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High and Increased Positive Public Opinions About Supports for Breastfeeding, United States, 2015-2024

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Abstract

Because breastfeeding behaviors are influenced by social norms, we examined public opinions toward societal supports for breastfeeding using data from the 2015 and 2024 SummerStyles surveys (N = 4127 and N = 4371, respectively, from the noninstitutionalized US population). In 2024, 81.9% of respondents agreed "there should be paid maternity leave for workers," 73.5% believed "women should have the right to breastfeed in public places," 66.9% agreed "women should be encouraged to breastfeed," and 65.9% agreed "a mother needs a lot of support to breastfeed her baby"—up 12, 11, 5, and 17 percentage points, respectively, from 2015. High and increased positive public opinions about supports for breastfeeding suggest heightened approval for breastfeeding-supportive programs and policies.

Keywords

breastfeeding, maternal and child health, nutrition, parenting, women's health

Breastfeeding is the best source of nutrition for most infants, and it can reduce the risk of some health conditions for both infants and mothers.[1] Infants and young children are most likely to survive, grow, and develop well when fed human milk.[2] Although 84% of mothers start out breastfeeding, many stop sooner than they planned.[3] Policies supportive of breastfeeding such as paid maternity leave are associated with increases in breastfeeding duration.[4]

The 2011 Surgeon General's *Call to Action to Support Breastfeeding* identified barriers to breastfeeding in the United States, including social norms, embarrassment, and poor family and social support.[5] Because a mother's breastfeeding behavior is influenced by social norms and the opinions of people around her, it is important to understand public opinions toward breastfeeding.

During the past decade, breastfeeding initiation rates have risen,[3] although recent breastfeeding rates are far behind the Healthy People 2030 breastfeeding targets for exclusive breastfeeding through 6 months of age (target, 42.4%; rate among 2022 births, 27.9%) and any breastfeeding at 1 year of age (target, 54.1%; rate among 2022 births, 40.8%), and disparities by race and socioeconomic status exist.[6] Increased understanding of US public opinions can identify the progress and remaining gaps in public support of breastfeeding. We aimed to understand how public opinions toward social support of breastfeeding changed from 2015 to 2024.

Methods

This study used data from Porter Novelli SummerStyles, an online marketing survey that collects data on health-related opinions.[7] The 60 000-person survey panel is representative of the noninstitutionalized US population; it randomly recruits panel members by mail using probability-based sampling by address. The SummerStyles survey was sent to 6172 households in 2015 (4127 responded; 67%) and 5724 households in 2024 (4371 responded; 76%).

We examined 4 breastfeeding items in 2015 and 2024, asking respondents' agreement on a 5-point Likert scale with the following statements: (1) there should be paid maternity

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Table 1. Changes in public opinions toward social support of breastfeeding, Porter Novelli SummerStyles, United States, 2015-2024[a]

	There should be paid maternity leave for workers, %[c]		I believe women should have the right to breastfeed in public places, %[c]		Women should be encouraged to breastfeed, %[c]		A mother needs lots of support to breastfeed her baby, %[c]	
Response[b]	2015 (n = 4122)	2024 (n = 4335)	2015 (n = 4117)	2024 (n = 4342)	2015 (n = 4117)	2024 (n = 4335)	2015 (n = 4116)	2024 (n = 4335)
Agree	70.0	81.9	62.7	73.5	62.1	66.9	48.8	65.9
Neutral	20.8	14.2	24.0	19.3	33.2	30.3	35.6	26.7
Disagree	9.3	3.9	13.3	7.2	4.7	2.8	15.6	7.3

[a] Data source: PN Styles.[7]
[b] Agree: somewhat agree or strongly agree; neutral: neither agree nor disagree; and disagree: somewhat disagree or strongly disagree.
[c] Percentages were weighted to the noninstitutionalized US population.

leave for workers, (2) I believe women should have the right to breastfeed in public places, (3) women should be encouraged to breastfeed, and (4) a mother needs lots of support to breastfeed her baby.

We combined responses into 3 categories: agree (somewhat agree/strongly agree), neutral (neither agree nor disagree), and disagree (somewhat disagree/strongly disagree). We calculated percentages of agreement for each outcome and compared differences between 2015 and 2024. We then combined responses into 2 categories (agree [somewhat agree/strongly agree] and not agree [neither agree nor disagree/somewhat disagree/strongly disagree]) and conducted stratified analyses by sociodemographic characteristics, including sex (male, female), race and ethnicity (Hispanic, non-Hispanic Black, non-Hispanic White, non-Hispanic "other" race [includes American Indian or Alaska Native, Asian, Hawaiian/Pacific Islander, and ≥2 races]), age (18-29, 30-44, 45-59, ≥60 y), marital status (married, not married), education (≤high school graduate, some college, ≥bachelor's degree), employment (yes, no), and annual household income (<$20 000, $20 000-$49 999, $50 000-$99 999, ≥$100 000).

We conducted analyses in SAS version 9.4 (SAS Institute Inc). We calculated weighted percentages for each outcome and performed Pearson χ^2 tests to assess differences from 2015 to 2024. Porter Novelli created weights for the 2015 and 2024 surveys based on the 2014 and 2023 (respectively) US Current Population Survey proportions to match sex, age, annual household income, race and ethnicity, household size, education, census region, metropolitan status, prior internet access (2015 SummerStyles only), and parental status of children aged 11 to 17 years (2024 SummerStyles only).[7] The survey informed respondents that their answers were being used for market research and that they may refuse to answer any question at any time. This activity was reviewed by the Centers for Disease Control and Prevention (CDC); because the datasets provided by Porter Novelli were deidentified, the activity was deemed not research involving human subjects. It was conducted consistent with applicable federal law and CDC policy (eg, 45 CFR part 46; 21 CFR part 56; 42 USC §241[d], 5 USC §552a, 44 USC §3501 et seq).

Results

In 2024, more than 4 in 5 (81.9%) respondents agreed that there should be paid maternity leave for workers, an increase of 11.9 percentage points from 2015 (70.0%) (Table 1). In 2015, 9.3% disagreed with that statement, and in 2024, 3.9% disagreed. We observed significant differences for all sociodemographic groups except non-Hispanic Black respondents, who reported the highest agreement of any sociodemographic group in 2015 (76.2%) (Table 2). In 2024, 2 sociodemographic groups—women and those with a bachelor's degree or higher—reported the highest (>85%) agreement with the statement about paid maternity leave.

About three-quarters (73.5%) of respondents in 2024 believed that women should have the right to breastfeed in public places, up 10.8 percentage points from 2015 (62.7%). We observed significant differences for all sociodemographic characteristics, with the largest increases (>12 percentage points) from 2015 to 2024 occurring among non-Hispanic adults of races other than Black or White, those aged ≥60 years, those who were unmarried, and those with some college education.

Roughly two-thirds (66.9%) of respondents in 2024 agreed that women should be encouraged to breastfeed, up 4.8 percentage points from 2015 (62.1%). We observed significant differences for some sociodemographic characteristics, with the largest increases (>8 percentage points) between 2015 and 2024 occurring among men, non-Hispanic Black adults, and adults aged ≥45 years.

In 2024, 65.9% of respondents agreed that a mother needs lots of support to breastfeed her baby, an increase of 17.2 percentage points from 2015 (48.8%). We observed significant differences for all sociodemographic groups. In 2024, 3 sociodemographic groups—women, non-Hispanic adults of races other than Black or White, and those with a bachelor's degree or higher—reported the highest (>70%) agreement with the statement about support needed to breastfeed.

Table 2. Changes in percentage agreement[a] toward social support of breastfeeding, by sociodemographic characteristics, Porter Novelli SummerStyles, United States, 2015-2024[b]

Characteristic	There should be paid maternity leave for workers, %[c]			I believe women should have the right to breastfeed in public places, %[c]			Women should be encouraged to breastfeed, %[c]			A mother needs lots of support to breastfeed her baby, %[c]		
	2015 (n=4122)	2024 (n=4335)	Change[d]	2015 (n=4117)	2024 (n=4342)	Change[d]	2015 (n=4117)	2024 (n=4335)	Change[d]	2015 (n=4116)	2024 (n=4335)	Change[d]
Total	70.0	81.9	11.9[e]	62.7	73.5	10.8[e]	62.1	66.9	4.8[e]	48.8	65.9	17.2[e]
Sex												
Female	75.3	85.2	10.0[e]	63.8	73.8	10.0[e]	65.3	66.5	1.2	53.6	70.9	17.3[e]
Male	64.3	78.0	13.7[e]	61.4	72.5	11.1[e]	58.6	66.9	8.3[e]	43.5	60.3	16.7[e]
Race and ethnicity												
Hispanic	73.2	84.5	11.3[e]	64.9	75.2	10.3[e]	67.2	67.4	0.2	50.6	69.6	19.0[e]
Non-Hispanic Black	76.2	79.0	2.8	51.2	62.8	11.6[e]	52.8	62.0	9.2[e]	46.0	64.2	18.2[e]
Non-Hispanic White	67.9	81.4	13.5[e]	65.0	74.9	9.8[e]	61.9	66.7	4.8[e]	48.4	64.1	15.8[e]
Non-Hispanic other[f]	71.9	83.8	11.9[e]	55.5	74.9	19.4[e]	67.2	74.1	6.9[e]	53.1	73.6	20.5[e]
Age group, y												
18-29	70.7	83.9	13.2[e]	62.7	74.2	11.5[e]	64.9	63.7	−1.2	45.0	67.1	22.1[e]
30-44	74.2	84.5	10.3[e]	68.3	77.6	9.4[e]	66.7	67.6	0.9	52.8	68.4	15.5[e]
45-59	69.8	82.3	12.5[e]	63.5	74.1	10.6[e]	60.5	69.6	9.1[e]	45.7	66.5	20.7[e]
≥60	65.6	78.1	12.5[e]	56.5	69.2	12.6[e]	57.0	66.6	9.5[e]	50.9	62.8	11.9[e]
Marital status												
Married	70.9	81.9	10.9[e]	65.3	74.8	9.5[e]	63.9	69.4	5.5[e]	53.5	68.5	15.0[e]
Unmarried	68.9	81.9	13.0[e]	59.6	72.0	12.4[e]	60.0	64.3	4.3[e]	43.4	63.2	19.8[e]
Highest level of education												
≤High school graduate	66.3	78.4	12.1[e]	57.6	66.4	8.7[e]	55.2	60.8	5.6[e]	46.0	60.4	14.4[e]
Some college	71.7	81.4	9.8[e]	63.3	75.5	12.2[e]	64.9	68.7	3.8	46.8	64.8	18.0[e]
≥Bachelor's degree	73.6	85.9	12.4[e]	69.2	79.5	10.3[e]	69.2	72.1	3.0	54.7	72.7	18.0[e]
Employed												
Yes	71.3	83.4	12.0[e]	65.9	75.4	9.5[e]	64.2	68.2	4.0[e]	48.6	67.7	19.0[e]
No	68.2	79.5	11.3[e]	58.5	70.3	11.9[e]	59.3	64.9	5.6[e]	49.0	63.1	14.2[e]
Annual household income, $												
<20 000	65.7	73.3	7.5[e]	54.3	62.9	8.6[e]	52.7	56.3	3.6	41.4	57.3	15.9[e]
20 000-49 999	70.9	81.3	10.5[e]	62.3	72.1	9.8[e]	61.7	63.6	1.9	51.2	64.0	12.9[e]
50 000-99 999	69.2	80.5	11.2[e]	62.6	70.9	8.4[e]	63.5	68.5	5.0[e]	49.8	64.5	14.8[e]
≥100 000	72.2	84.6	12.4[e]	67.5	77.6	10.1[e]	65.2	69.2	4.0[e]	48.4	69.2	20.8[e]

[a] The 5 response options were strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, and strongly disagree. For this analysis, responses of strongly agree and somewhat agree were combined into a single category, agree.
[b] Data source: PN Styles.[7]
[c] Percentages were weighted to the noninstitutionalized US population.
[d] Percentage-point differences were calculated by using unrounded estimates and, therefore, may not compute with the rounded estimates shown.
[e] $P < .05$; determined by Pearson χ^2 tests; $P < .05$ considered significant.
[f] Includes American Indian or Alaska Native, Asian, Hawaiian/Pacific Islander, and ≥2 races.

Discussion

This study shows wide and increasing support for breastfeeding as measured through public opinions. Our study found that in 2024, more than 80% of respondents agreed there should be paid maternity leave, whereas less than 4% disagreed. Organizations such as the American Academy of Pediatrics have released policy statements in favor of universally available paid family and medical leave[8] because of the benefits for child and family health. Although public and expert opinions in support of this policy have grown,[8,9] still no universal paid maternity leave exists in the United States, highlighting a gap between public opinions and policy implementation. Furthermore, the United States is the only country among the Organization for Economic Cooperation and Development member countries that does not mandate any paid leave for new parents.[10] In the absence of universally available paid leave, states have enacted legislation to create paid family and medical leave insurance programs in some jurisdictions. As of 2023, 13 states and the District of Columbia had programs, with most providing 12 weeks of paid leave.[11] Moreover, the US Department of Labor estimated that only 27% of private sector workers in the United States in 2023 had access to paid family leave through their employer.[12]

Mothers who are breastfeeding benefit from support from their partners, family, health care providers, lactation consultants, employers, and others.[13] As our findings show, the public's perceptions that mothers need social support to breastfeed increased during the past decade. These increases suggest that barriers cited in the 2011 Surgeon General's *Call to Action to Support Breastfeeding*—such as poor family and social support, health services, employment and child care, and breastfeeding in public places—are increasingly recognized by the US public.[5] While public opinions highlight the growing recognition of

the need for support of breastfeeding, it is not equivalent to policies and systems that support breastfeeding, as demonstrated by current breastfeeding rates that are far behind the Healthy People 2030 targets for exclusive breastfeeding at 6 months of age and any breastfeeding at 1 year of age.[6]

This study adds to the limited literature on US public opinions of breastfeeding and changes in opinions that have taken place in the past decade. A study strength was the use of a large, diverse panel weighted to the distribution of noninstitutionalized US adults. The main limitations were that opinions of respondents may have differed from those of nonrespondents, and responses may have been subject to social desirability bias.

Ultimately, suboptimal breastfeeding in the United States contributes to excess illness and death from maternal and pediatric disease and leads to substantial financial and nonfinancial costs.[14] The results of this study demonstrate broad and growing public support for actions that support breastfeeding, including paid maternity leave, which could improve breastfeeding outcomes nationwide. Overall, high and increased positive public opinions about supports for breastfeeding suggest heightened approval for breastfeeding-supportive programs and policies.

Declaration of Conflicting Interests

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Disclaimer

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References

1. Meek JY, Noble L, Section on Breastfeeding. Policy statement: breastfeeding and the use of human milk. *Pediatrics*. 2022;150(1):e2022057988. doi:10.1542/peds.2022-057988
2. Pérez-Escamilla R, Tomori C, Hernández-Cordero S, et al. Breastfeeding: crucially important, but increasingly challenged in a market-driven world. *Lancet*. 2023;401(10375):472-485. doi:10.1016/s0140-6736(22)01932-8
3. Centers for Disease Control and Prevention. About breastfeeding data. 2024. Accessed November 25, 2024. https://www.cdc.gov/breastfeeding-data/about/index.html
4. Wicklund L, Epstein A, Szugye H, Schleicher M, Lam SK. Association between length of maternity leave and breastfeeding duration in the United States: a systematic review. *Obstet Gynecol*. 2024;143(4):e107-e124. doi:10.1097/aog.0000000000005502
5. Office of the Surgeon General, Centers for Disease Control and Prevention, Office on Women's Health. *The Surgeon General's Call to Action to Support Breastfeeding*. Office of the Surgeon General; 2011.
6. Noiman A, Kim C, Chen J, Elam-Evans LD, Hamner HC, Li R. Gains needed to achieve Healthy People 2030 breastfeeding targets. *Pediatrics*. 2024;154(3):e2024066219. doi:10.1542/peds.2024-066219
7. PN Styles. ConsumerStyles & YouthStyles. 2024. Accessed November 26, 2024. https://styles.porternovelli.com/consumer-youthstyles
8. Dammann CEL, Montez K, Mathur M, et al. Paid family and medical leave: policy statement. *Pediatrics*. 2024;154(5):e2024068958. doi:10.1542/peds.2024-068958
9. Bettinelli ME, Smith JP, Haider R, et al. ABM position statement: paid maternity leave—importance to society, breastfeeding, and sustainable development. *Breastfeed Med*. 2024;19(3):141-151. doi:10.1089/bfm.2024.29266.meb
10. Organization for Economic Cooperation and Development. OECD Family Database, PF2.1. Parental leave systems. 2024. Accessed July 18, 2025. https://www.oecd.org/content/dam/oecd/en/data/datasets/family-database/pf2_1_parental_leave_systems.pdf
11. Donovan SA. *Paid Family and Medical Leave in the United States*. Congressional Research Service; 2025. Accessed July 18, 2025. https://crsreports.congress.gov/product/pdf/R/R44835
12. Employee benefits in the United States—March 2023. News release. US Department of Labor, Bureau of Labor Statistics; September 21, 2023. Accessed July 18, 2025. https://www.bls.gov/news.release/archives/ebs2_09212023.pdf
13. Office of the Surgeon General. *The Surgeon General's Call to Action to Improve Maternal Health*. US Department of Health and Human Services; 2020.
14. Bartick MC, Schwarz EB, Green BD, et al. Suboptimal breastfeeding in the United States: maternal and pediatric health outcomes and costs. *Matern Child Nutr*. 2017;13(1):e12366. doi:10.1111/mcn.12366