

Breastfeeding

DEFINITION

Breastfeeding is the number and percentage of newborn infants who are breastfed at the time of hospital discharge.

SIGNIFICANCE

Breastfeeding is widely recognized as the ideal method of feeding and nurturing infants and is a critical component in achieving optimal infant and child health, growth, and development.^{1,2} National health experts recommend exclusive breastfeeding for six months after birth and continuous breastfeeding for at least 12 months after birth or longer as mutually desired by mother and child for two years or beyond.³

Breastfeeding decreases infant mortality and morbidity. Infant benefits include optimal nutrition, stronger immune systems, and reduced risk for Sudden Infant Death Syndrome and chronic conditions such as asthma, obesity, type 1 diabetes, and ear infections. Breastfeeding benefits mothers by creating a strong bond with infants and decreasing risk for postpartum depression, type 2 diabetes, and hypertension. Breastfeeding provides significant social and economic benefits, including reduced cost to the family, reduced health care costs, and reduced employee absenteeism.^{4,5,6}

Breastfeeding can be effectively promoted by hospital and other birth

facility policies and practices that take place before, during, and after labor and delivery, including access to professional lactation consultants and involvement in community breastfeeding support networks.⁷ In 2015, Women & Infants Hospital became the second-largest hospital in the U.S. to achieve the “Baby-Friendly” designation, which recognizes breastfeeding support and promotion by birth facilities.⁸ There are now four Baby-Friendly hospitals in Rhode Island: Kent Hospital, Newport Hospital, South County Hospital, and Women & Infants Hospital.⁹

Breastfeeding rates generally increase with higher educational attainment and higher income levels.¹⁰ Healthy People 2030 sets target breastfeeding rates of 42% of infants breastfed exclusively through 6 months and 54% of infants breastfed at any extent at one year of age.¹¹

Breastfeeding Rates		
	6 months [^]	12 months
RI	23%	33%
US	25%	36%
National Rank*	39 th	37 th
New England Rank**	6 th	6 th

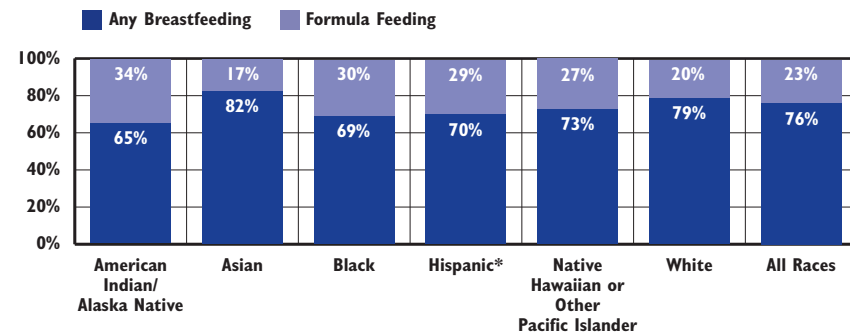
*1st is best; 50th is worst

**1st is best; 6th is worst

[^]exclusively breastfed

Source: Centers for Disease Control, *National Immunization Surveys* (NIS), 2020 and 2021.
Note: Data is for infants born in 2019.

Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2018-2022*



Source: Rhode Island Department of Health, Center for Health Data and Analysis, KIDSNET, 2018-2022.

Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge. *Hispanic infants can be of any race. Totals may not sum to 100% because data on feeding methods were not available for all births.

★ Between 2018 and 2022, 76% of mothers of newborns in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 23% intended to formula feed.¹²

★ American Indian/Alaska Native, Black, and Hispanic infants are less likely to be breastfed than white and Asian infants, due to structural, interpersonal, cultural, and historical barriers that Women of Color face. Structural barriers include lack of support and discrimination from the health care and workplace settings, including limited paid family leave. Interpersonal barriers include lack of family support for breastfeeding and inadequate workplace policies for breastfeeding moms.^{13,14}

★ In Rhode Island between 2019 and 2021, 71% of infants of moms who had private insurance during the postpartum period were breastfed for at least three months compared to only 48% of infants of moms who had Medicaid or RIte Care.¹⁵



Rhode Island Supports for Breastfeeding

★ Access to 12 weeks of paid family leave increases the initiation and overall duration of breastfeeding and the likelihood of breastfeeding for at least six months.¹⁶ Improving the state’s paid family leave program would help ensure equitable access to paid leave, especially for Women of Color.^{17,18}

★ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in all public or private places.¹⁹ Since 2015, Rhode Island law has prohibited job discrimination based on pregnancy, childbirth, and related medical conditions and required employers to make reasonable accommodations for workers including support for breastfeeding.²⁰ Other barriers to supporting breastfeeding include accessibility and accommodations for lactation in the workplace and community.²¹

★ In 2014, Rhode Island became the first state to establish licensure for International Board-Certified Lactation Consultants (IBCLCs) who provide comprehensive lactation support and counseling for pregnant and postpartum women. In March 2023, Rhode Island had 65 licensed IBCLCs.^{22,23} Other lactation professionals can support health equity and reduce barriers to breastfeeding.²⁴

Table 20. Breastfeeding at Time of Birth, Rhode Island, 2018-2022

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	554	501	90%
Bristol	619	507	82%
Burrillville	583	440	75%
Central Falls	1,470	978	67%
Charlestown	260	224	86%
Coventry	1,464	1,149	78%
Cranston	3,750	2,899	77%
Cumberland	1,513	1,239	82%
East Greenwich	628	558	89%
East Providence	2,127	1,619	76%
Exeter	239	207	87%
Foster	201	166	83%
Glocester	320	262	82%
Hopkinton	286	234	82%
Jamestown	124	116	94%
Johnston	1,323	1,009	76%
Lincoln	881	728	83%
Little Compton	47	39	83%
Middletown	732	631	86%
Narragansett	249	224	90%
New Shoreham	32	31	97%
Newport	1,000	813	81%
North Kingstown	1,089	968	89%
North Providence	1,567	1,167	74%
North Smithfield	418	357	85%
Pawtucket	4,073	2,864	70%
Portsmouth	583	525	90%
Providence	11,429	7,819	68%
Richmond	347	309	89%
Scituate	441	373	85%
Smithfield	707	582	82%
South Kingstown	806	717	89%
Tiverton	345	277	80%
Warren	366	275	75%
Warwick	3,441	2,720	79%
West Greenwich	246	208	85%
West Warwick	1,421	1,065	75%
Westerly	709	624	88%
Woonsocket	2,350	1,552	66%
Four Core Cities	19,322	13,213	68%
Remainder of State	29,418	23,763	81%
Rhode Island	48,740	36,976	76%

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, KIDSNET, 2018-2022.

Breastfeeding is defined as “breastfeeding as intended feeding method at hospital discharge.” “Percent With Any Breastfeeding” includes infants fed breast milk in combination with formula and those exclusively breastfed.

*Note: The data collection process at the Rhode Island Department of Health was changed in 2015. Prior to 2015, breastfeeding was recorded as “Breast,” “Bottle,” or “Both.” Since 2015, a “Yes” or “No” question on the birth certificate worksheet “Is the infant being breastfed at discharge?” has been used. Data from and prior to 2015 for “Exclusive breastfeeding” and “Both breast and formula” have been combined into the “Any breastfeeding” category to align with current data collection practices.

The number of births screened may differ from the total number of births reported elsewhere in the Factbook as not all documented births received a screening. Births to Rhode Island women that occurred outside Rhode Island are not included.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

References

- Meek J,Y., Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 150(1), e2022057988.
- Breastfeeding: 2015-2020 Rhode Island strategic plan. (2015). Providence, RI: Rhode Island Department of Health.
- The benefits of breastfeeding for you and baby. (2022). Cleveland, OH: The Cleveland Clinic.
- Centers for Disease Control and Prevention. (2022). *Frequently asked questions*. Retrieved March 8, 2024, from cdc.gov
- Hauck, K., Miraldo, M., & Singh, S. (2020). Integrating motherhood and employment: A 22-year analysis investigating impacts of US workplace breastfeeding policy. *SSM – Population Health*, 11, 1-10.

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