CDC’s National Center for Chronic Disease Prevention and Health Promotion

CDC’s Breastfeeding Data and Research

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DNPAO STRATEGIC PRIORITIES

Reaching All Americans Across the Lifespan by Supporting

A Healthy Start for Infants
- Breastfeeding
- Maternal, Infant & Toddler Nutrition
- Vitamins & Minerals

Children & Youth Growing Up Strong & Healthy
- Good Nutrition & Healthy Food Environments
- Physical Activity & Access to Environments Designed for Physical Activity
- Healthy Weight Management & Obesity Prevention

Adults & Older Adults Maintaining a Healthy Lifestyle
Our Team Works to Support the Big Picture:

Work collaboratively to improve the health and development through optimal nutrition from pregnancy through the first two years of life
Highlights of the Big Picture

- **Surveillance**
  - Breastfeeding rates
  - Maternity care practices supportive of optimal infant feeding

- **Research**
  - Longitudinal study of infant feeding practices
Breastfeeding initiation and duration rates have increased over the past two decades.

Source: National Immunization Survey
County-level breastfeeding initiation rates, 2018–2019

Data provide:
Estimates of breastfeeding initiation

3,001 counties in 48 states and District of Columbia and territories

Breastfeeding initiation rates ranged from 22.1 – 100%

Data source: U.S. Birth Certificates
Maternity care practices in hospitals in the first hours and days after birth make a difference in whether and how long infants are breastfed.
Maternity Care Practices – Data for Action

mPINC Hospital Report

The Maternity Practices in Infant Nutrition and Care (mPINC™) Survey is a national survey of newborn feeding practices in hospitals in the United States and territories that provided maternity services in the last year. Battelle Health conducted this survey for the Centers for Disease Control and Prevention (CDC). Information about the mPINC survey and interpreting your scores is available here: https://www.cdc.gov/breastfeeding/data/index.htm

<<Hospital name>>
<<Hospital address>>
<<city>>, <<state>> <<zip>>
<<facilityid>>

Hospital Total Score

<table>
<thead>
<tr>
<th>TOTAL AVERAGE SCORES</th>
<th>&lt;&lt;mean_Total_US&gt;&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td></td>
</tr>
<tr>
<td>Region Total Average (&lt;&lt;region&gt;&gt;)$</td>
<td>&lt;&lt;mean_Total_region&gt;&gt;</td>
</tr>
<tr>
<td>Similar-Sized Hospitals</td>
<td>&lt;&lt;mean_Total_size&gt;&gt;</td>
</tr>
</tbody>
</table>

<<Hospital name>>'s Total Score: <<hospital_total_score>>

Understanding your scores: Your Subscore for each section is the mean of the items in that section. Subscores are not provided if half or more of the items in that section do not have a score. Your Total Score is the mean of the six Subscores and is not provided if any Subscore is not scored. Any missing responses are indicated by “---” on this report. “---” indicates that an item score, subscore, or total score could not be calculated. Definitions for Region and Similar-Sized Hospitals can be found on page 8 of this report.

1,994 hospitals participated

72% Response Rate

National Total Score

81
Infant Feeding Practices Study III (IFPS III) is a Longitudinal Study

- The study aims to understand:
  - Mom’s intentions, behaviors, and feeding decisions related to their
    - pregnancy,
    - the birth of their child, and
    - their child’s first two years of life
  - Emerging issues related to infant feeding practices in the first two years of life
IFPS III Data Collection Topics Will Advance Research in Infant and Young Child Nutrition

- Hospital birth experiences
- Breastfeeding & formula feeding
- Dietary assessment
  - Maternal: Pregnancy and 3 months post-partum
  - Infant and toddler: Every survey
- Feeding practices and behaviors
- Childcare, employment, & leave
- Experiences related to COVID-19
Moving Forward: Together We Are Stronger

- Collaborate
- Communicate
- Continue to move the breastfeeding field forward and support infants and their families
Thank you!

Questions?

Contact Information: hfc2@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Public Policy and its Effect on Breastfeeding
The USBC is a coalition of 139 organizations (and counting!) that support its mission to drive collaborative efforts for policy and practices that create a landscape of breastfeeding support across the United States.

Our membership includes federal, national, state, community, tribal, and cultural organizations from across the nation—all coming together to support human milk feeding as a public health imperative.
Presentation Outline

- How breastfeeding impacts public health outcomes
- Current recommendations
- Latest data and sources
- Federal policies
- Federal investments
“Breastfeeding provides unmatched health benefits for babies and mothers. It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed.”

Dr. Ruth Petersen, director of CDC’s Division of Nutrition, Physical Activity, and Obesity
Breastfeeding & Public Health

- Human milk feeding sets the stage for lifelong health and wellness
- Breastfeeding has such a profound impact on population health outcomes that increasing breastfeeding rates and creating lactation-friendly environments have been identified as critical public health priorities in the U.S. and across the world
- A CDC study found that ever breastfeeding is associated with a 26% reduction in the odds of post-perinatal infant death.
Current Recommendations

 AAP Issues New Breastfeeding Guidance

“"The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for approximately 6 months after birth. Furthermore, the AAP supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for 2 years or beyond.”

- American Academy of Pediatrics recommendations updated in 2022 for first time since 2012 guidance
  - Increased duration recommendation from 1 year to 2 years
- AAP guidance is now consistent with recommendations from the World Health Organization
- Encourages social and systemic changes to support mothers who choose to breastfeed and calls for addressing implicit bias, structural bias, and structural racism to eliminate disparities
Key Data Sources

- **National Immunization Survey (NIS)**
  - Breastfeeding initiation, duration, and exclusivity
  - Infant formula supplementation of breastfed infants

- **Pregnancy Risk Assessment and Monitoring System (PRAMS)**
  - Breastfeeding intention, duration
  - Breastfeeding as a birth control method (Lactational Amenorrhea Method)

- **Infant Feeding Practices Study**
  - Feeding intention, frequency, and duration
  - Comfort nursing in public, confidence level
  - Pumping practices, milk storage, and access to lactation support and supplies

- **Maternity Practices in Infant Nutrition and Care (mPINC)**
  - Survey of hospitals re: maternity care practices that influence infant feeding

- **National Vital Statistics System**
  - Birth certificate data on breastfeeding initiation

- **CDC Breastfeeding Report card**
  - Published biannual to bring key data points together
Most Infants Start Out Breastfeeding

Rates of Any and Exclusive Breastfeeding by Age Among Children Born in 2020, National Immunization Survey-Child, United States\textsuperscript{1,2,3}

Source: CDC National Immunization Survey - Child (NIS-Child)
Yet...

Significant, persistent disparities in outcomes and access

Plummeting breastfeeding rates in the weeks after birth

Something is going wrong
Strong Public Policy Changes the Equation

- Maternity care practices that enable breastfeeding
- Support in health care settings and access to lactation support and supplies
- Community support and resources (like WIC!)
- Paid family & medical leave
- Lactation accommodations at work and school
- A plan for infant & young child feeding in emergencies
- ... & beyond!
The Five Pillars of Infant Nutrition Security in the United States

- Parents
- Programs
- Partnerships
- Plan
- Policies

USBC
U.S. Breastfeeding Committee
Maternity Care Practices

- The care we receive before, during, and after birth has a major impact on breastfeeding initiation and duration
- UNICEF and the World Health Organization have outlined Ten Steps to Successful Breastfeeding
  - Skin-to-skin contact
  - Initiate breastfeeding in hour after birth
  - Keeping mom and baby together
  - ...and more
- In the United States, hospitals that follow the Ten Steps can be designated as Baby-Friendly
- Some states have laws related to maternity care
- During COVID there were major disruptions
Lactation Support & Supplies

- Families need access to lactation support & supplies throughout the breastfeeding journey, but especially in the early weeks after birth.

- Most insurers are required to cover breastfeeding support and supplies:
  - **Patient Protection and Affordable Care Act** requires private insurers to cover breastfeeding support and supplies without cost-sharing.
  - **TRICARE** covers breast pumps, breast pump supplies, and breastfeeding counseling at no cost.
  - Some **state Medicaid programs** cover lactation support and/or supplies.
Employment

- Pregnant workers need to be able to maintain a healthy pregnancy while maintaining a paycheck.

- Having adequate time to heal, bond, and establish breastfeeding has a significant impact on breastfeeding initiation and duration, but the U.S. is one of the only countries in the world that does not guarantee paid maternity leave.

- After the return to work, lactating employees need **time and space to pump and a safe place to store their milk**.
  - Simple, inexpensive solutions that meet the needs of workers and businesses have been found in every industry.

- Safe and supportive childcare.
In effect since 1978, the PDA prohibits discrimination based on pregnancy, childbirth, and related medical conditions, including lactation.

Enforced by the Equal Employment Opportunity Commission.

**Bottom Line:** If an employer is accommodating another similarly situated employee, but not a pregnant/postpartum employee, this may be considered discrimination under the PDA.
Pregnant Workers Fairness Act

- In effect since June 2023, the PWFA requires reasonable accommodations for pregnancy, childbirth, and related medical conditions, including lactation
  - Workstation changes, like access to a stool and water bottle
  - Light duty
  - Uniform adjustments
  - Additional rest or bathroom breaks

- Enforced by the Equal Employment Opportunity Commission
Family and Medical Leave Act

- Provides up to **12 weeks of unpaid, job-protected leave** for eligible employees in the event of:
  - Birth, adoption, foster placement
  - Serious health condition for yourself or family member
  - Needs arising from military service of a family member

- Enforced by the U.S. Department of Labor

NEW POSTER

Your Employee Rights Under the FMLA

Visit [dol.gov/fmla](http://dol.gov/fmla) to download and print a free 11 in. x 17 in. poster.
PUMP for Nursing Mothers Act

• In effect since December 2022, the PUMP for Nursing Mothers Act requires employers to provide:
  • Reasonable break time for an employee to express breast milk for their nursing child
  • A place to pump at work, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public
  • These accommodations must be provided for 1 year following birth
• Enforced by the U.S. Department of Labor
Education

- Parenting students need similar accommodations to employed parents:
  - Time to heal, bond, and establish breastfeeding
  - Time and space to pump and a safe place to store their milk
  - Safe and supportive childcare
Title IX of the Education Amendments of 1972 prohibits discrimination and exclusion on the basis of sex in any education program or activity receiving Federal financial assistance.

Updated regulations addressing the needs of lactating students to be released soon.
Public Spaces

Friendly Airports for Mothers (FAM) Act and FAM Improvement Act requires hub airports to have lactation spaces.

Bottles and Breastfeeding Equipment Screening Act (BABES Act) requires ongoing training for TSA officers on Special Procedures related to breast milk, formula, and infant feeding equipment.

Fairness for Breastfeeding Mothers Act requires that certain public buildings that contain a public restroom also provide a lactation room.
Federal Investments

- Centers for Disease Control and Prevention
  - Hospitals Promoting Breastfeeding
  - State Physical Activity and Nutrition (SPAN) and breastfeeding innovation grants for SPAN recipients
  - Good Health and Wellness in Indian Country (GHWIC)
  - State Perinatal Quality Collaboratives (PQCs)
  - EMPower Best Practices
  - Racial and Ethnic Approaches to Community Health (REACH)

- U.S. Department of Agriculture
  - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program
    - Breastfeeding Peer Counseling Program

- Health Resources & Service Administration, Maternal and Child Health Bureau
  - Title V Maternal and Child Health (MCH) Block Grant
  - Healthy Start
  - Healthy Start Doula Supplement
  - Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
  - Rural Maternity and Obstetrics Management Strategies (RMOMS)
  - Children’s Healthy Weight State Capacity Building Program (CHW SCBP)
  - Maternal and Child Health (MCH) Nutrition
Economic Case for Breastfeeding

At the national level, improving breastfeeding practices through programs and policies has been shown to be one of the best investments a country can make, as every dollar invested is estimated to result in a US $35 economic return.
Contact me at clebedev@usbreastfeeding.org

Questions & Answers