



Alabama Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Alabama's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Alabama	68.1	24.8	20.6	16.5	5
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Alabama's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Alabama	\$53,159,840	\$22,107,880	\$262,400,292
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Alabama, the Montgomery Area Community Wellness Coalition strategies include increasing workplaces and churches that support onsite breastfeeding.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 7 Alabama hospitals participating in the EMPower Training Initiative.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Alabama Breastfeeding Committee

The Alabama Breastfeeding Committee is a statewide body of health care professionals, educators, state health department representatives, and individuals from communities across the state that have a commitment to helping mothers and infants reach their breastfeeding goals. The Alabama Breastfeeding Committee's mission is to work toward the development of resources and partnerships that will lead to the effective promotion, protection, and support of breastfeeding within the state of Alabama. The Committee's vision is that human milk will become the norm in infant feeding, resulting in a healthier Alabama.

www.alabamabreastfeeding.org



Alaska Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Alaska's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Alaska	93.1	49.7	42.1	3.4	2
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Alaska's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Alaska	\$4,431,308	\$2,336,629	\$18,099,889
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, Alaska's interventions support the youngest Alaskans growing up healthy and strong with breastfeeding and early care along with education initiatives. The plan builds a healthy workforce by increasing the availability of healthy foods and beverages in worksites.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 2 Alaska hospitals participating in the EMPower Training Initiative.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Alaska Breastfeeding Coalition

The Alaska Breastfeeding Coalition's mission is to provide leadership through collaboration and education to improve the health and well-being of Alaskans by promoting, protecting, and supporting breastfeeding. In particular, the Alaska Breastfeeding Coalition has supported WIC personnel in their pursuit of increased breastfeeding rates among WIC clients, and organized and hosted an annual Alaska Breastfeeding Coalition Educational Conference for 20 years. We are ready to work with you to support and protect breastfeeding families in Alaska and on the national level!

www.alaskabreastfeeding.com



Arizona Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Arizona's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Arizona	82.7	35.5	26.3	6.8	6
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Arizona's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Arizona	\$52,323,728	\$26,353,259	\$238,654,778
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Arizona, Pima County will work with Mexican-Americans and American Indians to promote physical activity through culturally and socioeconomically-tailored multimedia campaigns, education and training, policy development, and participation incentives and increase access to existing programs and services.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Arizona has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Arizona Breastfeeding Coalition

The Arizona Breastfeeding Coalition's mission is to work collaboratively to increase rates of breastfeeding initiation and duration to improve the health of Arizona's families. Our vision is that breastfeeding will be universally accepted as the norm and promoted and supported throughout Arizona. The coalition works to get the word out about issues related to employment and breastfeeding and support mothers returning to work, employers who have breastfeeding employees, and employers who have customers or clients who are breastfeeding.

www.azbreastfeeding.org



Arkansas Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Arkansas's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Arkansas	73.8	24.12	20.4	21.7	6
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Arkansas's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Arkansas	\$32,974,299	\$13,895,096	\$166,543,813
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Arkansas, the University of Arkansas for Medical Sciences will focus on nutrition, physical activity, and community-clinical linkages.
- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, Arkansas will promote continuity of care and community breastfeeding support by recruiting and partnering with family practice clinics, early childhood education centers, and DD day centers.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Arkansas has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of Arkansas' CHW-CoIIN project is to support breastfeeding mothers who have limited access to health care by conducting lactation accommodation training for up to 4 organizations in Arkansas' Southeast/Delta region and other at-risk communities so that employers and communities support lactating women and change procedures/policies to provide accommodations.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Arkansas Breastfeeding Coalition

The Arkansas Breastfeeding Coalition (ABC) is dedicated to protecting and promoting breastfeeding in Arkansas. ABC's membership is composed of mothers, healthcare professionals, and others who are dedicated to breastfeeding not just as "the best" way to feed a child, but as the biological norm for the human species. The Arkansas Breastfeeding Coalition has played a significant role in getting state laws passed which give women in Arkansas the right to breastfeed in public and pump at work. In addition, the coalitions hosts annual breastfeeding symposiums with nationally recognized speakers to improve the knowledge of health professionals throughout the state about how to promote and support breastfeeding.

www.arbfc.org



California Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how California's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by Healthy People 2020.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
California	87.2	40.2	26.3	44.8	95
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how California's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
California	\$224,824,908	\$111,004,062	\$959,872,534
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In California, the California Department of Public Health (CDPH) will apply and support evidence-based policy, systems, and environmental change strategies in the San Joaquin Valley to improve breastfeeding continuity of care and community supports and community-clinical linkages. The Public Health Institute will support additional faith communities with implementing previously adopted breastfeeding guidelines.
- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, CDPH will address racial disparities in breastfeeding rates by improving workplace compliance with the lactation accommodation laws and incorporating breastfeeding supports into continuity of care practices.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, California has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of California's Children's Healthy Weight CoIIN project is to build capacity to support workplace and school lactation accommodation and reduce related infant feeding disparities in California by June 2019. The CoIIN will target individuals and organizations providing lactation accommodation education and resources to communities with low breastfeeding duration.

Your State Breastfeeding Coalition

California Breastfeeding Coalition

Breastfeeding advocates in California have been doing great work to break down the barriers to breastfeeding success. In particular, the California Breastfeeding Coalition: led the development of the "9 Steps to a Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings", piloted in 15 community clinics; participated in the development and promotion of the HHS Office on Women's Health Supporting Nursing Moms at Work: Employer Solutions online resource for employers; and convened an annual breastfeeding summit with hospitals, health care providers, public health departments and community programs to build collaborative impact efforts to increase breastfeeding support in local communities.

www.californiabreastfeeding.org



Colorado Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Colorado's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Colorado	90.9	40.0	22.4	48.9	14
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Colorado's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Colorado	\$27,763,304	\$13,589,100	\$107,443,474
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, Colorado will be implementing supportive breastfeeding practices.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 3 Colorado hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Colorado has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Colorado Breastfeeding Coalition

Founded in 1990, the Colorado Breastfeeding Coalition, COBFC is a volunteer organization comprised of physicians, nurses, public health officials, dietitians, lactation consultants, counselors, and members of the business community who have led the way for Colorado children to be breastfeeding at the highest rates in the nation. The coalition works closely with the Colorado Department of Public Health and Environment Special Supplemental Nutrition Program for Women, Infants, and Children to reach communities which have historically had low breastfeeding rates.

www.cobfc.org



Connecticut Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Connecticut's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Connecticut	86.3	39.1	23.6	46.3	10
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Connecticut's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Connecticut	\$26,136,277	\$10,661,870	\$108,070,465
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Connecticut, the City of Hartford's Department of Health and Human Services proposed strategies include implementing continuity of care/community support for breastfeeding.
- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, CT Healthy Communities Project (HCP) priorities include supporting breastfeeding interventions.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Connecticut has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Connecticut Breastfeeding Coalition

The Connecticut Breastfeeding Coalition's mission is to improve Connecticut's health by working collaboratively to protect, promote, and support breastfeeding. Our goals are: to assure access to comprehensive, current, and culturally appropriate lactation care and service for all women, children and families; to ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children; to ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding; and to increase protection, promotion, and support for breastfeeding mothers in the workforce. We are ready to continue our work to support and protect breastfeeding families in Connecticut and on the national level.

www.breastfeedingct.org



Delaware Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Delaware's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Delaware	77.4	33.4	23.6	88.1	4
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Delaware's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Delaware	\$7,084,698	\$3,382,968	\$34,025,613
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Delaware has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Breastfeeding Coalition of Delaware

The Surgeon General has called for increasing the capacity of state coalitions to ensure coordinated leadership and implementation of state action plans. The Breastfeeding Coalition of Delaware strives to protect, promote, and support breastfeeding in Delaware by imparting current and evidence-based information and skills to enable parents, families, health practitioners, and community leaders to make informed decisions. Advocates have been breaking down barriers to breastfeeding success by implementing strategies recommended in The Surgeon General's Call to Action to Support Breastfeeding. In particular, the BCD has supported hospitals in their pursuit of Baby-Friendly Hospital designation, and provided the space and facilitation for common planning, information sharing and quality improvement among coalition partners. For more information, visit www.delawarebreastfeeding.org or find us on social media @DEbreastfeeding.

www.delawarebreastfeeding.org



District of Columbia Breastfeeding Report



Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how District of Columbia's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
District of Columbia	83.0	43.6	29.1	49.0	2
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how District of Columbia's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
District of Columbia	\$3,476,820	\$2,297,445	\$19,154,494
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, District of Columbia has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

District of Columbia Breastfeeding Coalition

The District of Columbia Breastfeeding Coalition (DCBFC) was founded in 2004 to support, promote, and protect breastfeeding in the District of Columbia. Over the last 10 years, breastfeeding experts and advocates in the DCBFC have: accelerated the implementation of the Baby-Friendly Hospital Initiative and developed systems to ensure continuity of lactation support; implemented a Breastfeeding-Friendly Workplace and Healthcare Provider Recognition program to call attention to employers and healthcare offices that have established policies and procedures to help their nursing families make breastfeeding work; in collaboration with a free-standing children's hospital and the DC WIC program, established a lactation support center in the area of the District with the lowest breastfeeding rates; campaigned to achieve 100% participation of birthing facilities in the "Ban the Bag" movement; partnered with Reaching Our Sisters Everywhere to develop a Lactation Consultant Preparatory course to increase the number of IBCLCs of color in the DC area.

www.dcbfc.org



Florida Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Florida's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Florida	82.6	33.5	21.3	17.5	23
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Florida's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Florida	\$150,672,525	\$66,419,785	\$712,907,037
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Florida, the Live Healthy Miami Gardens project will create and implement a Healthy Food Plan and a Breastfeeding TouchPoint Program; and implement communications and coordinated care strategies to increase community-clinical linkages.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 7 Florida hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Florida has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Florida Breastfeeding Coalition

Since the formation of our statewide coalition in April 2008, the Florida Breastfeeding Coalition, Inc. (FBC) has made good strides by increasing the initiation rate of breastfeeding in the state of Florida. We have an ongoing commitment to removing barriers from mothers in all environments with the following projects in place: 1) FBC's Hospital Initiative, "Florida Quest For Quality Maternity Care Award," a Baby Steps to Baby-Friendly Hospital project; 2) Business Case for Breastfeeding project and the Employer Breastfeeding Friendly Award which has been awarded to over 65 business or agencies in Florida; 3) a child care facility online educational module and award program called the Breastfeeding Friendly Child Care Facility Award.

www.flbreastfeeding.org



Georgia Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Georgia's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Georgia	84.0	34.9	22.1	31.1	14
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Georgia's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Georgia	\$77,050,590	\$36,973,073	\$366,806,999
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Georgia, the DeKalb County Board of Health will focus on nutrition, physical activity, and community-clinical linkages in African American communities, including establishing lactation support services.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Georgia has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Georgia Breastfeeding Coalition

Breastfeeding is not only the normal way to feed infants and young children, but an essential component of public health. Georgia families deserve a coordinated system of care that offers assistance from pre-conception to weaning. The mission of the Georgia Breastfeeding Coalition is to improve and maintain the health of Georgia's families by protecting, promoting, and supporting breastfeeding. We aim to make breastfeeding the cultural and social norm throughout Georgia. We are ready to continue the work to support and protect breastfeeding families in Georgia and on the national level.

www.georgiabreastfeedingcoalition.org



Hawaii Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Hawaii's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Hawaii	90.6	47.2	32.9	12.1	3
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Hawaii's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Hawaii	\$7,297,260	\$3,811,290	\$34,300,525
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Hawaii has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Breastfeeding Hawaii

Established in 1990, Breastfeeding Hawaii began its journey as The Breastfeeding Promotion Council of Hawaii, serving breastfeeding families as a state non-profit organization. Today, Breastfeeding Hawaii has grown into a federally recognized 501(c)3 organization with a mission to promote, protect, and support breastfeeding within the state of Hawaii through community outreach, advocacy, and education. Our board members primarily consist of health care professionals, including Registered Nurses, Registered Dietitians and Medical Doctors, most of whom are also Internationally Board Certified Lactation Consultants. They are from various local hospitals, community clinics, and the WIC Program. Breastfeeding Hawaii does not limit its members to healthcare professionals. Mothers and fathers, businesswomen and businessmen are also welcomed into this organization. Our vision is that one day soon, our community will perceive breastfeeding as the normal, natural way to nourish and nurture our keiki (children).

www.breastfeedinghawaii.org



Idaho Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Idaho's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Idaho	90.1	39.0	28.4	9.8	2
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Idaho's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Idaho	\$9,829,399	\$4,839,334	\$38,245,383
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Idaho has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Idaho Breastfeeding Coalition Network

The Idaho Breastfeeding Coalition (IBC) is a statewide entity that works to promote, protect, and support breastfeeding. Our purpose is to unify Idaho through education for providers, families, and all stakeholders. We aim to make breastfeeding the cultural norm in Idaho. A support system is necessary to enhance breastfeeding initiation and duration rates in our state. Idaho has one of the highest initiation rates in the USA, but we can do better with support, networking, and education. The Idaho Breastfeeding Coalition has assisted Idaho hospitals in efforts to become Baby-Friendly and worked toward gathering physician support for licensure of Internationally Board Certified Lactation Consultants, which would provide reimbursement and improved access to care for Idaho breastfeeding mothers. We are ready to continue the work to support and protect breastfeeding families in Idaho and on the national level.

www.facebook.com/ISBCNetwork



Illinois Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Illinois's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Illinois	80.3	33.8	19.5	22.3	25
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Illinois's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Illinois	\$94,719,006	\$42,100,974	\$405,281,826
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, Illinois will focus on populations of low-income individuals in communities with higher burden of disease and poorer health outcomes, with a specific focus on African American communities.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 2 Illinois hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Illinois has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Illinois State Breastfeeding Task Force

Through advocacy, awareness campaigns, media projects, professional education, and material development, the Illinois State Breastfeeding Task Force strives to create change that results in breastfeeding as the cultural norm. Our goal is that all families will live, work and receive health care in a breastfeeding friendly culture.

www.illinoisbreastfeeding.org



Indiana Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Indiana's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Indiana	78.8	33.0	31.7	31.0	21
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Indiana's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Indiana	\$61,676,334	\$25,006,110	\$266,188,872
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Indiana, Marion County will address breastfeeding policy and practice support in community, faith-based, and worksite settings
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 2 Indiana hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Indiana has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of Indiana's Children's Healthy Weight CoIIN project is to increase peer and professional support for breastfeeding mothers so that hospitals and WIC agencies can collaborate to increase breastfeeding duration in Indiana families.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Indiana Breastfeeding Coalition

The Indiana Breastfeeding Coalition, composed of a strong group of volunteers who include lactation professionals, WIC personnel, childcare advocates, midwives, pharmacists, mothers, and others who are committed and passionate proponents of measures which promote, protect, and support breastfeeding in Indiana. We have been an organization since 1990 and became a formal partner with Indiana Perinatal Network in 2013 and gained 501(c) 3 status. We've held workshops to promote and foster local coalitions and were instrumental in the passing of state legislation to protect the rights of breastfeeding women and to require employers to provide a clean, private place for mothers to pump their milk while at work.

www.indianabreastfeeding.org



Iowa Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Iowa's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Iowa	81.5	30.2	29.5	8.1	2
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Iowa's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Iowa	\$26,401,998	\$11,386,838	\$112,508,916
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Iowa has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of Iowa's Children's Healthy Weight CoIIN project is to drive collaborative efforts for policy and practice that improve breastfeeding support across Iowa by October 1, 2019.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Iowa Breastfeeding Coalition

The Iowa Breastfeeding Coalition's mission is to provide, promote, and coordinate breastfeeding education, support, and evaluation through local coalitions, health care providers, educational institutions, and other interested individuals. Our goals are to ensure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children, and families; ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children; ensure that all state and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding; and increase protection, promotion, and support for breastfeeding mothers in the work force. We are ready to continue the work to support and protect breastfeeding families in Idaho and on the national level.

www.iabreastfeeding.org



Kansas Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Kansas's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Kansas	83.6	36.5	26.1	41.1	6
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Kansas's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Kansas	\$26,860,639	\$11,784,404	\$125,351,528
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 7 Kansas hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Kansas has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Kansas Breastfeeding Coalition

The Kansas Breastfeeding Coalition's mission is to improve the health of Kansans by working collaboratively to promote, protect, and support breastfeeding. The CDC's Breastfeeding Report and mPINC data guide breastfeeding activities. Advocates work to strengthen breastfeeding support through:

- (1) "Community Supporting Breastfeeding" designation recognizing communities in Kansas building a culture of breastfeeding support;
- (2) Business Case for Breastfeeding promotion;
- (3) recognition of businesses that welcome public breastfeeding;
- (4) childcare provider education;
- (5) Healthcare provider education; and
- (6) fostering local breastfeeding coalitions.

The coalition also collaborates with partners such as WIC, Title V, private health foundations, child care provider organizations, hospitals, public health agencies, and physician organizations.

www.ksbreastfeeding.org



Kentucky Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Kentucky's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Kentucky	73.9	28.2	21.1	24.5	3
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Kentucky's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Kentucky	\$41,551,759	\$18,443,205	\$196,407,972
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, Kentucky is using a community-based approach that cultivates community assets and existing partnerships established through the Partnership for a Fit Kentucky.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Kentucky has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Lactation Improvement Network of Kentucky

The Lactation Improvement Network of Kentucky (LINK) is Kentucky's state breastfeeding coalition. Our mission is to make breastfeeding easier for all Kentuckians. The Lactation Improvement Network of Kentucky has: identified priority areas for improvement and developed a 5 year plan for Improving Breastfeeding Rates; trained 100% of birthing hospitals in birth Kangaroo Care (skin-to-skin) which has increased breastfeeding rates by as much as 70% at some facilities; and appeared on Kentucky Educational Television's "Connections with Renee Shaw" to discuss the importance of and barriers to breastfeeding in Kentucky. We are ready to continue the work to support and protect breastfeeding families in Kentucky and on the national level.

www.breastfeedkentucky.com



Louisiana Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Louisiana's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by Healthy People 2020.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Louisiana	67.0	20.6	20.2	41.6	16
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Louisiana's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Louisiana	\$59,304,838	\$23,767,493	\$297,202,275
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 6 Louisiana hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Louisiana has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CollIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of Louisiana's Children's Healthy Weight CollIN project is to build the capacity of and expand the Louisiana Workplace Breastfeeding Support program statewide so that Louisiana worksites develop worksite cultures that support employees who choose to breastfeed after returning to work through organizational policy and practice change.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Louisiana Breastfeeding Coalition

The mission of the Louisiana Breastfeeding Coalition (LBC) is to make breastfeeding the norm for all babies in Louisiana. The Louisiana Breastfeeding Coalition partners with the state health department, local breastfeeding coalitions, local universities and other organizations working to improve maternal and child health to: (1) educate child care providers on how to support breastfeeding families in the child care setting (2) implement a program to encourage and assist LA employers in establishing lactation accommodations for employees (3) identify community breastfeeding resources and promote a statewide online breastfeeding resource directory (LABreastfeedingSupport.org) (4) encourage the adoption of evidence – based maternity care practices, including eliminating infant formula marketing from maternity care facilities (5) implement a Breastfeeding Welcome Here project to create breastfeeding-friendly establishments and communities throughout Louisiana. We are ready to continue the work to support and protect breastfeeding families in Louisiana and on the national level.

www.louisianabreastfeedingcoalition.org



Maine Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Maine's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Maine	85.3	41.8	34.1	18.4	5
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Maine's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Maine	\$8,957,453	\$3,422,097	\$34,452,842
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Maine has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Maine State Breastfeeding Coalition

It may take a village to raise a child, but it takes a whole state to create a network of support for breastfeeding. In 2014, the Maine State Breastfeeding Coalition (MSBC) conducted strategic planning and convened stakeholders to chart a renewed course for the coalition's future. The MSBC is working to support, protect, and improve breastfeeding for Maine mothers and babies of all ethnicities and incomes. By working together to support breastfeeding for mothers and babies in Maine, we can improve the health of all Mainers.

www.mainestatebreastfeedingcoalition.org



Maryland Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Maryland's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Maryland	91.0	41.1	26.2	18.2	8
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Maryland's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Maryland	\$36,858,374	\$18,764,545	\$161,776,599
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Maryland Breastfeeding Coalition

The Maryland Breastfeeding Coalition's mission is to improve Maryland citizen's health by working collaboratively to protect, promote, and support breastfeeding. We envision breastfeeding as the norm for infant and child feeding throughout Maryland in order to achieve optimal health, enhance child development, promote knowledgeable and effective parenting, support women in breastfeeding, and make optimal use of resources. The Maryland Breastfeeding Coalition's work has been evident in a variety of areas: Our Breastfeeding Welcome Here Campaign fosters a supportive environment from retailers and over 35 businesses have taken our pledge to welcome breastfeeding families in their place of business; In collaboration with the Maryland Department of Health and Mental Hygiene and in support of Maryland DHMH's Hospital Breastfeeding Policies, we work on initiatives to assist hospitals to improve their support of breastfeeding families; Working in conjunction with the DC Breastfeeding Coalition since 2010 we have recognized over 80 businesses and healthcare providers with our Breastfeeding Friendly Workplace and Breastfeeding Friendly Health Care Provider Awards. We are ready to continue the work to support and protect breastfeeding families in Maryland and on the national level.

www.marylandbreastfeedingcoalition.org



Massachusetts Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Massachusetts's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Massachusetts	87.4	36.8	26.6	19.0	17
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Massachusetts's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Massachusetts	\$36,399,361	\$17,143,235	\$145,359,940
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Massachusetts, Partners In Health will create systems that enable providers to refer women to community-based resources including breastfeeding support and assign primary care providers, and Diné College will create the first Tribal Community Health Worker (CHW) Certification Program to expand the CHW workforce in Navajo Nation.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Massachusetts has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Massachusetts Breastfeeding Coalition

The Massachusetts Breastfeeding Coalition's mission is to improve public health by transforming our culture: making breastfeeding the norm through education, advocacy, and collaboration. Most of MBC's activities involve helping health care providers support and promote breastfeeding. Our goal is to help providers prevent breastfeeding problems, and recognize them and solve them easily should they occur. Some of our activities include the development of two evidence-based flowcharts entitled "Approach to Early Breastfeeding." These flowcharts are designed to help providers recognize and treat early breastfeeding problems. MBC also produces and distributes over 1,000 copies of the Massachusetts Breastfeeding Resource Guide each year free of charge to health care providers who work with pregnant and post-partum women and children in Massachusetts. We are ready to continue the work to support and protect breastfeeding families in Massachusetts and on the national level.

www.massbreastfeeding.org

U.S. Breastfeeding Committee • USBreastfeeding.org



Michigan Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Michigan's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Michigan	77.7	34.6	23.9	30.3	16
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Michigan's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Michigan	\$95,497,847	\$36,981,964	\$425,185,883
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Michigan, National Kidney Foundation of Michigan, Inc. will include a diverse group of partners and strategies to focus on African American/Blacks and Hispanic Americans, will increase breastfeeding support.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 2 Michigan hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Michigan has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Michigan Breastfeeding Network

The mission of the Michigan Breastfeeding Network (MIBFN) is to optimize state and community support of breastfeeding by leading collaborative actions for advocacy, education, and coalition building. MIBFN serves as an official advocate on health issues affecting mothers and babies and as a resource for legislators and policy makers. We also provide opportunities for networking, collaboration, and resource sharing among breastfeeding advocates in Michigan.

www.mibreastfeeding.org



Minnesota Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Minnesota's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Minnesota	89.2	38.9	37.2	30.6	17
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Minnesota's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Minnesota	\$36,455,117	\$16,392,816	\$154,921,165
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, the Office of Statewide Health Improvement Initiatives (OSHI) will implement evidence-based strategies that are state- and locally-led with a focus on advancing health equity. Locally-led strategies will impact specific settings (e.g. worksites, maternity centers, and parks and recreation areas), and will be implemented by local public health agencies through Minnesota's Statewide Health Improvement Partnership program and community partners.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There is 1 Minnesota hospital participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Minnesota has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Minnesota Breastfeeding Coalition

The Minnesota Breastfeeding Coalition's mission is to work collaboratively to create an environment in Minnesota where breastfeeding is recognized and supported as vital to the health and development of children and families. Our purpose is to work collaboratively to increase the initiation, duration, and exclusivity of breastfeeding in Minnesota; promote public awareness and support for breastfeeding as the cultural norm; develop networks for sharing information among groups concerned about improving the health of mothers and babies through breastfeeding; and serve as a resource for health care professionals and the general public through dissemination of information and materials on breastfeeding topics.

www.mnbreastfeedingcoalition.org

U.S. Breastfeeding Committee • USBreastfeeding.org



Mississippi Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Mississippi's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Mississippi	63.2	18.3	13.0	12.5	10
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Mississippi's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Mississippi	\$407,761,74	\$16,506,687	\$211,164,796
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Mississippi, the Mississippi Public Health Institute project will increase community support for breastfeeding through a focused communication campaign that influences health behaviors and the implementation of Baby Cafés, as well as increase the number of primary care providers who link mothers to lactation support services.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There is 1 Mississippi hospital participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Mississippi has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Mississippi Breastfeeding Coalition

The Mississippi Breastfeeding Coalition is a non-profit organization established to encourage and support the promotion of a healthier Mississippi through breastfeeding.

www.msbfc.org



Missouri Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Missouri's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Missouri	82.3	33.1	31.3	13.2	7
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Missouri's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Missouri	\$211,164,796	\$22,012,827	\$225,775,231
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, the state of Missouri will focus on supporting breastfeeding interventions at worksites, early care and education sites, and community venues.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 4 Missouri hospitals participating in the EMPower Training Initiative.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Missouri Breastfeeding Coalition

Breastfeeding experts and advocates in Missouri have been doing great work to improve the nutritional status and overall health of families in Missouri by working collaboratively to promote, support, and protect breastfeeding in all Missouri communities. In particular, the Missouri Breastfeeding Coalition has: worked with hospitals to accelerate implementation of the Baby-Friendly Hospital Initiative and developed systems to ensure continuity of lactation support between hospitals and health care settings in the community; provided "Business Case for Breastfeeding" trainings to educate employers about the benefits of providing comprehensive breastfeeding support for breastfeeding employees; partnered with the Missouri Department of Health and Senior Services to strengthen the laws which support and protect breastfeeding; partnered with the Missouri Department of Health to develop the "Breastfeeding Friendly Child Care Award" to recognize day care centers that provide optimal care for breastfeeding families.

www.mobreastfeeding.org



Montana Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Montana's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Montana	83.9	40.5	35.7	27.9	10
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Montana's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Montana	\$7,531,822	\$3,164,906	\$32,042,590
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Montana State Breastfeeding Coalition

Because healthy babies and healthy moms mean a healthy Montana, the Montana State Breastfeeding Coalition continues to focus its efforts on promoting and supporting lactation education opportunities, increasing access to rural breastfeeding support, and supporting best practices in maternity care. While our moms and babies start off great, our breastfeeding rates drop significantly at 3 months and it is with this in mind that the Montana State Breastfeeding Coalition needs your help in protecting, promoting, and supporting breastfeeding families in our communities.

www.mtbreastfeedingcoalition.weebly.com



Nebraska Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Nebraska's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Nebraska	82.2	40.2	25.4	12.8	1
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Nebraska's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Nebraska	\$12,258,885	\$6,273,840	\$49,386,927
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Nebraska, the Health Partners Initiative DBA Partnership for a Healthy Lincoln, El Centro de las Americas, Malone Community Center, and the Asian Community and Cultural Center will focus on strengthening community clinical linkages to change health behaviors leading to chronic diseases.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 3 Nebraska hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Nebraska has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of Nebraska's Children's Healthy Weight CoIIN project is to establish a relationship between the Nebraska WIC Program's Breastfeeding Peer Counselor program and a Nebraska hospital.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Nebraska Breastfeeding Coalition

The Nebraska Breastfeeding Coalition is a network of individual members and organizational partners dedicated to improving the health of Nebraskans by making breastfeeding the norm through education, advocacy, and collaboration. We work together to share information and partner in activities to increase breastfeeding rates across the state.

www.nebreastfeeding.org

U.S. Breastfeeding Committee • USBreastfeeding.org



Nevada Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Nevada's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Nevada	83.5	30.6	20.8	16.3	3
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Nevada's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Nevada	\$18,604,182	\$9,304,431	\$89,694,159
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Nevada, the Southern Nevada Health District will increase the number of certified lactation consultants in programs serving priority populations.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There is 1 Nevada hospital participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Nevada has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of Nevada's Children's Healthy Weight CoIIN project is to "Normalize Breastfeeding by Establishing Breastfeeding-Friendly Communities" by way of the Secondary Driver: "Family Support," with measurable progress by January 1, 2021.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Breastfeeding Taskforce of Nevada

The state of Nevada has two breastfeeding coalitions which bring community partners together in monthly meetings to work on local campaign and community awareness events.

www.nevadabreastfeeding.org



New Hampshire Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how New Hampshire's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
New Hampshire	87.4	45.6	30.2	49.4	7
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how New Hampshire's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
New Hampshire	\$8,320,232	\$3,049,458	\$32,414,352
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

New Hampshire Breastfeeding Task Force

The New Hampshire Breastfeeding Task Force is striving to meet the national objectives for breastfeeding prevalence and duration as outlined by the U.S. Department of Health and Human Services in the Healthy People 2020: National Health Promotion and Disease Report. For the children of New Hampshire to be healthy and strong, they must receive the best possible nutrition when they are infants.

www.nhbreastfeedingtaskforce.org



New Jersey Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how New Jersey's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
New Jersey	82.8	36.1	24.4	18.9	11
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how New Jersey's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
New Jersey	\$62,515,275	\$28,598,792	\$273,950,902
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, New Jersey has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

New Jersey Breastfeeding Coalition

The New Jersey Breastfeeding Coalition's mission is to promote, protect, and support breastfeeding by working collaboratively. Our vision is: Normalizing breastfeeding; Supporting an inclusive breastfeeding environment; Promoting evidence-based and culturally sensitive breastfeeding education, information, and support; and Ensuring that everyone who breastfeeds or provides human milk has the resources to meet their goals.

www.breastfeedingnj.org



New Mexico Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how New Mexico's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
New Mexico	87.7	35.1	27.6	54.3	10
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how New Mexico's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
New Mexico	\$17,486,659	\$7,603,034	\$78,218,418
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In New Mexico, the Presbyterian Healthcare Services will expand the use of the Wellness Referral Center, which allows providers to refer patients to community and public health supports like breastfeeding resources.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, New Mexico has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

New Mexico Breastfeeding Task Force

The New Mexico Breastfeeding Task Force (NMBTF) is committed to bridging the gap in breastfeeding disparities by working with New Mexico communities to promote breastfeeding, supporting hospitals in their efforts to achieve Baby-Friendly designation, improving workplace and daycare breastfeeding conditions, and supporting legislative policies so that all families have the support they need to reach their breastfeeding goals. Across New Mexico, the NMBTF educates businesses about creating supportive work environments for breastfeeding employees and employers have discovered that the cost savings and increased productivity among employees is worth the investment. Through venues including our annual advanced concepts in lactation conference, physician seminar, hospital summit, and monthly health professional webinars we provide continuing education for health professionals. The NMBTF Baby-Friendly Hospital Project supports New Mexico hospitals in implementing the Ten Steps to Successful Breastfeeding. Strategies include hospital consultation, financial scholarships, healthcare provider education, data improvement and media promotion.

www.breastfeedingnewmexico.org



New York Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how New York's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
New York	85.1	38.3	21.4	21.6	28
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how New York's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
New York	\$142,691,944	\$69,429,981	\$628,440,987
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. Six Creating Breastfeeding Friendly Communities regional grantees will implement interventions to support breastfeeding that address continuity of care, community support, and workplace compliance with federal and state lactation accommodation laws.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

New York Statewide Breastfeeding Coalition

The New York Statewide Breastfeeding Coalition (NYSBC) brings together a diverse group of health care providers, public health professionals, lactation consultants and regional coalitions from all over the state to improve the health of New Yorkers by working collaboratively to promote, protect and support breastfeeding as the norm in our state. Our vision is that breastfeeding will be supported in all environments to promote optimal health and development. We have helped to raise the profile of breastfeeding in New York as an important public health issue. NYSBC educates families, health professionals and public officials about the importance of breastfeeding as a public health measure which improves the health of women and children. We advocate for laws to support and protect breastfeeding.

We work to educate the business community about proper lactation programs and policy. We unite healthcare and human service providers to promote, protect and support breastfeeding in New York.

www.nysbreastfeeding.org



North Carolina Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how North Carolina's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
North Carolina	84.9	33.2	27.0	37.6	17
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how North Carolina's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
North Carolina	\$64,858,699	\$30,230,018	\$296,139,630
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In North Carolina, Rosedale Assistance & Opportunities will establish breastfeeding peer support programs and provide outreach and education on the benefits of breastfeeding.
- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, North Carolina will provide funding and support for local coalitions to implement evidence-based strategies related to breastfeeding.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 8 North Carolina hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, North Carolina has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-COIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of North Carolina's Children's Healthy Weight COIN project is to facilitate the development, implementation and/or integration of evidence informed policies and practices to support State Title V programs and NCDPH to improve health behaviors related to breastfeeding and to innovatively integrate nutrition into Title V MCH Block Grant and other MCH programs.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

North Carolina Breastfeeding Coalition

The mission of the North Carolina Breastfeeding Coalition is to promote, protect and support breastfeeding through a cooperative network of individuals, coalitions, agencies, and organizations. Our vision is to ensure that early, exclusive, and continued breastfeeding will be the norm in North Carolina.

www.ncbfc.org

U.S. Breastfeeding Committee • USBreastfeeding.org



North Dakota Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how North Dakota's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
North Dakota	81.7	33.4	29.1	13.8	2
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how North Dakota's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
North Dakota	\$5,032,468	\$2,454,418	\$21,356,126
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 2 North Dakota hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, North Dakota has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of North Dakota's Children's Healthy Weight CoIIN project is to identify breastfeeding needs and offer support for key stakeholders in tribal communities and urban Native American populations.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

North Dakota Breastfeeding Coalition

The North Dakota Breastfeeding Coalition is comprised of statewide partners working on breastfeeding promotion and support efforts across the state. All North Dakota mothers deserve the opportunity to breastfeed their infants, and all infants deserve the opportunity to be breastfed. Ensuring access to comprehensive, interdisciplinary, and culturally appropriate lactation and breastfeeding care and services from preconception through weaning will empower women to breastfeed their infants exclusively for at least six months and to continue through the child's first year of life and beyond while introducing appropriate weaning foods. We envision breastfeeding as the norm for feeding infants and young children throughout North Dakota and we're ready to continue the work to support and protect breastfeeding families in North Dakota and on the national level.

www.ndhealth.gov/breastfeeding



Ohio Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Ohio's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by Healthy People 2020.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Ohio	81.9	30.7	23.7	16.5	10
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Ohio's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Ohio	\$111,681,254	\$45,920,307	\$500,973,599
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Ohio, Cuyahoga County will increase timely, accessible, and culturally appropriate lactation support..
- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, Ohio will provide training and technical assistance to worksites on adopting breastfeeding policies and adhering to the federal law
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 3 Ohio hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Ohio has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Ohio Breastfeeding Alliance

Breastfeeding professionals and supporters in Ohio are targeting their energy on developing better resources for families who breastfeed, and on supporting individual families and organizations with breastfeeding issues. We have provided resources to Ohio Best Fed Beginning hospitals to improve post-discharge support for breastfeeding mothers and babies; worked with the Ohio Chronic Disease Collaborative to include breastfeeding as a core measure in Ohio's Plan to Prevent and Reduce Chronic Disease; and continue to collaborate with the Ohio Department of Health, Ohio Hospital Association, and other organizations to aid in development of the statewide, hospital based, recognition program: Ohio First Steps for Healthy Babies, recognizing efforts of hospitals to become more breastfeeding friendly. We continue to work to carry out our vision to re-establish breastfeeding as the biological and cultural norm throughout Ohio by being a resource for the public, health professionals, employers, and agencies seeking to support breastfeeding families.

www.ohiobreastfeedingalliance.org

U.S. Breastfeeding Committee • USBreastfeeding.org



Oklahoma Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Oklahoma's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Oklahoma	75.9	31.0	21.6	21.7	8
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Oklahoma's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Oklahoma	\$35,563,836	\$16,130,432	\$166,376,700
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Oklahoma has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Coalition of Oklahoma Breastfeeding Advocates

Breastfeeding advocates in Oklahoma have been working hard to break down the barriers to breastfeeding success in the hospital and beyond. In particular, the Coalition of Oklahoma Breastfeeding Advocates (COBA) have collaborated with statewide organizations to: implement best practices, including a model hospital breastfeeding policy, Baby-Friendly hospitals, ending hospital distribution of formula gift bags; provide statewide breastfeeding training opportunities; and establish the Oklahoma Mothers' Milk Bank. We have worked to develop the nationally recognized Oklahoma Breastfeeding Hotline; pass state laws protecting the rights of breastfeeding mothers in public and the workplace; recognize breastfeeding-friendly worksites and assist employers in building breastfeeding-friendly policies; recognized more than 100 supportive worksites; and address disparities in breastfeeding rates by increasing access to breastfeeding support in African American communities.

www.okbreastfeeding.org



Oregon Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Oregon's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Oregon	89.4	51.7	33.4	52.6	12
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Oregon's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Oregon	\$18,342,047	\$8,379,000	\$68,257,142
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Oregon, Multnomah County Health Dept will work in nutrition, physical activity, and community-clinical linkage strategies to reach infants, youth, adults, and elders to achieve policy, systems, and environmental improvements that reduce chronic disease disparities.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Oregon has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Breastfeeding Coalition of Oregon

The Breastfeeding Coalition of Oregon seeks to eliminate every barrier to breastfeeding so babies and their families are thriving. BCO currently has relationships with geographically and culturally based coalitions, Oregon WIC, Nursing Mothers Counsel, La Leche League, and the Northwest Mothers Milk Bank. We also work with hospitals, clinics, coordinated care organizations, and all stakeholders seeking to support breastfeeding in Oregon.

www.breastfeedingor.org



Pennsylvania Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Pennsylvania's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Pennsylvania	83.8	39.0	25.6	25.0	13
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Pennsylvania's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Pennsylvania	\$103,702,024	\$43,942,868	\$445,194,386
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Pennsylvania, Pennsylvania State University Hershey Medical Center will create bilingual hospital-based breastfeeding programming and support with Women, Infant and Children (WIC).
- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, The Pennsylvania Department of Health will implement comprehensive strategies to increase settings that implement supportive breastfeeding interventions.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 5 Pennsylvania hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Pennsylvania has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Pennsylvania Breastfeeding Coalition

The Pennsylvania Breastfeeding Coalition has facilitated community and statewide efforts to protect, support, and promote breastfeeding as the cultural norm across the Commonwealth since 1992. We have recently revamped our governing documents to align with the state's requirements for Unincorporated Associations. We implemented processes to contract with the 20+ local coalitions and provide them with fiscal sponsorship in order to facilitate partnerships while increasing the value of the work we do individually and collectively. Our newly ratified strategic plan complements the US Surgeon General's Call to Action to Support Breastfeeding. We have goals to promote breastfeeding in healthcare, workplace, and community settings through projects and public policy initiatives.

www.pabreastfeeding.org

U.S. Breastfeeding Committee • USBreastfeeding.org



Puerto Rico Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Puerto Rico's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Puerto Rico	85.9	29.8	26.5	1.1	1
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Puerto Rico has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Puerto Rico Breastfeeding Promotion Coalition

We are a group of highly committed individuals representing professional organizations, government agencies, non profit organizations, and individual community members that collaborate and support each other sharing a common goal of promoting successful breastfeeding initiation and prolongation of breastfeeding beyond 6 months of age. Meetings are coordinated by a staff of the MCAH Division of the PR Department of Health.

ccalderon@salud.pr.gov



Rhode Island Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Rhode Island's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Rhode Island	81.4	30.9	28.9	86.0	4
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Rhode Island's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Rhode Island	\$7,705,575	\$3,152,830	\$33,722,981
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Rhode Island has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Rhode Island Breastfeeding Coalition

The vision of the Rhode Island Breastfeeding Coalition is that all babies in Rhode Island will be breastfed and breastfeeding will be accepted as the norm for infant feeding in Rhode Island. The coalition primarily focuses on increasing breastfeeding knowledge and awareness among breastfeeding families and health care professionals, building community partnerships, and developing community resources. We are ready to continue the work to support and protect breastfeeding families in Rhode Island and on the national level.

www.ribreastfeeding.org



South Carolina Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how South Carolina's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
South Carolina	76.4	28.0	24.4	41.7	14
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how South Carolina's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
South Carolina	\$44,358,829	\$19,281,669	\$221,025,408
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 5 South Carolina hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, South Carolina has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

South Carolina Breastfeeding Coalition

The South Carolina Breastfeeding Coalition promotes, protects, and supports the art and science of human milk feeding as the superior form of nutrition and nurture for infants and young children. Our goals include: being an instrument of societal change through political action, education, and networking; protecting the rights of all mothers and infants in our state to have the opportunity, support, and resources to breastfeed as long as they desire; recognizing leading individuals, organizations, and institutions in protecting, promoting, and supporting breastfeeding; and providing resources and/or financial support for projects consistent with our purpose.

www.scbreastfeedingcoalition.org



South Dakota Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how South Dakota's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
South Dakota	83.3	42.7	32.2	4.9	2
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how South Dakota's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
South Dakota	\$6,842,432	\$2,976,103	\$29,873,496
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There is 1 South Dakota hospital participating in the EMPower Training Initiative.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

South Dakota Breastfeeding Coalition

We are a non-profit organization working to positively impact the breastfeeding laws and culture by promoting breastfeeding support. We seek out and support evidence-based breastfeeding practices.

www.sdbreastfeedingcoalition.com



Tennessee Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Tennessee's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Tennessee	75.7	34.4	22.7	21.1	6
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Tennessee's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Tennessee	\$46,859,752	\$23,633,116	\$213,179,483
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There is 1 Tennessee hospital participating in the EMPower Training Initiative.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Tennessee Breastfeeding Coalition

The Tennessee Breastfeeding Coalition represents five coalitions across the state. Local breastfeeding coalitions bring individuals and organizations together. They enable women, families, and community members to share ideas, break institutional and cultural barriers, and solve problems related to breastfeeding, in addition to empowering and educating the public.

<http://breastfeeding.tn.gov>



Texas Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Texas's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Texas	85.0	35.2	24.1	20.1	22
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Texas's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Texas	\$214,784,596	\$103,399,198	\$1,029,745,253
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, the TPAN also will support breastfeeding in 1) healthcare systems through the Texas Ten Step Star Achiever Hospital Initiative, 2) communities by providing lactation support training to clinical staff in outpatient settings, and 3) worksites by building the Texas Mother-Friendly Worksite program in state agencies.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 4 Texas hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Texas has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CoIIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of the Texas Children's Healthy Weight CoIIN is to expand cross-sector collaborations to integrate breastfeeding support in state programs; increase capacity to promote worksite lactation support best practices/Texas Mother-Friendly Worksite designation to targeted employment sectors; and leverage expanded collaborations to identify opportunities for increasing continuity of care.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Texas Breastfeeding Coalition

The Texas Breastfeeding Coalition's mission statement is to improve the health of Texans by working collaboratively to protect, promote, and support breastfeeding. Our goals include: continuing to improve breastfeeding rates in Texas; ensure that we have state and local laws to protect breastfeeding; protect and promote a public environment supportive and accepting of breastfeeding; linking breastfeeding resources for statewide access; and foster communication and build a strong networking system among stakeholders.

www.texasbreastfeedingcoalition.org

U.S. Breastfeeding Committee • USBreastfeeding.org



Utah Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Utah's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Utah	89.7	40.8	27.8	8.6	1
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Utah's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Utah	\$18,640,681	\$10,715,569	\$81,020,627
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, Utah will support breastfeeding interventions in the workplace and at birthing facilities.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Utah has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Utah Breastfeeding Coalition

The Utah Breastfeeding Coalition is a group of health professionals, public health organizations, educators, policy makers, employers and other community individuals and groups whose purpose is to collaboratively promote, protect, and support breastfeeding in Utah. Our goals include: encouraging mothers to initiate and continue breastfeeding; increasing public understanding that breastfeeding is the normal course for nourishing children and that efforts to undermine breastfeeding are serious threats to the health of children and women; and contributing to a supportive and accepting social environment with respect to breastfeeding. The health of our Nation is one of our most important resources. Breastfeeding, a relatively basic, simple, and cost-effective measure, can have a significant impact on establishing the foundation for a lifetime of optimal health and can result in reduced health care spending.

www.utahbreastfeeding.org



Vermont Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Vermont's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Vermont	89.3	51.3	38.0	10.4	2
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal Maternal & Child Nutrition quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Vermont's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Vermont	\$3,816,650	\$1,516,662	\$15,321,502
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Vermont has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Vermont Breastfeeding Network

Vermont Department of Health WIC Program is the leader on breastfeeding projects and partners with the Vermont Breastfeeding Network (VBN) to educate, promote, and support breastfeeding in our community. In particular, Vermont WIC has provided "Business Case for Breastfeeding" trainings to educate WIC staff and breastfeeding coalition members about the benefits to employers and employees when businesses provide comprehensive worksite breastfeeding support and recognized over 280 worksites that comply with the Vermont law as "Breastfeeding Friendly Employers." In addition, two quality improvement projects for health care providers, jointly developed by the Vermont Department of Health, the Vermont Child Health Improvement Program, and the Vermont chapters of the American Academy of Pediatrics and American Academy of Family Physicians were developed: Birth & Beyond – 10 Steps to Empower Mothers and Nurture Babies and Improving Breastfeeding Supports in Primary Care Settings.

tricia.cassi@vermont.gov



Virginia Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Virginia's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Virginia	81.7	39.3	26.6	12.7	7
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Virginia's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Virginia	\$53,594,574	\$26,659,701	\$239,301,411
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There is 1 Virginia hospital participating in the EMPower Training Initiative.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Virginia Breastfeeding Task Force

The mission of the Virginia Breastfeeding Task Force is to: improve infant and family health by making breastfeeding the cultural norm; to create a supportive public environment for breastfeeding; to improve the rates of breastfeeding initiation and duration in Virginia to meet the National Healthy People Breastfeeding Objectives. We meet quarterly in Richmond and our membership is open to all who would like to support breastfeeding endeavors in our Commonwealth.

www.vabreastfeeding.org



Washington Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Washington's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Washington	92.4	48.2	29.1	18.4	9
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Washington's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Washington	\$37,119,932	\$17,506,548	\$147,033,394
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- **Racial and Ethnic Approaches to Community Health (REACH)** funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In Washington, Seattle-King County will promote breastfeeding in workplaces, expand culturally appropriate breastfeeding services, and work with pharmacists, community health workers, and other community-based organizations to strengthen referral patterns to culturally appropriate clinical and preventive care.
- **The State Physical Activity and Nutrition (SPAN)** program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, the state of Washington will support breastfeeding through: 1) training and technical assistance to early care and education providers; 2) updating and continuing to implement Breastfeeding Friendly Washington in hospitals and clinics; and 3) working with state agencies and insurers to implement the federal lactation accommodation law.
- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There is 1 Washington hospital participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Washington has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Breastfeeding Coalition of Washington

The Breastfeeding Coalition of Washington (BCW) is a statewide network of hundreds of individuals and over 20 local community coalitions and partner organizations. Our mission is to promote, protect, and support breastfeeding as a vital part of the health and development of children and families. We work to increase initiation, duration, and exclusivity rates of breastfeeding through promotion projects, education, and resource sharing with the larger aim of establishing breastfeeding as the cultural norm in Washington. Our work influences mothers and families, communities, organizations, and the larger sociocultural environment, all of which impact breastfeeding.

www.breastfeedingwa.org

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West Virginia Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how West Virginia's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
West Virginia	68.6	24.3	20.2	8.1	4
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how West Virginia's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
West Virginia	\$20,530,562	\$7,808,795	\$97,745,897
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There is 1 West Virginia hospital participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, West Virginia has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

West Virginia Breastfeeding Alliance

The West Virginia Breastfeeding Alliance promotes breastfeeding in collaboration with the American Academy of Pediatrics through information, guidance, support, and resources.

www.wvbfa.com



Wisconsin Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Wisconsin's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Wisconsin	82.2=	39.3	28.3	16.0	11
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Wisconsin's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Wisconsin	\$48,297,361	\$19,287,425	\$205,981,242
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Projects

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity

- The **EMPower Training Initiative** is co-created and implemented by Abt Associates, the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners. By providing skills-based competency training on these practices, hospitals and maternity care centers can better ensure that related policies and procedures are implemented safely, as intended, for each mother and her infant. There are 3 Wisconsin hospitals participating in the EMPower Training Initiative.

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Wisconsin has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.
- The **Children's Healthy Weight Collaborative Improvement and Innovation Network (CHW-CollIN)** partners with and supports states in adopting evidence-based or evidence-informed policies and practices related to nutrition, physical activity, and breastfeeding. The purpose of Wisconsin's Children's Healthy Weight CollIN project is to assess and enhance efforts for workplace lactation support by August 2019 for local and tribal health agencies and coalitions so that there is coordinated and consistent statewide support, promotion, and implementation of workplace lactation strategies.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Wisconsin Breastfeeding Coalition

Breastfeeding experts and advocates in Wisconsin have been doing great work. In particular, the Wisconsin Breastfeeding Coalition has: worked with hospitals to accelerate implementation of the Baby-Friendly Hospital Initiative and developed systems through the "Building Bridges Program" to ensure continuity of lactation support between hospitals and health care settings in the community; provided "Business Case for Breastfeeding" trainings to educate employers about the benefits of providing comprehensive breastfeeding support for breastfeeding employees; and developed the "Ten Steps to Breastfeeding Friendly Child Care Centers" used in training child care center directors and teachers in improving breastfeeding support. This toolkit has been used nationally as a template for Public Health entities, Universities, and Community Organizations and others that are working to improve breastfeeding support in child care centers.

www.wibreastfeeding.com

U.S. Breastfeeding Committee • USBreastfeeding.org



Wyoming Breastfeeding Report

Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness. Here's how Wyoming's breastfeeding rates and other measures (2015 births) compare to national rates and targets set by the Healthy People 2020 initiative.

BREASTFEEDING RATES & PROGRESS	% ever breastfed	% duration to 12 months	% exclusive at 6 months	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities
Wyoming	90	38.6	28.8	2.4	1
U.S. National	83.2	35.9	24.9	26.1	555
HP2020 Target	81.9	34.1	25.5	8.1	N/A

A 2016 study published in the journal *Maternal & Child Nutrition* quantified excess cases of pediatric and maternal disease and death and associated costs attributable to suboptimal breastfeeding (using rates for 2014 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Wyoming's costs resulting from sub-optimal rates compare:

COSTS OF SUB-OPTIMAL BREASTFEEDING RATES	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Wyoming	\$4,242,374	\$1,834,213	\$16,998,859
U.S. National	\$2,405,023,438	\$1,093,681,596	\$10,798,725,299

Federally Funded Breastfeeding Project

Health Resources & Service Administration, Maternal and Child Health Bureau

- Through a **Title V Maternal and Child Health** grant, Wyoming has chosen increasing percentage of infants who are ever breastfed and infants breastfed exclusively through 6 months as one of their National Performance Measures.

Your State Breastfeeding Coalition

The USBC is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels.

Wyoming Breastfeeding Coalition

The Wyoming Breastfeeding Coalition's mission is to improve the health of Wyoming residents by working collaboratively to protect, promote, and support breastfeeding among breastfeeding advocates and families at home, in healthcare facilities, workplaces, childcare, and educational institutions.

www.wyobreastfeedingcoalition.org