Breastfeeding Report Card— United States, 2007

One goal of the Centers for Disease Control and Prevention (CDC) is to improve the health of mothers and their children. One way to reach this goal is to encourage breastfeeding, which has many benefits for infants and children. People from all walks of life play a part in reaching this goal. When health care professionals, legislators, employers, business owners, and community and family members work together, their efforts can increase the number of women who breastfeed their babies and the number of months that they breastfeed them. The *Breastfeeding Report Card — United States, 2007* is an important tool for spotting ways to increase breastfeeding nationwide. It gives states information on how breastfeeding is being promoted within a given state. It also makes it possible to compare states* across the country.

The information on breastfeeding in the *Breastfeeding Report Card* shows where the states have had success. It also shows where more work is needed. As part of the *Breastfeeding Report Card,* each individual state has a State Profile that gives specific information about each of the "indicators" from the Report Card for that state. These indicators are measures of a state's ability to protect, promote, and support breastfeeding. (Note that the Profile also tells how to get in touch with the state's breastfeeding coordinator and the state's breastfeeding coalition. These are people responsible for state-level efforts to promote breastfeeding.)

The *Breastfeeding Report Card* is made up of eight "process" indicators that are elements of breastfeeding-friendly communities. In addition to the process indicators, the *Breastfeeding Report Card* has five "outcome" indicators that are derived from *Healthy People 2010,* a description of the nation's health priorities.

An important use of the *Report Card* is for state-by-state comparisons. For this reason, each indicator included in the *Breastfeeding Report Card* is something that can be measured accurately and is available for every state. With such information, it is easier to see how states differ from one another. Changes in any given indicator should represent a change in the way that breastfeeding is protected, promoted, or supported within a state. Such changes eventually influence outcomes in the health of children, outcomes that are related to breastfeeding.

States can use their data on their progress on indicators in the *Breastfeeding Report Card* in many ways:

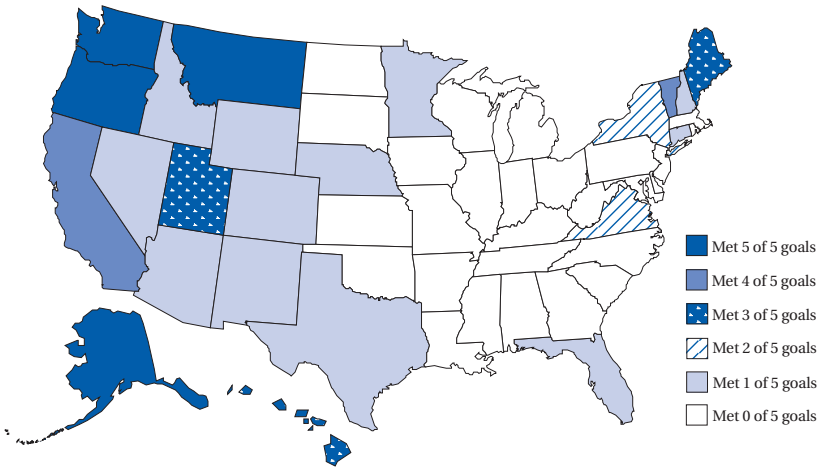
- **To help tell the story of breastfeeding**
- **To celebrate state successes**
- **To identify good opportunities for growth and improvement in breastfeeding protection, promotion, and support statewide**

Outcome Indicators

The importance of breastfeeding as a national health goal is shown by the five *Healthy People 2010* breastfeeding goals included here. Each state's progress on these goals is measured from the breastfeeding items included in the CDC National Immunization Survey. The state rates listed below (percentages of all infants of a given age in the state) are based on those goals:

- **Increase breastfeeding in the early postpartum period (soon after the baby's birth) to 75%**
- **Increase breastfeeding at age 6 months to 50%**
- **Increase breastfeeding at age 12 months to 25%**
- **Increase exclusive breastfeeding at age 3 months to 40%**
- **Increase exclusive breastfeeding at age 6 months to 17%**

State Progress on *Healthy People 2010* Breastfeeding Objectives



* All references to "states" in The Breastfeeding Report Card include the District of Columbia as well as the 50 states.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Coordinating Center for Health Promotion

"Although progress is being made toward achieving the Healthy People 2010 objectives for breastfeeding initiation and duration, rates of exclusive breastfeeding are far below desired levels. Increasing exclusive breastfeeding rates is a critical public health strategy to improve infant health outcomes among all populations, especially those at high risk."

CDC *MMWR* 2007;56(30):760–763

Outcome Indicators

Breastfeeding Rates(%)

State	Ever Breast-fed	Breastfeeding at 6 Months	Breastfeeding at 12 Months	Exclusive breastfeeding at 3 Months	Exclusive breastfeeding at 6 Months
U.S. National	**73.8**	**41.5**	**20.9**	**30.5**	**11.3**
Alabama	52.1	25.4	11.5	19.3	4.9
Alaska	**84.8**	**60.9**	**31.8**	**47.2**	**24.3**
Arizona	**83.5**	46.5	23.4	38.8	14.3
Arkansas	59.2	23.2	8.5	15.8	6.2
California	**83.8**	**52.9**	**30.4**	38.7	**17.4**
Colorado	**85.9**	42.0	23.6	36.2	10.8
Connecticut	**79.5**	44.6	23.7	35.6	10.1
Delaware	63.6	35.7	14.6	26.3	11.4
Dist of Columbia	68.0	40.0	21.4	27.8	9.8
Florida	**77.9**	37.5	15.6	27.8	9.1
Georgia	68.2	38.0	16.8	25.6	11.0
Hawaii	**81.0**	**50.5**	**35.5**	37.8	15.8
Idaho	**85.9**	49.0	22.6	38.7	10.3
Illinois	72.5	40.9	17.6	31.6	10.0
Indiana	64.7	34.6	18.0	28.3	10.4
Iowa	74.2	44.9	20.0	37.6	11.6
Kansas	74.4	42.2	16.9	30.0	9.2
Kentucky	59.1	26.4	14.4	25.3	7.5
Louisiana	50.7	19.2	8.3	15.2	2.8
Maine	**76.3**	46.6	**27.6**	**42.1**	15.9
Maryland	71.0	40.2	21.2	32.1	8.6
Massachusetts	72.4	42.1	19.0	32.7	11.9
Michigan	63.4	36.4	18.6	27.4	8.3
Minnesota	**80.9**	46.5	23.8	33.9	16.1
Mississippi	50.2	23.3	8.2	19.0	8.0
Missouri	67.3	32.5	15.8	26.6	7.4
Montana	**87.7**	**53.8**	**28.8**	**50.9**	**18.3**
Nebraska	**79.3**	47.6	21.8	31.7	9.8
Nevada	**79.7**	45.6	21.9	31.9	10.3
New Hampshire	73.7	48.7	**27.5**	34.3	13.6
New Jersey	69.8	45.1	19.4	27.0	11.8
New Mexico	**80.7**	41.2	21.1	32.9	14.3
New York	73.8	**50.0**	**26.9**	26.0	11.4
North Carolina	72.0	34.2	18.3	23.0	6.9
North Dakota	73.1	45.1	19.5	39.4	15.4
Ohio	59.6	33.3	12.9	27.2	9.8
Oklahoma	67.1	29.6	12.7	23.0	10.6
Oregon	**88.3**	**56.4**	**33.5**	**41.5**	**19.9**
Pennsylvania	66.6	35.2	16.8	27.1	8.0
Rhode Island	69.1	31.2	14.0	31.2	9.5
South Carolina	67.4	30.0	11.1	26.6	5.4
South Dakota	71.1	40.5	23.4	32.2	12.2
Tennessee	71.2	32.6	16.6	26.7	11.9
Texas	**75.4**	37.3	18.7	25.2	7.1
Utah	**84.5**	**55.6**	**28.1**	39.8	10.2
Vermont	**85.2**	**55.3**	**34.1**	**47.3**	15.9
Virginia	**79.1**	49.8	**25.6**	32.6	13.4
Washington	**88.4**	**56.6**	**32.3**	**49.6**	**22.5**
West Virginia	59.3	26.8	14.0	21.3	5.2
Wisconsin	72.1	39.6	19.0	32.5	13.4
Wyoming	**80.5**	42.9	18.5	36.2	11.4

NOTE: Percents in **bold** are those that have met the *Healthy People 2010* goal.

Source: Centers for Disease Control and Prevention. National Immunization Survey, 2004 Births. Washington, DC: U.S. Department of Health and Human Services; 2007.

Process Indicators

State	Percent of live births occuring at facilities designated as Baby Friendly (BFHI)	Number of IBCLCs* per 1,000 Live Births	Number of La Leche League groups per 1,000 live births	Number of state health dept. FTEs** dedicated to breast-feeding	State legisla-tion about breastfeeding in public places	State legis-lation about lactation and em-ployment	Presence of an active statewide breastfeeding coalition	Presence of statewide breastfeeding coalition Web site
U.S. National	**1.79**	**2.12**	**0.35**	**80.66**	**46**	**15**	**42**	**33**
Alabama	0	1.9	0.23	2.00	Yes	No	Yes	Yes
Alaska	0	5.83	0.96	0.25	Yes	No	Yes	Yes
Arizona	0	1.31	0.25	1.50	Yes	No	Yes	Yes
Arkansas	0	1.68	0.23	3.50	Yes	No	Yes	Yes
California	3.28	1.66	0.21	8.50	Yes	Yes	Yes	Yes
Colorado	2.13	2	0.45	0.88	Yes	No	Yes	Yes
Connecticut	12.44	3.76	0.67	1.00	Yes	Yes	Yes	Yes
Delaware	0	2.92	0.25	2.00	Yes	No	Yes	Yes
Dist of Columbia	0	1.14	0.09	1.00	No	No	Yes	Yes
Florida	1.8	1.56	0.24	1.00	Yes	No	No	No
Georgia	0	1.73	0.20	2.00	Yes	Yes	Yes	Yes
Hawaii	10.46	2.51	0.22	0.50	Yes	Yes	Yes	Yes
Idaho	6.1	1.95	0.43	1.00	No	No	No	No
Illinois	1.49	2.04	0.34	2.00	Yes	Yes	Yes	No
Indiana	2.39	2.44	0.32	1.75	Yes	No	Yes	Yes
Iowa	0	2.01	0.33	0.50	Yes	No	Yes	No
Kansas	0	2.23	0.60	1.00	Yes	No	No	No
Kentucky	5.69	1.95	0.30	2.50	Yes	No	Yes	No
Louisiana	0	1.41	0.23	2.00	Yes	No	Yes	No
Maine	17.37	5.31	0.71	1.00	Yes	No	Yes	No
Maryland	0	3.08	0.35	1.05	Yes	No	Yes	Yes
Massachusetts	2.83	4.45	0.61	1.33	No	No	Yes	Yes
Michigan	0	1.96	0.49	2.00	Yes	No	Yes	Yes
Minnesota	0	2.54	0.49	1.00	Yes	Yes	Yes	No
Mississippi	0	1.39	0.21	2.00	Yes	No	Yes	Yes
Missouri	0	1.92	0.50	1.00	Yes	No	No	No
Montana	0.34	1.98	0.60	1.00	Yes	No	Yes	Yes
Nebraska	13.54	1.61	0.76	0.50	No	No	No	No
Nevada	0	0.91	0.21	2.00	Yes	No	Yes	Yes
New Hampshire	5.73	5.68	0.49	1.00	Yes	No	Yes	Yes
New Jersey	0	2.16	0.40	2.00	Yes	No	Yes	Yes
New Mexico	0	2.01	0.38	1.00	Yes	Yes	Yes	Yes
New York	1.01	2.18	0.31	2.50	Yes	Yes	Yes	No
North Carolina	0	2.82	0.45	2.00	Yes	No	Yes	Yes
North Dakota	0	1.43	0.36	1.00	No	No	Yes	Yes
Ohio	2.36	2.71	0.43	1.00	Yes	No	No	No
Oklahoma	0	1.7	0.33	2.00	Yes	Yes	Yes	No
Oregon	6.37	4.48	0.37	1.20	Yes	Yes	Yes	Yes
Pennsylvania	0.21	2.26	0.32	2.00	Yes	No	Yes	Yes
Rhode Island	9.69	3.86	0.32	1.00	Yes	Yes	Yes	Yes
South Carolina	0	1.56	0.28	1.00	Yes	No	Yes	Yes
South Dakota	0	2.01	0.09	1.00	Yes	No	Yes	Yes
Tennessee	0.46	1.84	0.20	1.00	Yes	Yes	Yes	No
Texas	0	1.28	0.18	5.00	Yes	Yes	Yes	Yes
Utah	0	1.2	0.21	1.20	Yes	No	Yes	Yes
Vermont	3.77	8.96	1.54	1.00	Yes	No	Yes	Yes
Virginia	0	2.96	0.52	1.00	Yes	Yes	Yes	Yes
Washington	8.97	4.15	0.59	1.00	Yes	Yes	Yes	Yes
West Virginia	0	2.54	0.05	1.00	Yes	No	No	No
Wisconsin	9.1	2.58	0.55	1.00	Yes	No	No	No
Wyoming	0	2.07	0.69	2.00	Yes	No	No	No

* International Board of Certified Lactation Consultants (IBCLC).
** Full-time equivalents (FTEs).
The national total for BFHI was incorrectly calculated in the original publication of this report. This PDF provides corrected numbers.

Process Indicators

The eight process indicators represent five different types of support, and they can be compared across all states:

1. **Hospital support**
2. **Professional support**
3. **Mother-to-mother support**
4. **Legislation**
5. **Infrastructure**

Hospital Support

- **Percentage of live births occurring at facilities identified as part of the Baby-Friendly Hospital Initiative**

The Baby-Friendly Hospital Initiative (BFHI) is a worldwide effort to improve maternity care in ways outlined in the World Health Organization/UNICEF *Ten Steps to Successful Breastfeeding*. To become a BFHI facility, it is necessary to show a group of evaluators that the facility meets the requirements in the *Ten Steps*. All types and sizes of hospitals and birth centers can seek the BFHI name. Some states have several small BFHI health care facilities, others have only one or two large ones, and still others have none at all. Because BFHI facilities vary in their size and the number of births that occur there, measuring their impact on public health requires more than just counting the number of BFHI facilities per state. The best way to measure their impact is to look at the proportion of births in a given state occurring at BFHI facilities.

Professional Support

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

International Board Certified Lactation Consultants (IBCLCs) are health care professionals who specialize in helping mothers with breastfeeding. IBCLCs work in many health care settings, such as hospitals, physicians' offices, public health clinics, and their own offices. A strong statewide group of professional breastfeeding experts (IBCLCs) is needed to provide such help as assisting the mother-infant pair, creating and administering lactation programs, educating other health professionals about breastfeeding, and offering their expertise to others who support the mother-infant pair.

Much of an IBCLC's work is done one on one. Therefore, only a rough estimate can be made of their availability to provide professional support within a state. The best measure is the ratio of IBCLCs to the number of live births.

Mother-to-Mother Support

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

La Leche League groups are mother-to-mother support groups for pregnant women considering breastfeeding and mothers who are breastfeeding. La Leche League leaders run these groups and also provide breastfeeding support within their communities. The availability of this kind of peer support is an important element of comprehensive support for mothers with infants. The number of La Leche League groups per 1,000 live births provides a broad estimate of the availability of breastfeeding assistance in any given community.

Legislation

- **Laws protecting breastfeeding in public**
- **Laws supporting breastfeeding women who return to work**

Most states now have some form of legislation (laws) about breastfeeding. States with laws protecting, promoting, or supporting breastfeeding show that they understand the importance of breastfeeding as a public health issue. Unfortunately, across the United States, there are still situations in which mothers who breastfeed their infants "in public" face negative reactions. Most states have laws protecting the basic human right to breastfeed. Such legislation shows that society accepts breastfeeding as a "normal" activity and that it cares for the health and well-being of children. Laws related to breastfeeding women who return to work have two purposes. They not only encourage employers to support these mothers, but also encourage mothers to continue breastfeeding after they return to work. Thus, both the well-being of the child and the economic goals of the employer and the employee can be served.

Infrastructure

- **State health department full-time equivalents (FTEs) responsible for breastfeeding**
- **State breastfeeding coalition**
- **Coalition World Wide Web site**

State agencies responsible for public health and welfare of women and children include the state health department, WIC program, and Early Intervention program. They help ensure that breastfeeding is included in public programs and services that affect women and infants. FTEs dedicated to the protection, promotion, and support of breastfeeding are needed to develop and implement breastfeeding interventions.

A statewide coalition dedicated to breastfeeding represents a basic level of community support for breastfeeding. State breastfeeding coalitions differ between states in terms of what they do and how they do it. What they have in common is an understanding of the need for community members who can be agents of change locally. The coalition members make the case to their community for the importance of breastfeeding.

State coalitions with a Web site have an effective way to communicate. On their Web site, they can share information with existing coalition members and also recruit new members interested in the issues related to breastfeeding. Coalition Web sites are also an excellent way to reach community members who want quality breastfeeding information and online support. ■