

# EXECUTIVE SUMMARY



*There is a reason  
for everything in nature.*

Aristotle

HUMAN MILK is one of nature's most extraordinary fluids, perfectly balanced to meet all of the developmental and nutritional needs of the newborn infant. In the decade that has passed since the first edition of this report, our understanding of the importance of breastfeeding, particularly exclusive breastfeeding, has grown along with the number of California mothers who have made the decision to breastfeed. Progress has been made toward the goals and recommendations originally set forth in the first edition of this report. However, there is still work to be done. While more than 86% of California mothers start breastfeeding in the hospital, many stop within the first few days or weeks. Further, exclusive breastfeeding has remained relatively unchanged in California for more than a decade, and regional and cultural disparities in infant-feeding practices continue despite efforts to eliminate them.

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*The successes highlighted in this report provide evidence that collaboration can be a powerful tool in bringing about needed change.*

GIVEN THE IMPORTANCE OF BREASTFEEDING to the health of mothers and infants, the California Department of Public Health (CDPH) lists promotion and support of breastfeeding among their Title V Maternal and Child Health Bureau Block Grant priority issues. Breastfeeding promotion is also a priority activity for the Women, Infants, and Children (WIC) Supplemental Nutrition Program and listed as an important part of the governor's obesity prevention plan. To provide guidance in this effort, CDPH convened the Breastfeeding Promotion Advisory Committee, a committee of experts from throughout the state. Members represent a wide variety of practice settings, including academia, hospitals, medical practice, managed care organizations, public agencies, foundations, community organizations, and local WIC agencies. In this report, the committee presents a review of the science behind this important effort, highlights the progress made toward previous objectives, and offers updated recommendations for increasing the incidence and duration of breastfeeding in California. The successes highlighted in this report provide evidence that collaboration can be a powerful tool in bringing about needed change. Rather than be content with this progress, however, committee members believe we must use these accomplishments to fuel future efforts.

## **Breastfeeding Promotion and Support Is a Health Care Priority**

- As part of the US Healthy People 2010 Objectives, the national health objectives for breastfeeding are to increase the percentage of women who breastfeed to at least 75% at birth, 50% at six months, and 25% at 12 months postpartum. The 2010 Objectives for exclusive breastfeeding are currently 40% through three months and 17% through six months.
- The American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), the International Lactation Consultant Association (ILCA), and the American Dietetic Association (ADA) all recommend that infants be exclusively breastfed (meaning they receive no other food or fluid other than breastmilk) for about six months. Breastfeeding complemented by appropriate introduction of other foods is recommended for the remainder of the first year and longer.
- The Centers for Disease Control and Prevention (CDC) include breastfeeding promotion as a primary component of their obesity prevention initiatives.
- The World Health Organization (WHO) recommends that children should continue to be breastfed for up to two years of age or beyond, while receiving nutritionally adequate and safe complementary foods. In a recent effort to support this recommendation, the WHO released new growth standards based on the breastfed child as the norm. The new standards are the result of an intensive WHO study assessing the physical growth, nutritional status and motor development in more than 8,000 children from six countries, including the United States.

## Why Is the Infant-Feeding Decision So Important?

### The Infant-Feeding Decision

As a mother prepares for the birth of her child, she must make many important health decisions, including how she will feed her baby. For most mothers, the feeding decision is not made just once, but many times, as mothers face challenges and barriers to exclusive and continued breastfeeding. It is the position of the Breastfeeding Promotion Advisory Committee that every mother has the right to make informed decisions about infant feeding and that her decisions, whatever they may be, should be supported. In order to make an informed decision, women need objective, accurate information. Unfortunately, misinformation about breastfeeding is common, and mothers may receive mixed messages from their health care providers. Further, some providers may be reticent to provide objective information about breastfeeding because they are concerned about provoking “guilt” in women who do not choose to breastfeed. However, in every other aspect of women’s health, standards of care require that patients be given facts about the consequences of their decisions. Therefore, all women should have similar access to the latest evidence related to infant feeding.

Although *any*<sup>a</sup> breastfeeding for a brief period has advantages over none at all, four to 12 months of breastfeeding is needed for many of the longer-term advantages to be realized. The most recent scientific evidence indicates that *exclusive*<sup>b</sup> breastfeeding for the first six months, followed by continued breastfeeding plus solid foods, is associated with the greatest protection against major health problems for both mothers and infants. It is important to note that infant-feeding methods may differ from one day to the next. Medical circumstances, separation of mother and infant, and availability of support all affect infant-feeding decisions. Infants who are not exclusively breastfed in the hospital may become exclusively breastfed after discharge. Similarly, an infant can be exclusively breastfed for the first two months of life, then receive one supplemental feeding, and return to exclusive breastfeeding until reaching six months of age.

From a nutritional and developmental perspective, experts agree that mothers should, whenever possible, breastfeed their children. If breastfeeding is not possible, then the mother should pump her milk and provide it to the baby. Infants whose mothers are not able to supply their own milk should be fed banked human milk whenever possible. Formula<sup>c</sup> should be given to infants only after all safe and affordable sources of human milk are unavailable.



a “Any” breastfeeding refers to infants who are fed either only breastmilk or breastmilk and formula.

b “Exclusive” breastfeeding refers to infants who are fed only breastmilk, no other foods or fluids.

c “Formula” will be used to refer to the wide range of human milk substitutes manufactured for artificial feeding.

## Why Is Breastfeeding Good for Infants?

### ***Human milk is uniquely suited for human infants***

- Human milk is easy to digest and contains all the nutrients that babies need in the early months of life.
- Evidence suggests that the quantity and duration of breastfeeding are directly related to the degree of protection provided. Exclusive breastfeeding for six months, followed by continued breastfeeding plus solid foods, provides the greatest benefit.
- Breastmilk contains hormones and other factors that help infants grow and mature.
- Immune factors in human milk protect the infant from a wide variety of illnesses including diarrhea, ear infections, neonatal sepsis, and pneumonia.
- The composition of breastmilk is unique for each mother and baby. When a mother is exposed to an illness, the specific antibodies she makes against it are passed to her baby through her milk.
- In several large studies, children who had been breastfed for at least six months scored statistically significantly higher on tests of intelligence than those who had not.

### ***Children who are not breastfed are at greater risk for a variety of diseases***

- Formula-fed infants are more likely to suffer from diarrhea in the first 12 months.
- Infants who are not breastfed for at least four months are twice as likely as those who are breastfed for four months or more to suffer from ear infections in the first year of life. Infants who are not breastfed for at least six months are at greater risk for *recurrent* ear infections.
- Formula-fed infants are at greater risk for dangerous infections such as lower respiratory illness.
- Children who are not breastfed are at greater risk for Type 1 and Type 2 diabetes.
- Children who are not breastfed are at greater risk for early childhood dental caries.
- Children who are not exclusively breastfed for the first few months are at greater risk for childhood overweight and subsequent obesity.

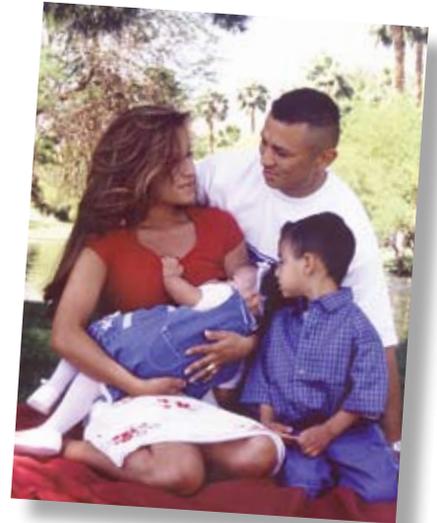


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## ***Breastfeeding protects infants from life-threatening illnesses***

- Premature infants who do not receive human milk are at greater risk for life-threatening gastrointestinal disease.
- Some studies indicate that lack of breastfeeding is a risk factor for sudden infant death syndrome (SIDS) and overall infant mortality.
- Breastfeeding is protective against life-threatening respiratory illnesses such as those caused by respiratory syncytial virus.
- Breastfeeding is protective against infant botulism, a rare but deadly disease.
- Formula-fed infants are at greater risk for dangerous infections such as meningitis and bacteremia.
- Children who are not breastfed may be at greater risk for some childhood cancers, including leukemia.



## **Why Is Breastfeeding Good for Mothers?**

### ***Breastfeeding helps mothers recover from childbirth***

- Breastfeeding helps the uterus to shrink to its pre-pregnancy state and reduces the amount of blood lost after delivery.
- Breastfeeding mothers usually resume their menstrual cycles 20 to 30 weeks later than formula-feeding mothers, which may be protective against iron deficiency.

### ***Breastfeeding keeps women healthier throughout their lives***

- Mothers who breastfeed are at reduced risk for breast, endometrial, and ovarian cancers.
- Mothers who breastfeed for at least three months are more likely to return to their pre-pregnancy weight than those who do not.
- Breastfeeding mothers who do not have a history of gestational diabetes are at reduced risk for type 2 diabetes.
- During lactation, total cholesterol, LDL cholesterol, and triglyceride levels decline while the beneficial HDL cholesterol level remains high.
- Breastfeeding can be an important factor contributing to child spacing among women who do not use contraceptives. Greater intervals between children are associated with better health outcomes among mothers and their infants.
- Breastfeeding reduces maternal stress, promotes confidence, encourages bonding with the newborn, and may reduce risk of postpartum depression.
- Mothers who breastfeed may be protected against rheumatoid arthritis.

## Why Is Breastfeeding Good for Families, Communities, and Society?

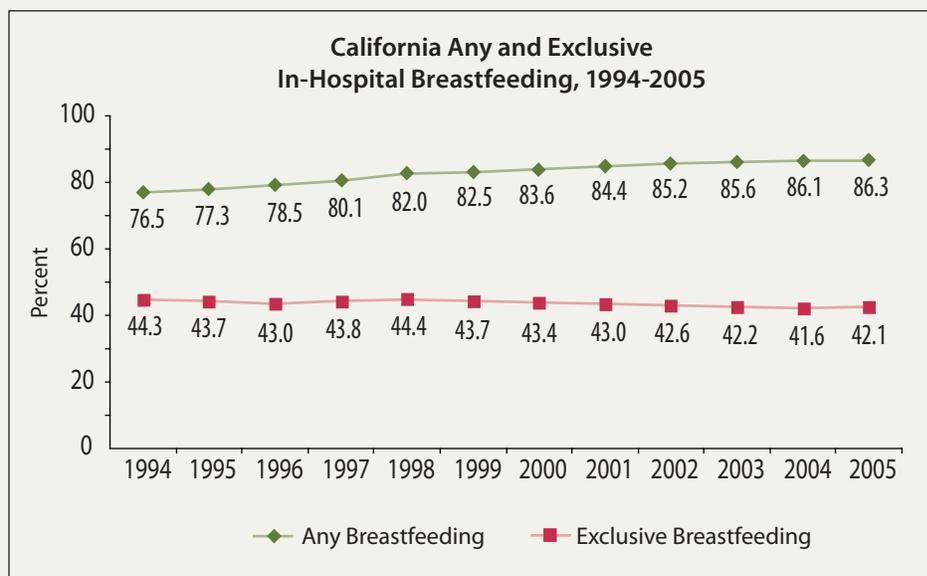
### Formula-feeding is expensive

- The cost of formula has increased more than 200% since the 1990s. Total costs for formula-feeding now exceed \$1,900 per year.
- If all California infants were formula-fed, the cost of formula alone would exceed \$930 million per year.
- Formula-feeding increases health care costs to individuals, businesses, and government.
- Formula-feeding results in increased absenteeism among working mothers who must stay home with their sick infants.
- Supporting mother's choice to breastfeed increases job satisfaction and reduces employee turnover and costs related to training new staff.

### Formula-feeding has an impact on the environment

- Formula-feeding requires energy and natural resources for manufacturing and preparing formula, as well as for the manufacture of bottles.
- Breastfeeding reduces pollutants that are created as by-products during the manufacture of plastic bottles and formula.
- Breastfeeding needs no packaging or containers that will end up in landfills.

Figure 1



Data source: California Department of Health Services, Genetic Disease Branch, Newborn Screening Database  
Prepared by: California Department of Health Services, Maternal, Child and Adolescent Health/Office of Family Planning Branch  
Excludes records with feeding "Unknown/Not Reported," "TPN," or "Other"

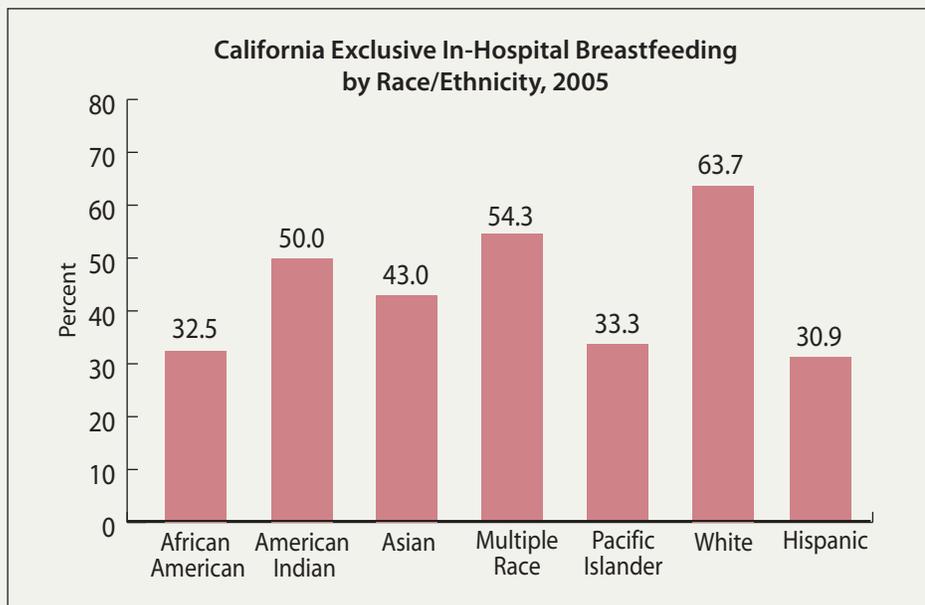
## What Is the Status of Breastfeeding in California?

Since 1994, in-hospital *any* breastfeeding rates have increased among all groups in California. However, *exclusive* breastfeeding rates have remained unchanged (**Figure 1**). According to the most recent data, 86.3% of women in California provide any breastmilk to their infants in the hospital but only 42.1% give breastmilk exclusively.<sup>d</sup> Given the importance of exclusive breastfeeding to the health of mothers and infants, the promotion of exclusive breastfeeding is the focus of many of the recommendations and strategies in this report.

## Breastfeeding Rates among California's Ethnic Groups

Among certain demographic groups, the in-hospital exclusive breastfeeding rate is far below the Healthy People 2010 Health Objective of 40% through three months (**Figure 2**). Rates of exclusive breastfeeding are lowest among women who are of Pacific Islander, Hispanic, or African American ethnicity. Less than 35% of these women breastfeed exclusively during their hospital stay, yet more than 60% of non-Hispanic white women do so. This disparity in exclusive breastfeeding by certain demographic groups may occur because of a lack of culturally and linguistically appropriate support for some mothers and may result in health disparities from the earliest days of life.

Figure 2



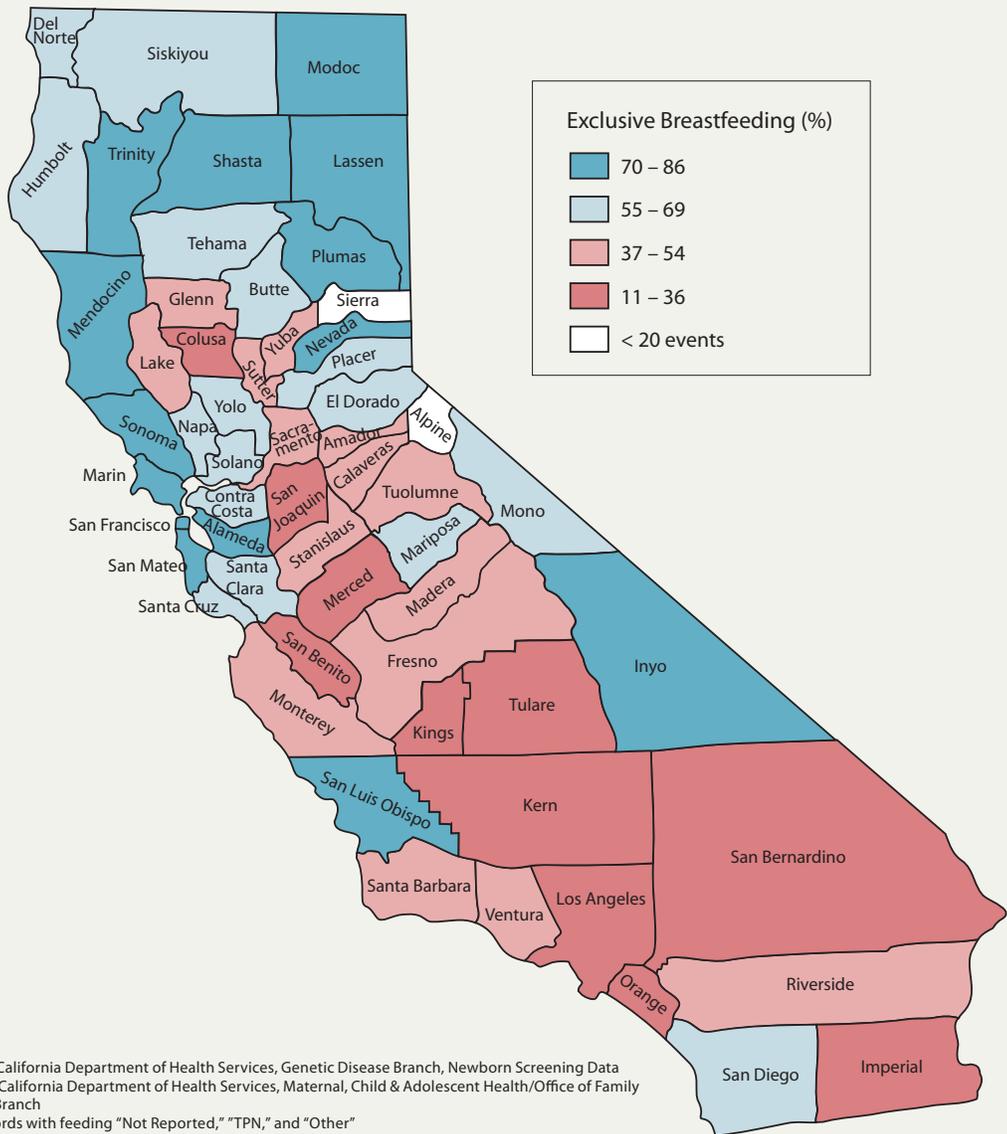
Data source: California Department of Health Services, Genetic Disease Branch, Newborn Screening Database  
Prepared by: California Department of Health Services, Maternal, Child and Adolescent Health/Office of Family Planning Branch  
Excludes records with feeding "Not Reported," "TPN," or "Other"

<sup>d</sup> Data source: California Department of Health Services, Genetic Disease Branch, Newborn Screening Data, 2005.

**Regional Differences in California Exclusive Breastfeeding Rates**

Within the state, breastfeeding rates vary widely by region. The percentage of newborns exclusively breastfed ranges from a low of 10.7% in Imperial County to 85.8% in Shasta County. The lowest breastfeeding rates occur in the counties of the Central Valley, Los Angeles, and southeastern California. The counties with the highest exclusive breastfeeding rates tend to be in the coastal and mountain regions of California, regions with a low population density and a predominantly white, non-Hispanic population (Figure 3).

**Figure 3 In-Hospital Exclusive Breastfeeding Initiation by County of Residence, 2005**



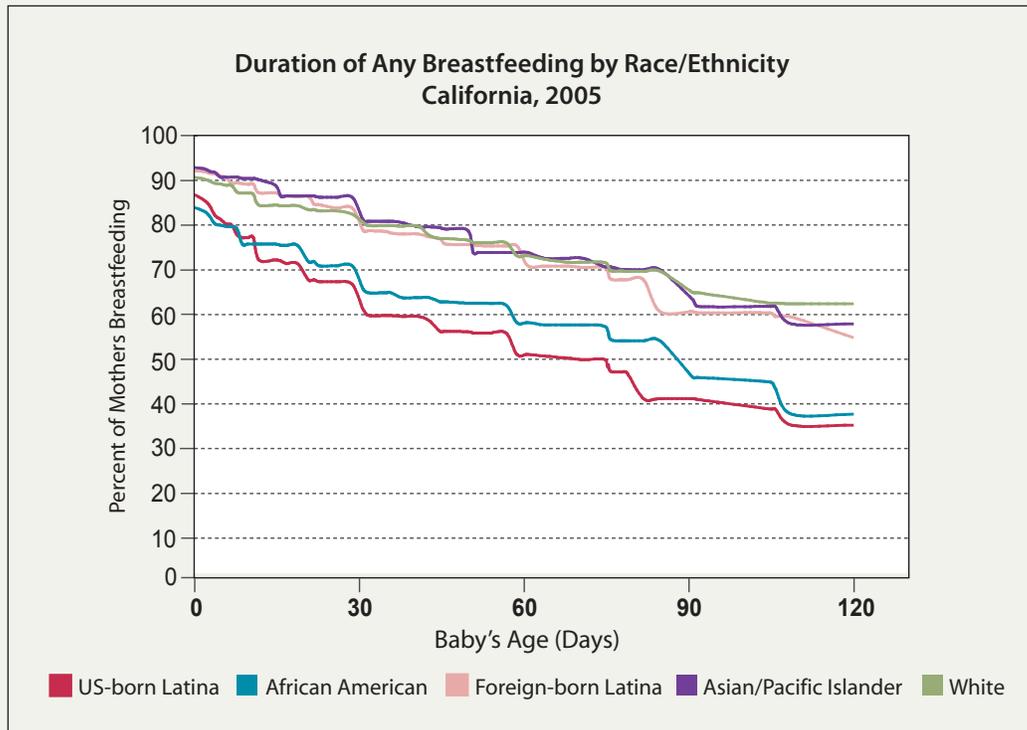
Data source: California Department of Health Services, Genetic Disease Branch, Newborn Screening Data  
 Prepared by: California Department of Health Services, Maternal, Child & Adolescent Health/Office of Family Planning Branch  
 Excludes records with feeding "Not Reported," "TPN," and "Other"

## Breastfeeding Duration

Despite California's high breastfeeding initiation rate, many California mothers stop breastfeeding much earlier than is currently recommended. According to the 2005 National Immunization Survey, just over 50% of California women breastfeed their infants for six months, and only 17.5% do so exclusively. Further, less than 30% of California women breastfeed their infants for at least 12 months. According to the California Maternal and Infant Health Assessment (MIHA), breastfeeding rates drop in the first few months of life among all ethnic groups, with the most rapid decline occurring among US-born Latina and African American women; less than 40% of women in these populations are still breastfeeding at four months (Figure 4).



Figure 4



Data source: California Department of Health Services, Maternal, Child and Adolescent Health/Office of Family Planning Branch, Maternal and Infant Health Assessment, 2005. Data are weighted to be representative of *delivering* mothers in the survey year. Excludes mothers reporting "Native American" or "Other" race/ethnicity or missing race/ethnicity due to small numbers.

## Our Progress Since 1994

- *Any* breastfeeding initiation rates among all ethnicities are at an all time high.
- Laws have been passed to guarantee a woman’s right to breastfeed in public, postpone jury service while she is breastfeeding, and to express (pump) her milk at work.
- CDPH hospital-level breastfeeding data, which highlight the disparity between any and exclusive breastfeeding, are available to the public.
- A web-based tool-kit has been created to assist hospitals in implementing breastfeeding supportive policies.
- The number of Baby-Friendly Hospitals<sup>e</sup> in California has increased from 7 to 13.
- Hospitals that receive Medi-Cal funds are required to provide lactation services or referrals to families of newborns after delivery.
- CDPH has implemented a system-wide lactation accommodation policy, including lactation rooms in each new building.
- CDPH has increased the numbers of international board-certified lactation consultants (IBCLCs) and peer counselors throughout the state.
- The California Breastfeeding Coalition (CBC) was formed, a network of the more than 40 local breastfeeding coalitions.
- The California WIC program has established model policies to support breastfeeding participants.
- The National Breastfeeding Awareness Campaign was released and tested in several states, including California. The campaign raised awareness, particularly among men, about the importance of breastfeeding.
- Extensive collaborative research has been conducted to identify and address barriers to breastfeeding in California.
- Breastfeeding measures are being incorporated in hospital quality improvement assessments.

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<sup>e</sup> Hospitals that implement specific policies shown to be supportive of breastfeeding may apply to be designated as “Baby-Friendly.” For further information, go to <http://www.babyfriendlyusa.org>.

## What Are the Barriers to Breastfeeding?

Despite the relatively high breastfeeding initiation rate among California mothers, relatively few women avoid supplementation or breastfeed for more than a few weeks. Most women in California decide to breastfeed, but barriers exist that prevent them from following their plans to initiate and continue *exclusive* breastfeeding.

## What Are the Barriers to Breastfeeding Initiation?

- Low-income women, those who smoke during pregnancy, and those who deliver their infants by caesarean section are less likely to initiate breastfeeding.
- The need to return to an unsupportive work or school environment prevents mothers from being able to breastfeed their infants.
- Some mothers believe that breastfeeding would be too embarrassing.
- Mothers report that they lack support for breastfeeding from their partner or other family members.
- Some mothers report that other family responsibilities prevent them from having the time to breastfeed their infants.
- Exposure to infant formula marketing, prenatally or in the hospital, is associated with lower rates of initiation and shorter duration of exclusive breastfeeding.

## What Are the Barriers to Continued Breastfeeding?

- Younger mothers, mothers with lower incomes, lower education, mothers who are overweight and obese, and those who smoke during pregnancy breastfeed for a shorter time as compared to other mothers.
- Lack of access to culturally and linguistically appropriate help to overcome initial difficulties can shorten breastfeeding duration.
- Return to work or school also may prevent continued breastfeeding. Short or unpaid maternity leave results in many women needing to return to work very soon after the birth. Many women and employers do not know about the law in California that supports women who wish to express their milk. Fear of reprisals from employers or co-workers prevents some women from asking for such accommodation.
- Some mothers fear embarrassment, societal disapproval, and discomfort about breastfeeding in public.
- Many new mothers need assistance with breastfeeding in the hospital and in the early postpartum period from their health care providers. Insufficient support in health care environments can contribute to early breastfeeding cessation.



*Most women in California decide to breastfeed, but barriers exist that prevent them from following their plans to initiate and continue exclusive breastfeeding.*

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- Limited availability of support from lactation consultants or other experts also can contribute to mothers' decisions to stop breastfeeding.
- Some mothers report lack of social support prevents them from continuing to breastfeed their infants.
- Complimentary samples of infant formula and a lack of supportive hospital policies and practices may convince a mother that her health care providers are not supportive of breastfeeding.
- Some mothers whose infants were supplemented in the early postpartum period quit breastfeeding because they believed that early supplementation with formula results in the infants preferring formula over breastfeeding or that they cannot provide adequate amounts of breastmilk for their infants.
- Some mothers who have stopped breastfeeding believed it to be inconvenient and too restrictive.

### **What Can Be Done to Help California Mothers Breastfeed Successfully?**

The pattern of infant feeding observed in California, many women initiating breastfeeding but few continuing beyond a few weeks, suggests that while most California women recognize that “breastfeeding is best,” they are not receiving adequate support to continue exclusive breastfeeding. Still, the State of California possesses many assets that will continue to facilitate breastfeeding promotion efforts. There are increasing opportunities for creating a supportive environment for breastfeeding through the media, the health care system, the workplace, our community support systems, and all levels of our educational system. By investing in efforts to eliminate barriers, we can ensure that all children will have the very best start in life. This report is intended as a blueprint for the expansion and coordination of these efforts.



## Fundamental Recommendations

### Coordination of Efforts

Leadership is needed to coordinate programs at all levels of government, develop legislation, support and coordinate local breastfeeding efforts, and provide editorial oversight for all breastfeeding-related materials developed or disseminated by government agencies in California. The recommendations put forth by this report are intended to provide a framework for this effort. Working with local community groups and breastfeeding coalitions to implement and evaluate these recommendations is an integral part of this process.

### Cultural Competency

It is essential that breastfeeding promotion activities at every level be culturally relevant to the diverse populations in California and that they be implemented by individuals who are culturally sensitive and competent.

### Funding Concerns

Many of the recommendations and strategies offered in this report will require financial resources to accomplish. This committee recommends that no money be accepted for the implementation of the recommendations in this report from organizations in violation of the WHO Code for Marketing of Breast Milk Substitutes.<sup>f</sup> While organizations in violation of the WHO code should be specifically excluded from supporting CDPH efforts to implement these recommendations, funding, and gifts from manufacturers of other infant feeding and lactation products must be accepted only with great caution and should be progressively eliminated.

## Recommendations

The following recommendations for the promotion of breastfeeding in California are grouped into six areas of focus: Professional Education; Health Care Systems; Public Education; Mother-to-Mother, Family, and Community Support; and Assessment and Research. The order of presentation of these recommendations is not of special significance.

### **I. Professional Education**

- Facilitate integration of breastfeeding training into the curriculum at health-related professional schools throughout the state to ensure that health professionals are technically and culturally competent in delivering breastfeeding services and making appropriate referrals.
- Facilitate the availability of continuing education opportunities for all health related professionals in practice to assure that they achieve and maintain minimum competencies and skills in lactation management.

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<sup>f</sup> The WHO code prohibits specific industry marketing practices that have been shown to negatively affect breastfeeding practices. For details and the full text of the WHO code see, [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf).

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- Promote adoption of legislation requiring a standard minimum breastfeeding competency for all practicing health care and allied health care professionals.

## II. Health Care Systems

- Facilitate the implementation of a culturally competent and sensitive system of health care to ensure that all California women have the education, opportunity, and support needed to develop and reach evidence-based, optimal breastfeeding goals.
- Facilitate the implementation of a culturally competent and sensitive system of evidence-based care to ensure that all California hospitals and clinics promote *exclusive* breastfeeding for six months and support *any* breastfeeding as part of their general health promotion strategies.
- Ensure that outpatient facilities in California provide continuing integrated, culturally sensitive breastfeeding support and care for all women and infants. Assessment and intervention should begin in the first week postpartum, ideally when the infant is three to five days of age, with follow-up as needed. These visits would be in addition to the traditional two week visit.
- Ensure that all California public health programs and services support a woman's decision to breastfeed. Ensure that public health programs working with perinatal women provide culturally sensitive and linguistically effective breastfeeding support.
- Work with all health care systems, such as Medi-Cal, Healthy Families, managed care plans, and insurance companies, to develop model policies that provide quality breastfeeding support and ensure adequate reimbursement for breastfeeding services.

## III. Public Education

- Incorporate infant feeding education into the science and health curricula at preschool, primary, secondary, university, continuation, technical, adult, job training, and professional education levels.
- Promote positive breastfeeding images throughout society and work to eliminate the use of the bottle as an icon representing infants.
- Develop and implement an ongoing social marketing campaign to promote breastfeeding in California's diverse populations, with emphasis on increasing breastfeeding duration and exclusivity.
- Develop and disseminate a consumer's guide that rates hospitals according to their breastfeeding policies and breastfeeding outcomes. Physician/medical practices should be listed according to criteria indicating their breastfeeding-friendly status.
- Support breastfeeding promotion through local breastfeeding coalitions, existing support groups and religious and community organizations, in order to reach local communities in a culturally sensitive and accessible manner.

## **IV. Mother-to-Mother, Family, and Community Support**

- Identify, promote, and fund effective, culturally sensitive and linguistically effective models of mother-to-mother, family, and community support.
- Ensure that those who provide mother-to-mother, family, and community support receive culturally and linguistically sensitive breastfeeding training.
- Ensure community awareness regarding availability of existing mother-to-mother, family, and community support services.
- Establish and maintain effective communication among state and local stakeholders to strengthen mother-to-mother, family, and community support.
- Provide official recognition of outstanding mother-to-mother, family, and community support providers and organizations.

## **V. Workplace and Educational Centers**

- Recommend legislation and state regulations that strengthen breastfeeding support and minimize existing barriers for all breastfeeding mothers.
- Encourage all businesses, educational sites, and others to promote a breastfeeding-friendly environment for their employees. The State of California, as a major employer, should take the lead in providing a breastfeeding-friendly environment.
- Encourage all businesses and educational sites, including preschools, K-12 schools, technical schools, community colleges, and universities, to provide lactation accommodation to students, customers, and clients.
- Recommend that, as part of the licensure process, child care providers be required to support breastfeeding mothers.

## **VI. Assessment and Research**

- Support assessment of the potential impact of the Institute of Medicine's (IOM) recommendations for changes to the WIC food packages, particularly the recommendation to withhold formula for breastfeeding mothers for the first month.
- Study barriers to behavioral change in infant feeding practices and ways of overcoming these barriers.
- Collect data related to the Communities of Excellence indicators for breastfeeding, through statewide programs or by supporting local and regional efforts.
- Support research on the effect the health care system has in deterring women from exclusively breastfeeding their infants. Research is particularly needed among vulnerable groups, including low income, disadvantaged, and ethnically diverse groups.

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- Develop tools that may be used by professionals and paraprofessionals both pre- and post-natally to identify who is at greatest risk for non-exclusive breastfeeding or early supplementation and to determine how these tools can be implemented most effectively to facilitate breastfeeding.
- Evaluate the cost-effectiveness of various strategies to promote breastfeeding.
- Evaluate the cost savings and other benefits to different sectors associated with increased exclusive breastfeeding rates, and use the information to help convince policy makers to implement programs to promote breastfeeding.
- Develop and implement mechanisms for ongoing monitoring of breastfeeding incidence, exclusivity, and duration in California.

### Conclusion

Californians have long led the nation in efforts to improve the health and well-being of our citizens. It is not a surprise then that our breastfeeding rates are among the highest in the nation. However, California's diverse families face many cultural, linguistic, and social barriers to exclusive breastfeeding and relatively few women breastfeed their infants without supplementation or for more than the first few weeks. Over the last decade, the scientific evidence supporting both immediate and long-term consequences related to infant feeding practices has grown substantially. Health organizations throughout the world recognize breastfeeding as a vital contributor to the health and welfare of women and their children. The information presented in this report confirms that increasing exclusive breastfeeding will positively impact our state. The vision of the Breastfeeding Promotion Advisory Committee is that breastfeeding be the norm in California for at least the first year of life and preferably longer. While significant progress has been made in the last 10 years toward this important goal, far more work is needed. These recommendations provide a framework for the steps that the CDPH must take to improve exclusive breastfeeding rates and eliminate health disparities in California. Today's investment in efforts to promote and support breastfeeding will deliver a brighter future for us all.