departments are the central state agencies responsible for the public health and welfare of women and children. Among their many responsibilities, employees in these agencies help ensure appropriate consideration of breastfeeding in public programs and services. FTEs dedicated to the protection, promotion, and support of breastfeeding are needed to develop, implement, monitor, and maintain breastfeeding interventions.

### Support in Child Care Settings

- Number of states with child care center regulations that support breastfeeding

In the U.S., nearly two thirds of infants are routinely cared for by someone other than a parent. Thus, child care facilities – both family child care homes and child care centers – play an important role in promoting breastfeeding among mothers whose infants are cared for in these facilities. State scores were obtained by using the average appropriate fluids rating (IAF) as determined by the National Resource Center for Health and Safety in Child Care and Early Education. Cut-off points (1- inappropriate; 2- not optimal; 3- less optimal; 4- optimal) were set. States whose regulations are less than optimal can improve breastfeeding support at child care facilities by meeting best-practice standards as set by the 3rd edition of *Caring for Our Children*.

The CDC Breastfeeding Report Card was first released in 2007 and is updated annually. Indicator data sources and National Immunization Survey statistical information available at: [www.cdc.gov/breastfeeding/data/](http://www.cdc.gov/breastfeeding/data/)

#### For more information:

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CENTERS FOR DISEASE CONTROL AND PREVENTION

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