

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 six months and 54% of infants breastfed to 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

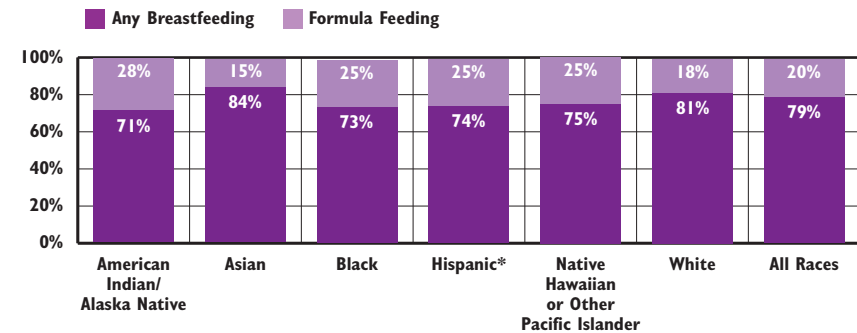
*1st is best; 50th is worst

**1st is best; 6th is worst

[^]exclusively breastfed

Source: Centers for Disease Control (2022). *Breastfeeding report card United States, 2022*. Note: Data is for infants born in 2019.

Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2019-2023



Source: Rhode Island Department of Health [RIDOH]. (2024). *KIDSNET, 2019-2023*. Center for Health Data and Analysis. 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 2019 and 2023, 79% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 20% intended to formula feed.¹² American Indian/Alaska Native, Black, Hispanic, and Native Hawaiian or Other Pacific Islander 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 and inadequate workplace policies for breastfeeding moms.^{13,14}

◆ In Rhode Island between 2021 and 2023, 70% of infants of moms who had private insurance during the postpartum period were breastfed for at least three months compared to only 54% 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 duration of breastfeeding and the likelihood of breastfeeding for at least six months.¹⁶ In 2024, Rhode Island passed a law increasing the state's paid leave program from six to seven weeks in 2025 and eight weeks in 2026, working toward national standards supporting equitable access to paid leave, especially for Women of Color.^{17,18,19}

◆ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in public or private places.²⁰ Since 2015, Rhode Island law has prohibited job discrimination based on pregnancy, childbirth, and related conditions and required employers to make reasonable accommodations for workers, including support for breastfeeding.²¹ Other barriers to breastfeeding include accessibility and accommodations for lactation in the workplace and community.²²

◆ 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 January 2024, Rhode Island had 69 licensed IBCLCs.^{23,24} Other lactation professionals can support health equity and reduce breastfeeding barriers.²⁵

Table 17. Breastfeeding at Time of Birth, Rhode Island, 2019-2023

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER ANY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	538	488	91%
Bristol	624	510	82%
Burrillville	584	464	79%
Central Falls	1,418	1,016	72%
Charlestown	253	221	87%
Coventry	1,442	1,151	80%
Cranston	3,790	3,022	80%
Cumberland	1,436	1,208	84%
East Greenwich	642	574	89%
East Providence	2,117	1,682	79%
Exeter	223	189	85%
Foster	202	164	81%
Glocester	302	257	85%
Hopkinton	316	262	83%
Jamestown	130	123	95%
Johnston	1,326	1,045	79%
Lincoln	893	748	84%
Little Compton	50	42	84%
Middletown	698	604	87%
Narragansett	264	239	91%
New Shoreham	37	36	97%
Newport	983	807	82%
North Kingstown	1,032	916	89%
North Providence	1,539	1,203	78%
North Smithfield	426	368	86%
Pawtucket	3,968	2,988	75%
Portsmouth	539	492	91%
Providence	11,213	8,208	73%
Richmond	331	295	89%
Scituate	443	382	86%
Smithfield	674	561	83%
South Kingstown	833	741	89%
Tiverton	354	290	82%
Warren	357	281	79%
Warwick	3,407	2,764	81%
West Greenwich	242	208	86%
West Warwick	1,384	1,048	76%
Westerly	700	609	87%
Woonsocket	2,346	1,597	68%
Four Core Cities	18,945	13,809	73%
Remainder of State	29,111	23,994	82%
Rhode Island	48,056	37,803	79%

Sources of Data for Table/Methodology

RIDOH. (2024). KIDSNET, 2019-2023. Center for Health Data and Analysis.

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 RIDOH 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

- ¹³ Meek J,Y, Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 150(1), e2022057988.
- ^{2,23} Rhode Island Department of Health [RIDOH]. (2015) *Breastfeeding: 2015-2020 Rhode Island strategic plan*.
- ⁴ The Cleveland Clinic. (2023). *The benefits of breastfeeding for you & baby*. Retrieved March 8, 2024, from <https://my.clevelandclinic.org/health/articles/15274-benefits-of-breastfeeding>
- ⁵ Centers for Disease Control and Prevention. (2023). *Frequently asked questions*. Retrieved January 3, 2025, from <https://www.cdc.gov/breastfeeding/php/faq/faq.html>
- ⁶ 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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References

- ^{21,32} World Health Organization. (2023). *Preterm births*. Retrieved April 2, 2025, from <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>
- ²² Ely, D.M., & Driscoll, A.K. (2024). Infant Mortality in the United States, 2022: Data from the period linked birth/infant death file. *National Vital Statistics Reports, Vol 73, No 5*. National Vital Statistics System.
- ²³ Federal Interagency Forum on Child and Family Statistics. (2023). *America's children: Key national indicators of well-being, 2023*. U.S. Government Printing Office.
- ²⁴ Centers for Disease Control and Prevention. (n.d.). *Infant mortality*. Retrieved February 29, 2024, from <https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html>
- ^{25,45,47} Murphy, S.L., Kochanek, K.D., Xu, J., & Arias, A. (2024). Mortality in the United States, 2023. *NCHS Data Brief No. 521*. National Center for Health Statistics.
- ^{26,27,28,29,33,34,35,36,37,38,50,51,53,54,57} Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2019-2023.
- ^{30,31} Kim, H., Monteiro, K., Cooper, T., Viner-Brown, S., & Weber, A. (2018). *2018 Rhode Island Pregnancy Risk Assessment Monitoring System data book: 3rd edition*. Rhode Island Department of Health, Center for Health Data and Analysis.
- ³⁹ Kaiser Family Foundation (2024). *Racial disparities in maternal and infant health: Current status and efforts to address them*. Retrieved April 2, 2025, from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
- ^{40,58,59,60,61,65} Taylor, J., Novoa, C., Hamm, K., & Phadke, S. (2019). *Eliminating racial disparities in maternal and infant mortality: A comprehensive policy blueprint*. Center for American Progress.
- ⁴¹ Centers for Disease Control and Prevention. (2022). *State strategies for preventing pregnancy-related deaths: A guide for moving maternal mortality review committee data to action*. National Center for Chronic Disease Prevention and Health Promotion.
- ⁴² *Rhode Island community profile*. (2018). March of Dimes.
- ⁴³ Burris, H. & Hacker, M. (2017). Birth outcome racial disparities: A result of intersecting social and environmental factors. *Semin Perinatol* 41(6): 360–366.
- ⁴⁴ Robert Wood Johnson Foundation. (2018). *New county rankings show differences in health and opportunity by place and race*. [Press release]. Retrieved February 25, 2022, from <https://www.rwjf.org/en/about-rwjf/newsroom/2018/03/county-health-rankings-show-differences-in-health-by-place-and-race.html>
- ⁴⁶ MacDorman, M. F. & Rosenberg, H. M. (1993). Trends in infant mortality by cause of death and other characteristics, 1960-88. *National Vital Statistics Reports, 20(20)*, 1-51.
- ^{48,49} *Child health USA 2014*. (2015). U.S. Department of Health and Human Services, Health Resources and Services Administration.
- ⁵² Bastian, B.A., Curtin, S.C., & Tejada-Vera, B. (2023). Deaths: Leading causes for 2020. *National Vital Statistics Report, 72(13)*, 1-15.
- ⁵⁵ Smith, I. Z., Bentley-Edwards, K. L., El-Amin, S., & Darity, W. (2018). *Fighting at birth: Eradicating the black-white infant mortality gap*. Duke University, The Samuel DuBois Cook Center on Social Equity and Insight for Community Economic Development.
- ⁵⁶ Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030*. U.S. Department of Health and Human Services. Retrieved February 17, 2023, from <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/infants/reduce-rate-infant-deaths-mich-02>
- ⁶² Centers for Disease Control and Prevention. (2022). *State strategies for preventing pregnancy-related deaths: A guide for moving maternal mortality review committee data to action*. National Center for Chronic Disease Prevention and Health Promotion.
- ⁶³ Efetevbia, V., Gross, E., Wilkins, A. (2019). *Policies that dismantle racism and sexism in health care may reduce Black infant and maternal mortality*. Child Trends
- ⁶⁴ Meghea, C. I., You, Z., Raffo, J., Leach, R. E., & Roman, L. A. (2015). Statewide Medicaid enhanced prenatal care programs and infant mortality. *Pediatrics, 136(2)*, 334-342.
- ⁶⁶ Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, 2024.
- (continued from page 71)
- References for Breastfeeding**
- ⁷ U.S. Department of Health and Human Services. (2011). *Executive Summary: The Surgeon General's Call to Action to Support Breastfeeding*.
- ⁸ Providence Business News Staff. (2015, August 5). Women & Infants receives 'Baby-Friendly' designation. *Providence Business News*. Retrieved March 13, 2022, from pbn.com/women-infants-receives-baby-friendly-designation107776/
- ⁹ Baby-Friendly USA. (n.d.). Baby-Friendly facilities A-Z and by state. Retrieved March 13, 2022, from <https://www.babyfriendlyusa.org/for-parents/baby-friendly-facilities-by-state/>
- ¹⁰ Ajami, M., et al. (2018). The association between household socioeconomic status, breastfeeding, and infants' anthropometric indices. *International Journal of Preventive Medicine* 9(89), 1-5.
- ¹¹ Healthy People 2030. (2020). *Healthy people 2030*. Retrieved January 6th, 2025, from <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/infants>
- ¹² Rhode Island Department of Health [RIDOH] (2024). *KIDSNET, 2019-2023*. Center for Data and Analysis,
- ^{13,22} Beuregard J.L., Hamner H.C., Chen J, Avila-Rodriguez W., Elam-Evans L.D., Perrine C.G. (2019). Racial disparities in breastfeeding initiation and duration among U.S. infants born in 2015. *MMWR Morbidity and Mortality Weekly Report* 68(34) 745-748.
- ¹⁴ Jones, K.M., Power, M.L., Queenan, J.T., Schulkin, J. (2015). Racial and ethnic disparities in breastfeeding. *Breastfeed Medicine* 10(4), 186-196.
- ¹⁵ RIDOH. (2024). Pregnancy Risk Assessment Monitoring System (PRAMS), 2021-2023.
- ¹⁶ Cunningham, S., Penning, J., Barboza, S., Hansen, B., Tonks, T., Varnell, K., Zhu, A., Lobato de Faria, J., Bright, H. S., Dahl-Popolizio, S., & Wolf, R. L. (2024). Breastfeeding in US working mothers: A systematic review. *WORK, 78(4)*, 851-871.
- ¹⁷ Donovan, S. (2023). *Paid family and medical leave in the United States*. Congressional Research Service. Retrieved January 6, 2025, from <https://crsreports.congress.gov/product/pdf/R/R4483>
- ¹⁸ Pac, J.E., Bartel, A., Ruhm, C.J., Waldfogel, J. (2019). Paid family leave and breastfeeding: Evidence from California. *National Bureau of Economic Research Working Paper Series*.
- ¹⁹ Rhode Island General Law 28-41-35. Enacted by the General Assembly as H-7171 SubA in 2024.
- ²⁰ National Conference of State Legislatures. (2021). *Breastfeeding state laws*. Retrieved March 8, 2024, from <https://www.ncsl.org/health/breastfeeding-state-laws>
- ²¹ Rhode Island General Law 28-5-7.4. Enacted by the General Assembly as H-5674 Sub A in 2015.
- ²⁴ RIDOH. (2025). License lists: List of licensed lactation consultants in Rhode Island, search of active licenses. Retrieved January 2, 2025, from www.health.ri.gov/lists/licensees/
- ²⁵ Hybels, M., Rogers, S., & Hunter, D. (2023) *Mechanisms for advancing health equity: Creating an equitable landscape for lactation consultant licensure in Rhode Island*. Network for Public Health Law.
- (continued from page 73)
- References for Children Affected by Lead Exposure**
- ² Rhode Island Department of Health. (n.d.). *Lead poisoning information for healthcare Professionals*. Retrieved March 20, 2025, from <https://health.ri.gov/lead-poisoning/information/lead-poisoning-information-healthcare-professionals>
- ³ Centers for Disease Control and Prevention. (2022). *Health effects of lead exposure*. Retrieved March 14, 2025, from <https://www.cdc.gov/lead-prevention/symptoms-complications/index.html>
- ⁴ Whitehead, L. S., & Buchanan, S. D. (2019). Childhood lead poisoning: A perpetual environmental justice issue? *Journal of Public Health Management and Practice, 25(1)*, S115-S120.
- ⁵ Child Trends. (2017). *Lead poisoning*.
- ⁶ World Health Organization. (2010). *Childhood lead poisoning*. (2010).
- ⁷ American Academy of Pediatrics Council on Environmental Health. (2016). Prevention of childhood lead toxicity. *Pediatrics, 138(1)*, 1-15.