

Breastfeeding Report Card

United States, 2022



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity
www.cdc.gov/breastfeeding

Accessible Version: <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

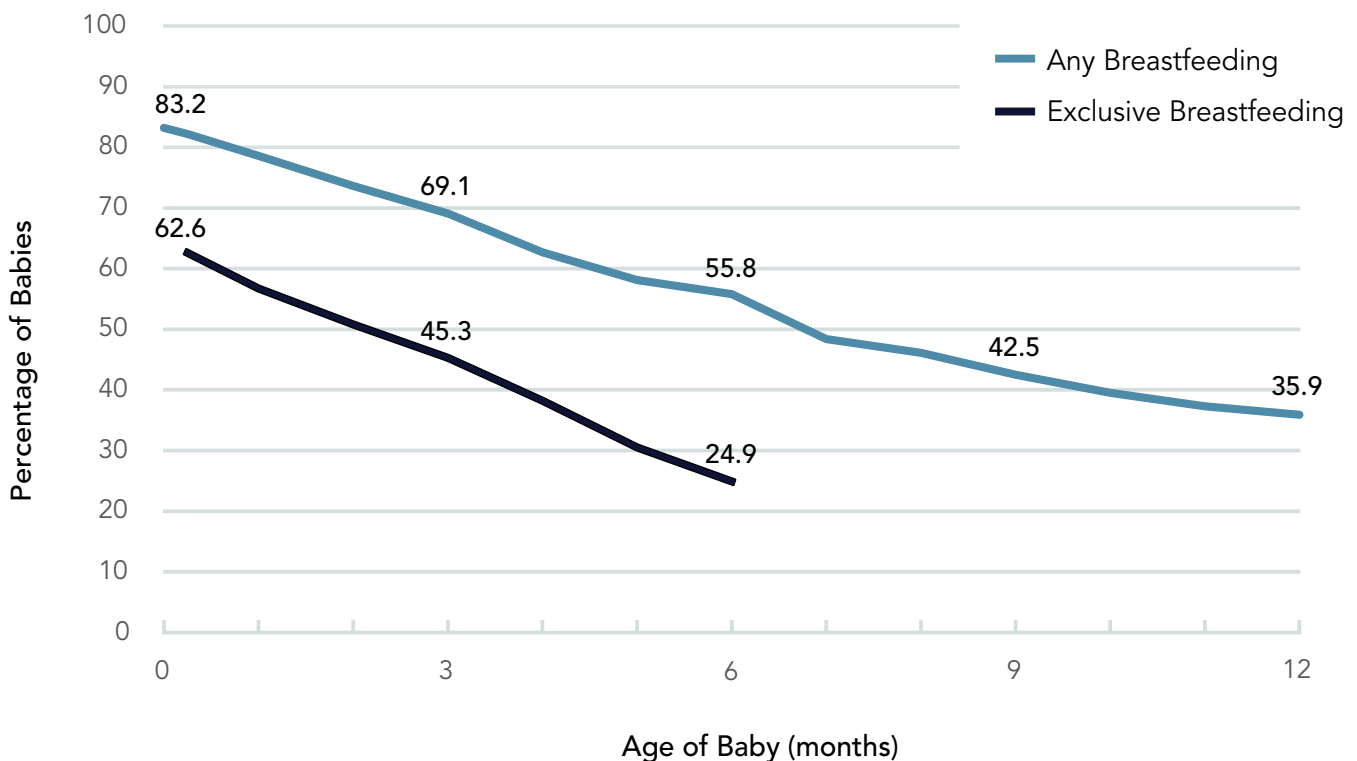
Overview

Breastfeeding has many health benefits for infants, children, and mothers and is a key strategy to improve public health. The 2020–2025 *Dietary Guidelines for Americans* (Dietary Guidelines)¹ and the American Academy of Pediatrics (AAP)² recommend that infants be exclusively breastfed for about the first 6 months, with continued breastfeeding alongside the introduction of complementary foods for at least 1 year (Dietary Guidelines) or at least 2 years (AAP), or longer if desired. CDC's *Breastfeeding Report Card, 2022* provides a compilation of data on breastfeeding practices and supports in all states, the District of Columbia, and Puerto Rico.

What do the numbers tell us?

Among infants born in 2019, most (83.2%) started out receiving some breast milk, and 78.6% were receiving any breast milk at 1 month. At 6 months, 55.8% of infants received any breast milk and 24.9% received breast milk exclusively (**Figure 1**). Families can face many challenges when it comes to breastfeeding. Yet data show that most infants start out breastfeeding, and many are still receiving some breast milk at 6 months. Even some breast milk is beneficial to infants. However, many families do not breastfeed for as long as they intend to³ and breastfeeding disparities by race and ethnicity persist.⁴ The steady decline in any and exclusive breastfeeding from month-to-month indicates that breastfeeding families may need stronger systems of support to reach their breastfeeding goals.

Figure 1. Percentage of Babies Receiving Any and Exclusive Breast Milk During the First 12 Months, Among Children Born in 2019



This year's report highlights select breastfeeding support indicators that can help families reach their breastfeeding goals, including supportive maternity care practices, state paid family and medical leave laws, and early care and education (ECE) policies.

Evidence-based maternity care practices that support breastfeeding are critical in the first few hours and days to help mothers establish breastfeeding and reach their breastfeeding goals.⁵ Maternity care practices in the United States have improved slightly. National scores on CDC's [Maternity Practices in Infant Nutrition and Care \(mPINC\) survey](#) increased from 79 in 2018 to 81 in 2020. Hospitals implementing the Baby-Friendly Hospital Initiative's Ten Steps help ensure that mothers have the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies, while reducing medically unnecessary formula supplementation. In 2021, over 1 in 4 babies were born in Baby-Friendly designated hospitals. Breastfeeding support in the maternity care setting continues to improve, but variations in care from state-to-state indicate that more work is needed.

Although a family's breastfeeding journey usually begins in the hospital, supportive policies and access to continued, coordinated support in the community can help families continue breastfeeding. Once families leave their birthing setting, breastfeeding rates drop slowly but consistently, which suggests that families may need additional types of support that facilitate exclusive breastfeeding and a longer duration of breastfeeding.

Breastfeeding support is especially important for mothers taking leave from, and returning to, the workforce. The [Surgeon General's Call to Action to Support Breastfeeding](#) (CTA) identified a lack of paid maternity leave as a significant barrier to breastfeeding, especially for employed mothers with lower incomes, who are also more likely to experience racial and ethnic disparities.⁶ To reduce the impact of employment on breastfeeding disparities, the CTA calls for efforts to establish paid maternity leave for all employed mothers. Child care centers can also support breastfeeding for employed mothers; the CTA encourages states to adopt and enforce national standards that support breastfeeding mothers and caring for breastfed infants.

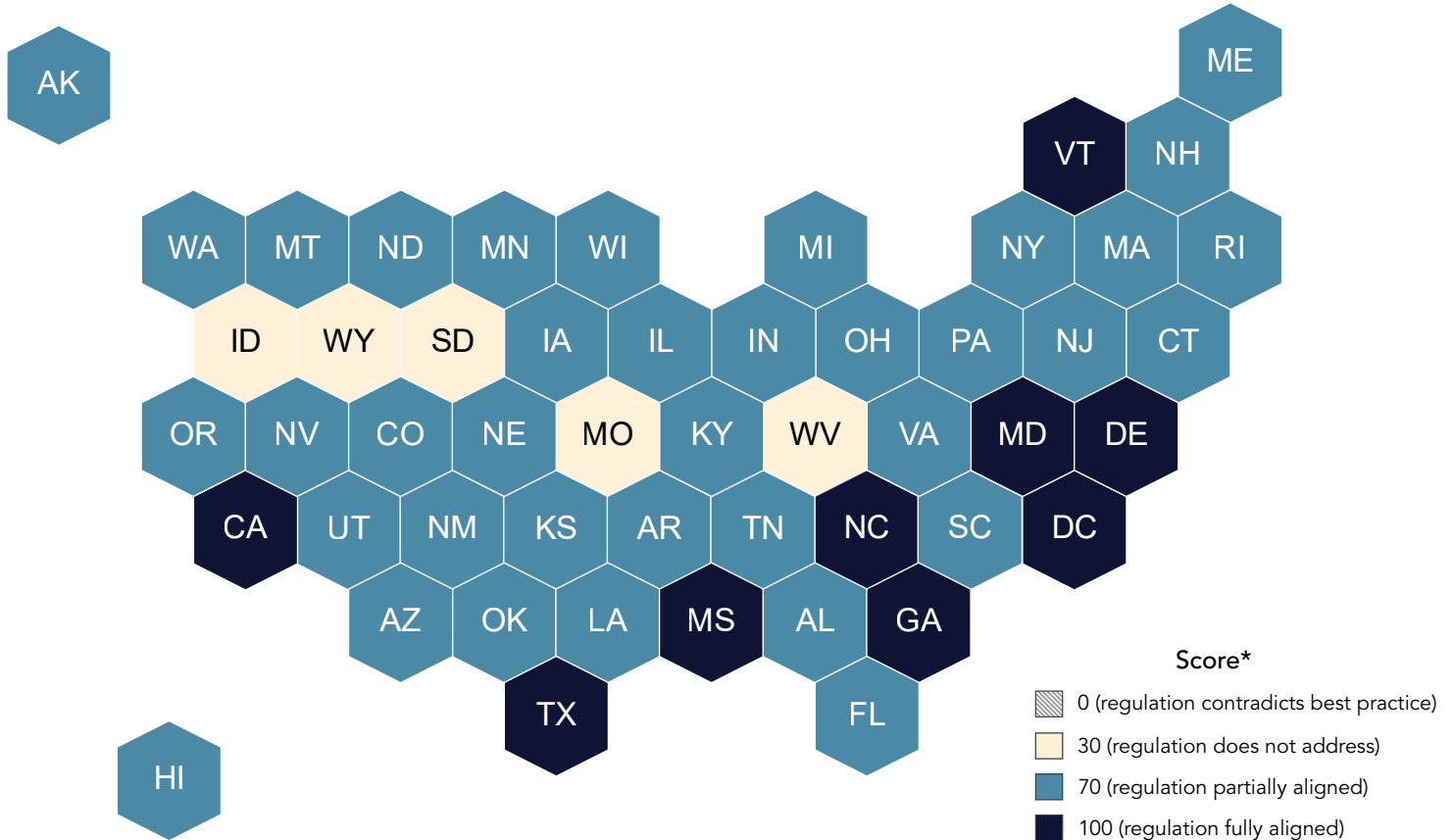
Two new support indicators related to employment are included in CDC's 2022 Breastfeeding Report Card:

Paid family and medical leave (PFML) refers to partially or fully compensated time away from work for specific and generally significant family caregiving needs, such as the arrival of a new child or serious illness of a close family member, or an employee's own serious medical needs. The PFML indicator identifies whether a state has enacted legislation to create a PFML insurance program, whether the program is currently paying benefits, and the number of weeks of paid parental leave benefits that can be claimed by eligible employees (for the care of a new child by birth, adoption, or foster care). As of May 2022, 12 states had enacted PFML insurance legislation. Eight state programs are currently paying benefits, and 4 have not yet begun paying benefits. Among states with enacted PFML insurance legislation, the number of weeks of paid parental leave benefits (i.e., that can be claimed for the arrival of a new child) available to eligible employees ranges from 5 to 12 weeks within a benefit year (**Table 2**).

The State ECE Licensing Breastfeeding Support Score indicates the extent to which a state's licensing regulations for child care centers meet the *Caring for our Children's* standard to support and encourage breastfeeding best practices.⁷ To fully meet the standard, a state's ECE licensing regulations must provide comfortable accommodations (e.g., dedicated, private space; comfortable chair; electrical outlet) for mothers to express milk and/or breastfeed their children on-site and recommend feeding of breast milk by parents or caregivers during normal operating hours. State breastfeeding support scores range from 30 to 100. In 2021, 9 states had licensing regulations that fully aligned (score = 100) with the breastfeeding support standard, 37 states' regulations partially aligned (score = 70), and 5 states' regulations did not address the standard (score = 30) (**Figure 2**).



Figure 2. Early Care and Education (ECE) Licensing Breastfeeding Support Scores, United States, 2021.



* Score indicates the extent to which a state’s licensing regulation for ECE centers meet the *Caring for our Children’s* standard to encourage and fully support breastfeeding/feeding of breast milk and by making accommodations for mothers to feed their children comfortably on-site.

Numerous barriers to breastfeeding remain, and disparities persist in breastfeeding duration and exclusivity rates by race, ethnicity, and socioeconomic status. Policy, systems, and environmental changes that address breastfeeding barriers, such as better maternity care practices, paid leave policies, and supportive ECE centers, can help to improve breastfeeding rates and reduce disparities. When systems of care align to support breastfeeding, states and their communities are better able to address barriers so that families benefit from supportive environments and achieve their breastfeeding goals.

Note: The 2022 Breastfeeding Report Card reflects breastfeeding and supplementation rates among babies born in 2019. These data were collected across 2020–2021 when babies were 19 to 35 months old and might partially reflect breastfeeding duration and exclusivity during the COVID-19 pandemic.

Table 1. Breastfeeding Rates Among Infants Born in 2019^{a,b}

State/Territory	Ever breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding through 3 months	Exclusive breastfeeding through 6 months	Breastfed infants receiving formula before 2 days of age
US National ^b	83.2	55.8	35.9	45.3	24.9	19.2
Alabama	71.1	37.7	23.7	38.0	21.0	15.3
Alaska	92.9	67.6	50.9	57.6	30.9	15.5
Arizona	85.4	58.3	40.4	43.2	24.0	20.2
Arkansas	74.9	46.5	29.2	42.0	24.4	11.1
California	89.9	62.3	43.6	51.6	27.3	19.0
Colorado	94.0	66.1	39.6	62.8	32.1	9.6
Connecticut	84.2	58.7	34.1	44.7	26.3	23.5
Delaware	83.6	54.8	34.9	48.3	25.0	22.7
District of Columbia	87.7	66.8	36.8	49.6	29.2	20.5
Florida	71.0	40.3	23.0	32.4	18.2	21.4
Georgia	82.6	53.1	33.7	39.9	18.7	24.2
Hawaii	90.1	70.9	54.1	50.6	27.7	16.2
Idaho	93.5	65.1	40.7	57.6	30.4	15.9
Illinois	84.9	58.7	35.4	47.8	28.3	18.4
Indiana	85.9	52.9	30.3	46.2	21.5	14.3
Iowa	82.4	58.3	38.2	52.8	27.0	15.9
Kansas	87.1	59.9	39.5	47.0	29.2	16.9
Kentucky	74.7	49.3	34.5	35.4	21.2	20.7
Louisiana	71.1	45.0	24.2	38.0	22.2	15.7
Maine	86.6	64.2	41.0	50.5	28.7	16.9
Maryland	88.5	66.8	43.0	50.2	28.9	21.3
Massachusetts	80.0	62.9	44.2	52.8	29.2	15.2
Michigan	83.1	53.7	32.2	42.6	25.1	18.7
Minnesota	91.9	69.9	46.3	57.5	36.5	18.1
Mississippi	69.4	35.7	22.2	31.1	15.6	21.2
Missouri	78.3	54.7	34.0	42.5	24.6	19.2
Montana	83.5	63.9	42.9	50.4	34.3	15.9
Nebraska	86.1	57.5	37.7	49.3	26.0	17.6
Nevada	83.8	52.5	27.6	42.4	22.3	23.2
New Hampshire	82.2	61.3	42.5	55.0	31.8	11.8
New Jersey	82.5	55.4	33.8	41.2	23.5	25.2
New Mexico	83.4	62.3	42.8	52.3	29.0	13.0
New York	86.7	58.8	36.3	42.4	23.4	24.4
North Carolina	83.4	53.0	34.2	47.2	22.1	15.6
North Dakota	85.7	57.2	34.4	48.8	27.4	11.5
Ohio	79.5	50.4	32.2	42.7	23.7	23.9
Oklahoma	77.3	47.9	27.9	43.1	23.2	12.6
Oregon	87.2	65.2	44.0	59.2	34.2	11.4
Pennsylvania	74.8	53.3	35.2	42.4	24.6	22.0
Puerto Rico	86.2	51.8	35.3	51.6	35.2	20.3
Rhode Island	82.4	54.6	33.3	42.3	22.9	23.2
South Carolina	80.6	46.6	26.0	43.3	19.3	22.1
South Dakota	88.9	61.4	37.8	52.1	29.1	13.2
Tennessee	78.8	53.2	31.5	41.9	24.9	22.3
Texas	84.1	54.1	34.8	42.4	24.0	19.8
Utah	91.4	63.8	44.1	49.5	27.3	20.9
Vermont	91.8	73.2	54.0	61.0	36.2	9.5
Virginia	83.3	63.0	40.1	39.6	25.8	18.6
Washington	93.7	68.0	47.4	57.0	29.5	14.0
West Virginia	59.8	31.7	19.2	28.0	13.8	21.4
Wisconsin	87.5	61.7	45.1	59.3	31.3	12.0
Wyoming	92.4	62.7	41.3	55.3	27.2	11.9

a Breastfeeding rate indicators are the percentage of infants breastfeeding at the specified time points, calculated among all infants. The rate for infants receiving formula before 2 days of age is calculated among breastfed infants.

b Data from US territories are excluded from national breastfeeding estimates to be consistent with the analytical methods used to establish Healthy People 2030 targets on breastfeeding.

Table 2. Breastfeeding Support Indicators

State/Territory	mPINC total score, 2020 ^a	Percentage of live births occurring at Baby-Friendly facilities, 2021	Paid family and medical leave, 2022		ECE licensing breastfeeding support score, 2021 ^d
			Has enacted legislation	# of weeks available for the care of a new child ^b	
US National	81	28.9	No	—	—
Alabama	76	18.2	No	—	70
Alaska	82	20.8	No	—	70
Arizona	78	6.4	No	—	70
Arkansas	75	31.9	No	—	70
California	87	40.9	Yes	8	100
Colorado	85	35.1	Yes ^c	12 ^c	70
Connecticut	87	53.5	Yes	12	70
Delaware	84	83.4	Yes ^c	12 ^c	100
District of Columbia	—	48.2	Yes	8	100
Florida	81	31.5	No	—	70
Georgia	75	32.6	No	—	100
Hawaii	75	12.1	No	—	70
Idaho	77	9.8	No	—	30
Illinois	82	25.8	No	—	70
Indiana	83	32.1	No	—	70
Iowa	75	8.8	No	—	70
Kansas	83	52.9	No	—	70
Kentucky	73	15.4	No	—	70
Louisiana	81	56.8	No	—	70
Maine	86	16.9	No	—	70
Maryland	83	23.5	Yes ^c	12 ^c	100
Massachusetts	85	36.6	Yes	12	70
Michigan	78	32.9	No	—	70
Minnesota	81	22.0	No	—	70
Mississippi	83	65.4	No	—	100
Missouri	79	20.8	No	—	30
Montana	81	40.2	No	—	70
Nebraska	73	14.7	No	—	70
Nevada	72	13.8	No	—	70
New Hampshire	90	51.7	No	—	70
New Jersey	82	28.4	Yes	12	70
New Mexico	82	80.2	No	—	70
New York	83	35.1	Yes	12	70
North Carolina	84	35.7	No	—	100
North Dakota	77	12.0	No	—	70
Ohio	84	23.0	No	—	70
Oklahoma	79	31.3	No	—	70
Oregon	87	17.5	Yes ^c	12 ^c	70
Pennsylvania	80	29.8	No	—	70
Puerto Rico	73	0.8	No	—	—
Rhode Island	—	95.9	Yes	5	70
South Carolina	82	47.5	No	—	70
South Dakota	77	4.6	No	—	30
Tennessee	70	14.8	No	—	70
Texas	79	16.9	No	—	100
Utah	77	10.0	No	—	70
Vermont	85	11.1	No	—	100
Virginia	82	13.8	No	—	70
Washington	85	22.6	Yes	12	70
West Virginia	80	20.4	No	—	30
Wisconsin	80	21.1	No	—	70
Wyoming	75	2.3	No	—	30

a Possible mPINC scores are 0 to 100, with higher scores indicating better maternity care practices and policies. Scores are not reported for Rhode Island, District of Columbia, Guam, the US Virgin Islands, American Samoa, and the Northern Mariana Islands because of small sample sizes but are included in the US National Total mPINC Score.

b Among states with enacted legislation, the number of weeks presented are those that can be claimed by eligible employees for the care of a new child by birth, adoption, or foster care. Weeks may also be used for other family and medical leave events as specified by the state (e.g., a serious health condition of a qualified family member); in some states, additional weeks of benefits may be available for other needs. Employees must meet eligibility requirements to claim benefits; requirements vary across state programs.

c State has enacted legislation to create a paid family and medical leave insurance program, but the program is not currently paying benefits. Paid leave benefits for eligible employees will be available in 2023 (Oregon), 2024 (Colorado), 2025 (Maryland), and 2026 (Delaware).

d Scores indicate how well the state's licensing regulation for ECE centers aligns with the breastfeeding support standard. 100=regulation fully aligned; 70=regulation partially aligned; 30=regulation does not address; 0=regulation contradicts best practice. Data for territories are not collected; no national score is available.

Call to Action

Use your state's data to:

- Celebrate families that breastfeed and provide breast milk to their babies. Many infants are still receiving some breast milk at 6 months.
- Review state ECE licensing regulations to assess if they fully support breastfeeding by including the following stipulations: (1) support breastfeeding by parent during child care hours, (2) recommend feeding of breast milk by staff or parent, (3) require comfortable arrangements for mothers to breastfeed/express milk on-site.
- Collaborate with hospitals to identify opportunities for improvement in maternity care.
- Help communities develop and implement breastfeeding programs that meet the needs of populations disproportionately impacted by structural barriers that can lead to low rates of breastfeeding.



Data Sources for the Breastfeeding Report Card Indicators – 2022

Indicators	Data Sources
<p>Breastfeeding rates</p> <ul style="list-style-type: none"> • ever breastfed • breastfed at 6 and 12 months • exclusive breastfeeding through 3 and 6 months • formula supplementation of breastfed infants before 2 days 	<p>CDC National Immunization Surveys (NIS) 2020 and 2021, among children born in 2019 http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm</p> <p>The NIS provides current national, state, and selected urban-area estimates of vaccination coverage rates for US children. Because breastfeeding data are obtained by maternal recall when children are between 19 and 35 months of age, breastfeeding rates are analyzed by birth cohort rather than survey year.</p>
<p>mPINC total score</p>	<p>Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2020 https://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html</p> <p>CDC’s national survey of Maternity Practices in Infant Nutrition and Care (mPINC) assesses maternity care practices and policies and provides feedback to encourage hospitals to make improvements that better support breastfeeding. mPINC national, state, and territory total scores represent the overall level of maternity care practices and policies that support optimal infant feeding based on hospital survey data. Possible scores are from 0 to 100, with higher scores indicating better maternity care practices and policies.</p>
<p>Percent of live births occurring at baby-friendly facilities</p>	<p>Baby-Friendly USA, Baby-Friendly facilities designated as of September 30, 2021. https://babyfriendlyusa.org</p> <p>The Baby-Friendly Hospital Initiative is a global program sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to encourage and recognize hospitals and birth centers that offer an optimal level of care for lactation based on the WHO/UNICEF Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes.</p> <p>National Center for Health Statistics (NCHS), 2020 Hamilton BE, Martin JA, Osterman MJK. Births: Provisional data for 2020. Vital Statistics Rapid Release; no 12. Hyattsville, MD: National Center for Health Statistics. May 2021. https://www.cdc.gov/nchs/data/vsrr/vsrr012-508.pdf</p>
<p>Paid family and medical leave</p> <ul style="list-style-type: none"> • has enacted legislation • # of weeks available for the care of a new child 	<p>Congressional Research Service Report: Paid Family and Medical Leave in the United States as of May 2022. Donovan, SA. <i>Paid Family and Medical Leave in the United States</i> (CRS Report No. R448335). June 13, 2022. https://crsreports.congress.gov/product/pdf/R/R44835/20 (June 13, 2022).</p> <p>Paid family and medical leave (PFML) refers to partially, or fully, compensated time away from work for specific and generally significant family caregiving needs, such as the arrival of a new child or serious illness of a close family member, or an employee’s own serious medical needs. The PFML indicator identifies 1) whether a state has enacted legislation to create a paid family and medical leave insurance program and whether the program is currently paying benefits, and 2) among states with enacted PFML insurance legislation, the number of weeks of paid parental leave benefits for the care of a new child by birth, adoption, or foster care available to eligible employees within a benefit year.</p>

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Indicators	Data Sources
ECE licensing breastfeeding support score	<p>National Resource Center for Health and Safety in Child Care and Early Education (NRC), 2021 Achieving a state of healthy weight: 2021 update. Aurora, CO: University of Colorado Denver. https://nrckids.org/HealthyWeight</p> <p>The child care licensing regulation includes on-site breastfeeding support as one of the 47 high-impact obesity prevention standards. Standard IA17: "Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children on-site." CDC creates state scores for child care centers from the NRC data and publishes periodic State Licensing Scorecards. Higher scores indicate that the state's licensing regulation for child care centers fully supported the standard (100), and lower scores indicate the state's licensing regulation only partially addressed (70), did not address (30), or contradicted (0) the standard. These scores do not include large family or small family child care homes.</p> <p>https://www.cdc.gov/obesity/strategies/early-care-education/state-licensing-scorecards.html</p>

References

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- 3 Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. Reasons for earlier than desired cessation of breastfeeding. *Pediatrics*. 2013;131(3):e726–732. [doi:10.1542/peds.2012-1295](https://doi.org/10.1542/peds.2012-1295)
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- 5 Supporting Evidence: Maternity Care Practices. Centers for Disease Control and Prevention. Updated October 18, 2021. Accessed August 12, 2022. <http://www.cdc.gov/breastfeeding/data/mpinc/supporting-evidence.html>
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- 7 American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd ed. 2012. Accessed August 12, 2022. https://nrckids.org/CFOC/Childhood_Obesity

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