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Ten Years of Breastfeeding Progress: The Role and Contributions of the Centers for Disease Control and Prevention and Our Partners

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Abstract

For most infants, there is no better source of nutrition than breast milk. Breastfeeding is more than a lifestyle choice; it is an investment in the health of mothers and babies. Over the past 10 years, efforts from multiple sectors have contributed to significant increases in breastfeeding initiation and duration. This report summarizes progress, initiatives that contributed to this success, and areas where more work is needed.

Keywords

breastfeeding; Centers for Disease Control and Prevention; Baby-Friendly

Commentary

FOR MOST INFANTS, there is no better source of nutrition than breast milk. Breastfeeding is more than a lifestyle choice; it is an investment in the health of moms and babies. Infants who breastfeed have a reduced risk of asthma, obesity, type 2 diabetes, ear and respiratory infections, and sudden infant death syndrome.¹ For mothers, breastfeeding can lower the risk of hypertension, type 2 diabetes, ovarian cancer, and breast cancer.¹ While we are seeing progress in increasing breastfeeding rates of initiation and duration, there is more work to be done.

According to Surgeon General Jerome M. Adams, “Given the importance of breastfeeding on the health of mothers and children, it is critical that we take action to support breastfeeding. Only through the support of family, communities, clinicians, healthcare

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systems, and employers will we be able to make breastfeeding the easy choice.”² The Centers for Disease Control and Prevention (CDC), along with our partners, work on a number of initiatives to make this a reality. This article will review progress made in breastfeeding, programs that contributed to this success, and finally, opportunities to make additional progress moving forward.

To help improve breastfeeding rates, CDC strives to support mothers, hospitals, and communities to meet specific recommendations and goals. For example, the American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG) recommend exclusive breastfeeding for about the first 6 months of a baby’s life.^{3,4} The Baby-Friendly Hospital Initiative (Baby-Friendly) recommends hospitals follow the Ten Steps to Successful Breastfeeding and the World Health Organization’s International Code of Marketing of Breast-milk Substitutes to receive designation. These are evidence-based practices that support breastfeeding mothers and babies during the birth hospitalization. We monitor how well the country is achieving these recommendations through Healthy People 2020, a set of national objectives for improving the health of Americans. Healthy People establish goals for different population health indicators, including breastfeeding initiation and duration, and help track progress in meeting targets.

Data indicate that the breastfeeding community is making great progress. The most recent 10 years of data (2004–2014) show increases in several areas. From 2004 to 2014, the number of babies ever breastfed in the United States increased nearly 10 percentage points, from 73% to 83%.⁵ Over the same time period, the proportion of babies breastfed exclusively through 6 months increased by 13 percentage points, from 12% to 25%.⁵ Now one in four babies meets this breastfeeding recommendation from the AAP and ACOG.⁵ In addition, we saw the proportion of babies born in Baby-Friendly facilities increase significantly, from under 2% in 2007 to more than 25% in 2018.⁶ We know that maternity care practices can impact whether or not a baby is breastfed, and for how long,⁷ so we are encouraged by this success. As a result of this cumulative progress, the United States exceeded some of our Healthy People 2020 Goals and is close to achieving others.⁸

The progress we see in breastfeeding reflects the work of many public health and community groups, including CDC. At CDC, we focus on three main strategies, (1) improving hospital support for breastfeeding; (2) improving support for employed women; and (3) improving access to support in the community. We support these strategies through developing resources and providing technical assistance tracking and reporting data to inform activities and funding grantees in the field.

Over the last decade, CDC worked to provide resources for communities, hospitals, public health professionals, and mothers. For example, in 2013, we released *CDC’s Guide to Strategies to Support Breastfeeding Mothers and Babies*, providing guidance for public health professionals and others on how to select strategies to support breastfeeding mothers and increase breastfeeding rates.⁹ In 2011, we supported the development of *The Surgeon General’s Call to Action to Support Breastfeeding*, which describes specific steps to participate in a society-wide approach to support mothers and babies who are breastfeeding.¹⁰

We tracked and reported data through different venues. We used Vital Signs, a CDC monthly report and digital media release on important health topics, to release two reports on breastfeeding (2011 and 2015). The Vital Signs reports presented new data on hospitals' support for breastfeeding and discussed how different stakeholders (e.g., government, providers, hospitals) could encourage hospitals to more fully support breastfeeding.^{11,12} Our national survey of Maternity Practices in Infant Nutrition and Care (mPINC) assesses maternity care practices and provides feedback to individual hospitals to help them make improvements that better support breastfeeding. The CDC Breastfeeding Report Card provides state data that allow public health professionals, community members, child care providers, and family members to promote and support breastfeeding, together.¹³ These resources continue to serve as the foundation for our work in breastfeeding and drive decisions on our investments. Using CDC data, including mPINC, we are able to direct funding to areas and populations demonstrating the highest need.

Through our funding and technical assistance, we support states, communities, and other partners as they use evidence-based strategies to improve breastfeeding. CDC helped increase breastfeeding-friendly environments in 32 states that received enhanced funding from our 2013 funding opportunity, State Public Health Actions (1305). Grantees worked to promote breastfeeding and increase access to breastfeeding-friendly environments in hospitals, workplaces, and childcare centers. To complement this state work, CDC funds groups, including the Association of State and Tribal Health Officers (ASTHO), the National Association of County and City Health Officials (NACCHO), and the United States Breastfeeding Committee (USBC). For example, ASTHO provided grants to the 18 states and DC that are not receiving funds for breastfeeding through 1305 and developed Virtual Learning Communities to provide resources, information, and continued education for maternity care providers. CDC also supported the Baby-Friendly initiative through partnerships with National Institute for Children's Healthcare Quality for the Best-Fed Beginnings project¹⁴ and Abt Associates for the EMPower Breastfeeding Initiative.¹⁵

The United States has made great progress in breastfeeding, but there is more work to be done. More than half of women stop breastfeeding sooner than they intend.¹⁶ Many mothers want to breastfeed, but they lack support across settings. Mothers could use support and encouragement in the hospital when they give birth.¹⁷ Mothers also need the support of the community to eliminate stigma and concerns of breastfeeding in public¹⁸ and support in the workplace, where, for example, not having a place to pump breast milk privately can pose a barrier for mothers who want to continue to breastfeed.¹⁰

Furthermore, we continue working to address racial, ethnic, socioeconomic, and geographic disparities. Fewer non-Hispanic black infants (68%) are ever breastfed compared with non-Hispanic white infants (86%) and Hispanic infants (85%).⁵ Younger mothers (aged 20–29 years) are less likely to ever breastfeed (79%) than mothers aged 30 years or older (85%).⁵ Infants living in the southeast and Midwest are less likely to ever be breastfed than infants living in other areas of the country.⁵

As we move forward, CDC will continue to seek opportunities to support mothers in reaching their breastfeeding goals. One recent effort includes the launch of a new CDC

website on infant and toddler nutrition, providing parents and caregivers of young children with credible nutrition information to help infants and toddlers get a healthy start in life.¹⁹ This site includes a section on breastfeeding and a focus on what mothers can expect throughout the different stages and challenges.²⁰

CDC will build on previous efforts such as Best Fed Beginnings, EMPOWER, our State Public Health Actions funding, and our partnerships with national organizations such as AAP, ASTHO, NACCHO, and USBC. We will use the lessons learned from these projects as we move forward with our new State Physical Activity and Nutrition Program. Through this program, CDC will fund ~ 15 grantees, all of which will be required to support breastfeeding interventions. We will also continue our work to support hospitals and physicians. Through new initiatives such as EMPOWER Training¹⁵ and a project with AAP,²¹ CDC will work to address gaps in hospital and physician training and education.

Over the past decade, the United States made significant progress in helping more women to breastfeed. Only through the continued collaboration of states, communities, hospitals, national organizations, and federal agencies such as CDC, will all of us be able to ensure that all mothers who choose to breastfeed have the resources and support they need to do so.

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Disclaimer

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