



Alabama Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Alabama's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Alabama	67.6	20.7	10.9	\$55,561,267	\$23,746,208	\$279,692,948
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Alabama compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Alabama	13.6	4	12	0.60	2.62	2.75
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Alabama, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and improving access to professional and peer support for breastfeeding.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 6 Alabama hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Alaska's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Alaska	90.8	38.4	27.8	\$5,306,377	\$2,619,286	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Alaska compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Alaska	29.3	2	5	1.15	4.35	8.08
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Alaska, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Arizona's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Arizona	85.0	30.0	23.8	\$64,518,531	\$28,373,592	\$317,857,345
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Arizona compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Arizona	2.2	5	3	0.82	2.19	3.75
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Arizona, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Arkansas's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Arkansas	68.4	20.2	14.1	\$35,783,706	\$15,015,474	\$179,504,430
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Arkansas compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Arkansas	6.9	2	7	0.44	2.37	2.19
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Arkansas, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and ensuring workplace compliance with the federal lactation accommodation law.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 6 Arkansas hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how California's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
California	90.2	34.3	24.8	\$218,509,759	\$108,755,806	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how California compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
California	38.9	86	67	0.62	2.12	4.59
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In California, current funding is focused on improving access to professional and peer support for breastfeeding, and ensuring workplace compliance with the federal lactation accommodation law.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 5 California hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

California Breastfeeding Coalition

Breastfeeding advocates in California have been doing great work breaking down barriers to breastfeeding success, implementing strategies from The Surgeon General's Call to Action to Support Breastfeeding. The

California Breastfeeding Coalition has 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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Colorado's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Colorado	88.6	40.6	26.4	\$33,619,510	\$15,297,469	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Colorado compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Colorado	13.0	9	20	1.34	9.57	4.69
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Colorado, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

Colorado Breastfeeding Coalition

Founded in 1990, the Colorado Breastfeeding Coalition is a volunteer organization comprised of physicians, nurses, public health officials, dietitians, lactation consultants, counselors, and members of the business community, whose mission is to ensure optimal health and development of all Colorado families by fostering a society-wide approach to breastfeeding. These breastfeeding experts and advocates in Colorado have been doing great work. In particular, the Colorado Breastfeeding Coalition has: worked with hospitals statewide to accelerate implementation of the Baby-Friendly Hospital Initiative; provided Business Case for Breastfeeding trainings to educate employers about the benefits of providing comprehensive breastfeeding support for breastfeeding employees; initiated successful state level legislative efforts to ensure support for breastfeeding families in public and in the workplace; and developed and implemented the Colorado Can Do 5! initiative and education program for hospitals throughout the state, representing 99% of all Colorado births.

www.cobfc.org



Connecticut Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Connecticut's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Connecticut	85.2	34.9	21.4	\$28,105,492	\$11,636,830	\$113,040,247
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Connecticut compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Connecticut	47.0	10	2	1.79	10.01	5.62
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Connecticut, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, improving access to professional and peer support for breastfeeding, and ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Delaware's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Delaware	74.6	24.5	18.9	\$7,540,594	\$3,312,763	\$36,611,108
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Delaware compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Delaware	85.8	4	1	0.36	1.07	4.93
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Delaware, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and improving access to professional and peer support for breastfeeding.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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



DC Breastfeeding Facts



The HHS “Healthy People” initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining “optimal” as 90% of infants breastfed according to medical recommendations). Here’s how Dist of Columbia’s rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Dist of Columbia	82.8	33.1	23.2	\$3,858,011	\$2,465,875	\$21,748,618
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here’s how Dist of Columbia compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Dist of Columbia	32.2	2	4	0.42	0.94	1.98
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Dist of Columbia, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and improving access to professional and peer support for breastfeeding.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions’ capacity to ensure coordinated leadership and implementation of state action plans.

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 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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Florida's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Florida	81.1	24.6	18.4	\$148,426,838	\$64,239,421	\$683,909,226
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Florida compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Florida	10.4	10	42	0.76	5.26	2.55
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Florida, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 8 Florida hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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. Our mPINC score has increased from 69% in 2011 to 78% in 2013 and we have tripled the number of Baby-Friendly designated maternity hospitals in 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

USBreastfeeding.org



Georgia Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Georgia's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Georgia	69.2	29.8	25.4	\$92,960,508	\$43,063,026	\$465,799,139
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Georgia compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Georgia	12.4	6	20	0.59	5.97	2.77
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Georgia, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and ensuring workplace compliance with the federal lactation accommodation law.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 6 Georgia hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

Georgia Breastfeeding Coalition

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. The Georgia Breastfeeding Coalition is: supporting 17 area hospitals pursuing Baby-Friendly designation; taking the DHHS/Office on Women's Health program "The Business Case for Breastfeeding" to employers across the state; and developing a statewide breastfeeding referral database. 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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Hawaii's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Hawaii	90.6	42.9	30.0	\$7,507,466	\$4,166,829	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Hawaii compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Hawaii	19.5	4	1	0.60	8.21	4.57
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Hawaii, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and improving access to professional and peer support for breastfeeding.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Idaho's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Idaho	92.9	39.6	28.1	\$12,492,088	\$5,837,697	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Idaho compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Idaho	6.6	1	5	0.92	2.54	3.90
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Idaho, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Illinois's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Illinois	81.1	29.2	25.5	\$127,791,884	\$55,683,736	\$591,326,623
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Illinois compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Illinois	7.8	15	42	0.78	7.68	3.34
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Illinois, current funding is focused on improving access to professional and peer support for breastfeeding.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 3 Illinois hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Indiana's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Indiana	76.1	20.7	16.5	\$65,404,112	\$26,782,020	\$307,616,067
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Indiana compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Indiana	23.1	13	18	0.77	2.95	4.73
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Indiana, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 2 Indiana hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

Indiana State Breastfeeding Coalition

The Indiana Breastfeeding Coalition, composed of a strong group of volunteers, has been an organization since 1990 and became a formal partner with Indiana Perinatal Network in 2013 and gained 501(c) 3 status. In the years of our existence we wrote, printed, and distributed "Born to be Breastfed: A Call to Action to Promote Breastfeeding in Indiana" throughout the state, which outlined goals, strategies and recommendations. 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. In addition, we have worked to educate businesses through the Business Case for Breastfeeding campaign.

www.indianabreastfeeding.org



Iowa Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Iowa's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Iowa	80.5	33.8	24.9	\$27,602,698	\$11,107,211	\$117,525,087
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Iowa compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Iowa	3.1	2	11	0.76	4.33	3.24
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Iowa, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 1 Iowa hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Iowa and on the national level.

www.iabreastfeeding.org

USBreastfeeding.org



Kansas Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Kansas's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Kansas	83.8	32.4	23.4	\$26,753,109	\$11,274,349	\$116,966,192
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Kansas compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Kansas	15.7	1	10	1.92	1.84	4.29
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Kansas, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 5 Kansas hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 state partners such as the Kansas Chapter of the AAP, Child Care Aware of Kansas and the Kansas Department of Health and Environment.

www.ksbreastfeeding.org

USBreastfeeding.org



Kentucky Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Kentucky's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Kentucky	66.9	21.6	19.0	\$46,792,464	\$20,182,188	\$233,323,062
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Kentucky compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Kentucky	20.3	3	3	0.29	5.86	2.88
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Kentucky, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 1 Kentucky hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Louisiana's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Louisiana	60.9	13.3	11.8	\$66,857,657	\$26,254,628	\$342,770,430
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Louisiana compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Louisiana	12.7	5	21	0.62	5.17	2.29
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Louisiana, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 7 Louisiana hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 (5) implement a Breastfeeding Welcome Here project to create breastfeeding-friendly establishments and communities throughout Louisiana.

www.louisianabreastfeedingcoalition.org



Maine Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Maine's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Maine	86.6	42.2	32.0	\$10,309,792	\$3,990,793	\$41,397,036
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Maine compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Maine	19.4	6	4	1.75	28.64	7.14
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Maine, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Maryland's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Maryland	84.8	40.6	23.2	\$42,924,610	\$20,302,616	\$191,292,581
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Maryland compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Maryland	13.8	6	11	0.84	1.33	5.04
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Maryland, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 2 Maryland hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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. The Maryland Breastfeeding Coalition's work has been evident in a variety of areas: Our Breastfeeding Welcome Here Campaign fosters a supportive environment from 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.

www.marylandbreastfeedingcoalition.org



Massachusetts Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Massachusetts's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Massachusetts	87.4	38.7	19.9	\$44,255,113	\$19,381,441	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Massachusetts compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Massachusetts	13.2	10	20	1.34	10.34	5.80
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Massachusetts, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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

USBreastfeeding.org



Michigan Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Michigan's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Michigan	80.8	31.8	26.6	\$113,085,265	\$43,366,424	\$499,981,485
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Michigan compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Michigan	26.2	12	14	1.00	2.71	2.97
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Michigan, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 4 Michigan hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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

USBreastfeeding.org



Minnesota Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Minnesota's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Minnesota	90.1	41.0	31.4	\$41,262,995	\$18,768,935	\$176,312,197
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Minnesota compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Minnesota	20.1	11	24	0.93	9.56	4.93
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Minnesota, current funding is focused on improving access to professional and peer support for breastfeeding.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 1 Minnesota hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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



Mississippi Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Mississippi's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Mississippi	52.0	11.3	9.3	\$41,942,840	\$16,966,344	\$215,852,133
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Mississippi compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Mississippi	6.1	1	35	0.96	2.21	1.93
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Mississippi, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 1 Mississippi hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS “Healthy People” initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining “optimal” as 90% of infants breastfed according to medical recommendations). Here’s how Missouri’s rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Missouri	85.4	36.5	24.7	\$68,370,127	\$28,087,964	\$312,046,805
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here’s how Missouri compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Missouri	6.0	5	11	1.28	3.10	3.88
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Missouri, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 2 Missouri hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions’ capacity to ensure coordinated leadership and implementation of state action plans.

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; and partnered with the Missouri Department of Health and Senior Services to strengthen the laws which support and protect breastfeeding.

www.mobreastfeeding.org

USBreastfeeding.org



Montana Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Montana's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Montana	86.4	31.5	33.8	\$7,088,884	\$3,022,461	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Montana compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Montana	9.1	6	12	1.91	28.37	4.45
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Montana, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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. Currently, almost 1/2 of our state's maternity hospitals are working toward Baby-Friendly designation, and Montana has the highest ratio of trained CLC's per/1000 births in the U.S. These efforts are making a difference and Montana was ranked 4th in the U.S. in mothers' who have breastfed their infants (2014 CDC Breastfeeding Report Card). 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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Nebraska's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Nebraska	80.8	30.1	22.6	\$14,285,440	\$6,744,327	\$62,050,615
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Nebraska compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Nebraska	10.9	1	2	1.28	12.79	4.39
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Nebraska, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, improving access to professional and peer support for breastfeeding, and ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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



Nevada Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Nevada's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Nevada	82.6	31.0	24.9	\$21,837,072	\$11,087,157	\$106,215,580
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Nevada compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Nevada	14.1	3	0	0.47	7.00	1.82
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Nevada, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how New Hampshire's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
New Hampshire	79.6	34.0	26.8	\$9,029,177	\$3,316,069	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how New Hampshire compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
New Hampshire	50.0	8	2	1.53	11.84	6.76
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In New Hampshire, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how New Jersey's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
New Jersey	82.0	30.2	23.1	\$70,690,363	\$30,469,276	\$331,366,191
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how New Jersey compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
New Jersey	13.6	11	16	1.52	3.64	3.73
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In New Jersey, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

New Jersey Breastfeeding Coalition

The New Jersey Breastfeeding Coalition's mission is to improve the health of New Jersey families by working collaboratively to promote, protect and support breastfeeding. Our vision is for every woman who initiates breastfeeding or provides human milk to have all the resources necessary to meet her goals, for every hospital and health care practitioner to provide evidence-based and culturally sensitive breastfeeding education, and for residents of the state to recognize breastfeeding as the standard for infant feeding.

www.breastfeedingnj.org



New Mexico Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how New Mexico's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
New Mexico	85.5	29.5	26.6	\$17,762,486	\$7,843,861	\$81,906,965
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how New Mexico compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
New Mexico	33.8	7	19	0.77	1.77	4.27
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In New Mexico, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how New York's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
New York	82.2	33.6	19.7	\$135,567,589	\$68,004,221	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how New York compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
New York	12.9	17	38	0.81	11.40	3.74
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In New York, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and improving access to professional and peer support for breastfeeding.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 2 New York hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

New York Statewide Breastfeeding Coalition

The New York Statewide Breastfeeding Coalition (NYSBC) works 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

USBreastfeeding.org



North Carolina Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how North Carolina's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
North Carolina	75.3	30.0	20.8	\$73,404,350	\$34,083,360	\$351,207,510
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how North Carolina compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
North Carolina	28.7	10	18	1.21	1.19	5.16
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In North Carolina, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 3 North Carolina hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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



North Dakota Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how North Dakota's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
North Dakota	82.3	27.9	23.6	\$6,629,124	\$2,855,485	\$30,536,159
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how North Dakota compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
North Dakota	1.7	1	1	0.44	13.62	2.21
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In North Dakota, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Ohio's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Ohio	77.7	25.6	22.3	\$125,775,641	\$45,413,960	\$595,630,312
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Ohio compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Ohio	18.1	11	13	0.89	5.52	4.03
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Ohio, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and improving access to professional and peer support for breastfeeding.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 2 Ohio hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

Ohio Breastfeeding Alliance

The Ohio Breastfeeding Alliance has 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. We continue to work to carry out our vision to re-establish breastfeeding as the biological and cultural norm by being a resource for the public, health professionals, employers, and agencies seeking to support breastfeeding families.

www.ohiobreastfeedingalliance.org



Oklahoma Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Oklahoma's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Oklahoma	74.7	22.3	15.7	\$37,653,587	\$16,164,058	\$180,828,982
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Oklahoma compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Oklahoma	10.9	6	12	0.51	3.07	3.34
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Oklahoma, current funding is focused on improving access to professional and peer support for breastfeeding.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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. Currently Oklahoma has one Baby-Friendly designated hospital, 19 working towards Baby-Friendly, and 50% of birth hospitals are "bag-free". 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 144 supportive worksites; and address disparities in breastfeeding rates by increasing access to breastfeeding support in African American communities.

www.okbreastfeeding.org



Oregon Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Oregon's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Oregon	92.5	44.9	30.6	\$21,764,282	\$10,147,500	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Oregon compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Oregon	32.4	14	11	1.18	0.70	8.27
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Oregon, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Pennsylvania's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Pennsylvania	73.3	31.9	20.5	\$115,790,642	\$47,914,171	\$537,777,932
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Pennsylvania compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Pennsylvania	12.4	7	17	1.08	2.92	3.42
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Pennsylvania, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 7 Pennsylvania hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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. 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



Rhode Island Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Rhode Island's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Rhode Island	81.8	36.7	27.4	\$10,357,714	\$3,977,483	\$47,121,451
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Rhode Island compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Rhode Island	98.2	4	2	0.64	10.12	5.02
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Rhode Island, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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

USBreastfeeding.org



South Carolina Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how South Carolina's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
South Carolina	71.4	27.2	22.8	\$47,059,811	\$20,118,612	\$242,707,989
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how South Carolina compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
South Carolina	33.4	11	21	0.74	3.87	3.23
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In South Carolina, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 5 South Carolina hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

South Carolina Breastfeeding Coalition

The South Carolina Breastfeeding Coalition promotes, protects, and supports human milk feeding as the superior form of nutrition and nurture for infants and young children. Our goal is to bring societal change through political action, education, and networking and protecting the rights of all mothers and infants.

www.scbreastfeedingcoalition.org



South Dakota Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how South Dakota's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
South Dakota	83.6	31.8	23.4	\$8,011,743	\$3,571,830	\$34,961,229
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how South Dakota compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
South Dakota	6.0	3	2	0.32	5.60	2.84
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In South Dakota, current funding is focused on improving access to professional and peer support for breastfeeding, and ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Tennessee's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Tennessee	71.1	24.7	16.1	\$61,943,639	\$27,051,250	\$300,938,190
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Tennessee compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Tennessee	11.2	2	8	0.58	7.44	2.32
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Tennessee, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 4 Tennessee hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Texas's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Texas	81.9	26.8	21.0	\$220,269,332	\$107,735,444	\$1,053,183,595
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Texas compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Texas	14.8	19	39	0.43	0.98	2.50
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Texas, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are 6 Texas hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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



Utah Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Utah's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Utah	94.4	42.6	27.0	\$22,410,062	\$13,399,097	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Utah compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Utah	7.9	1	1	0.65	1.18	2.30
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Utah, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Vermont's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Vermont	84.5	42.2	31.3	\$4,566,554	\$1,781,344	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Vermont compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Vermont	10.8	2	0	3.22	22.87	13.72
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Vermont, current funding is focused on ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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, offered to hospitals in 2012, and Improving Breastfeeding Supports in Primary Care Settings, offered to pediatric providers in 2014 with another opportunity for additional practices to participate in 2015.

tcassi@vdh.state.vt.us



Virginia Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Virginia's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Virginia	82.0	35.5	22.0	\$63,656,324	\$29,111,843	\$290,316,087
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Virginia compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Virginia	12.9	7	7	1.32	1.22	4.71
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Virginia, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Washington's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Washington	87.4	39.4	28.0	\$43,279,190	\$20,721,882	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Washington compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Washington	11.5	6	14	1.32	1.21	5.78
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Washington, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and improving access to professional and peer support for breastfeeding.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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



West Virginia Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how West Virginia's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
West Virginia	64.6	18.3	14.1	\$21,058,572	\$8,525,372	\$100,759,582
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how West Virginia compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
West Virginia	0.0	0	7	0.45	5.35	3.08
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In West Virginia, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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 Facts



The HHS “Healthy People” initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining “optimal” as 90% of infants breastfed according to medical recommendations). Here’s how Wisconsin’s rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Wisconsin	80.3	34.1	26.6	\$49,316,271	\$19,774,937	\$212,781,547
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here’s how Wisconsin compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Wisconsin	15.7	10	17	1.04	8.68	4.40
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Wisconsin, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities, and ensuring workplace compliance with the federal lactation accommodation law.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions’ capacity to ensure coordinated leadership and implementation of state action plans.

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



Wyoming Breastfeeding Facts



The HHS "Healthy People" initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining "optimal" as 90% of infants breastfed according to medical recommendations). Here's how Wyoming's rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
Wyoming	89.7	37.1	27.0	\$4,377,104	\$1,878,542	n/a
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here's how Wyoming compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
Wyoming	2.0	1	0	1.42	22.94	2.71
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In Wyoming, current funding is focused on increasing practices supportive of breastfeeding in birthing facilities.

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions' capacity to ensure coordinated leadership and implementation of state action plans.

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



Breastfeeding Facts



The HHS “Healthy People” initiative sets science-based, ten-year national objectives for improving health. The 2020 objectives call for increased breastfeeding initiation, duration, and exclusivity. 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 2012 births and defining “optimal” as 90% of infants breastfed according to medical recommendations). Here’s how ‘s rates (2013 births) and costs of sub-optimal rates compare:

BREASTFEEDING RATES & COSTS	% ever breastfed	% duration to 12 mos	% exclusive at 6 mos	Medical Costs of Sub-Optimal Rates	Non-Medical Costs of Sub-Optimal Rates	Death Costs of Sub-Optimal Rates
				\$	\$	\$
U.S. National	81.1	30.7	22.3	\$3,048,640,752	\$1,254,061,824	\$14,216,498,022
HP2020 Target	81.9	34.1	25.5	n/a	n/a	n/a

And here’s how compares on progress to eliminate recognized barriers to breastfeeding success.

BREASTFEEDING SUPPORT INDICATORS	% of births at Baby-Friendly facilities	# of Baby-Friendly facilities	# of facilities in Baby-Friendly Pathway	# of LLLLs per 1,000 births	# of CLCs per 1,000 births	# of IBCLCs per 1,000 births
U.S. National	18.3	403	701	0.85	4.57	3.79

Federally Funded Breastfeeding Projects

The Centers for Disease Control & Prevention (CDC) is partnering with the Association of State & Territorial Health Officials (ASTHO) and state health agencies to develop and implement policies and programs that support breastfeeding. In , current funding is focused on

EMPower Breastfeeding is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation, based on the Ten Steps to Successful Breastfeeding. There are hospitals participating in EMPower (list at www.empowerbreastfeeding.org).

Your State Breastfeeding Coalition

The U.S. Breastfeeding Committee is affiliated with breastfeeding coalitions in all 50 states that carry out activities at state/local levels. The Surgeon General has called for increasing these coalitions’ capacity to ensure coordinated leadership and implementation of state action plans.

