

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.¹

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.³⁻⁵

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.⁶ 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.⁷ There are now four Baby-Friendly hospitals in Rhode Island: Kent Hospital, Newport Hospital, South County Hospital, and Women & Infants Hospital.⁸

Breastfeeding rates generally increase with higher educational attainment and higher income levels.⁹ 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.¹⁰

	Breastfeeding Rates	
	6 months [^]	12 months
RI	25%	43%
US	28%	41%
National Rank*	40 th	24 th
New England Rank**	5 th	6 th

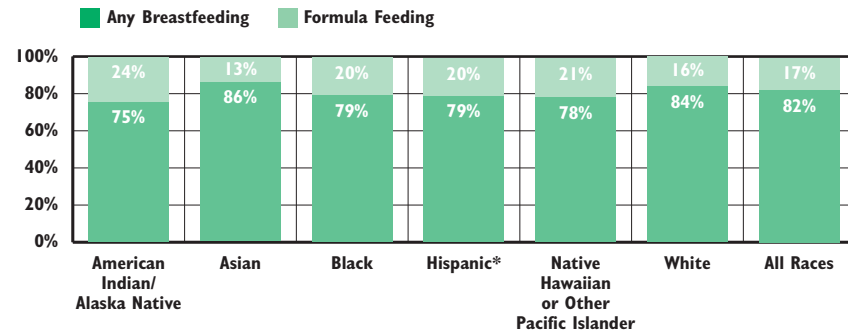
^{*}1st is best; 50th is worst

^{**}1st is best; 6th is worst

[^]exclusively breastfed

Source: Centers for Disease Control (2025). *CDC's Early Childhood Nutrition Report 2025*. Note: Data is for infants born in 2022.


Breastfeeding and Formula Feeding at Birth by Race/Ethnicity, Rhode Island, 2020-2024



Source: Rhode Island Department of Health [RIDOH]. (2025). *KIDSNET, 2020-2024*. 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 2020 and 2024, 82% of new mothers in Rhode Island indicated that they intended to breastfeed when discharged from the hospital and 17% intended to formula feed.¹¹ 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.^{12,13}**

◆ **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.¹⁴**

Table 18. Breastfeeding at Time of Birth, Rhode Island, 2020-2024

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREASTFEEDING	PERCENT BREASTFEEDING
Barrington	543	498	92%
Bristol	623	524	84%
Burrillville	581	483	83%
Central Falls	1,437	1,107	77%
Charlestown	251	218	87%
Coventry	1,436	1,174	82%
Cranston	3,793	3,147	83%
Cumberland	1,457	1,261	87%
East Greenwich	655	588	90%
East Providence	2,115	1,777	84%
Exeter	223	193	87%
Foster	204	167	82%
Glocester	308	272	88%
Hopkinton	323	274	85%
Jamestown	133	128	96%
Johnston	1,354	1,104	82%
Lincoln	889	746	84%
Little Compton	49	43	88%
Middletown	672	594	88%
Narragansett	286	265	93%
New Shoreham	37	36	97%
Newport	964	818	85%
North Kingstown	996	902	91%
North Providence	1,525	1,238	81%
North Smithfield	428	384	90%
Pawtucket	3,962	3,172	80%
Portsmouth	566	520	92%
Providence	11,024	8,708	79%
Richmond	340	309	91%
Scituate	429	374	87%
Smithfield	673	562	84%
South Kingstown	841	761	90%
Tiverton	373	320	86%
Warren	387	311	80%
Warwick	3,400	2,840	84%
West Greenwich	242	208	86%
West Warwick	1,376	1,090	79%
Westerly	695	605	87%
Woonsocket	2,303	1,654	72%
Five Core Cities	19,690	15,459	79%
Remainder of State	28,203	23,916	85%
Rhode Island	47,893	39,375	82%



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.^{15,16} 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.¹⁶⁻¹⁸
- ◆ All 50 states have passed legislation that provides mothers with the explicit right to breastfeed in public or private places.¹⁹ 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.²⁰ Other barriers to breastfeeding include accessibility and accommodations for lactation in the workplace and community.¹²
- ◆ 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 February 2026, Rhode Island had 73 licensed IBCLCs.^{2,21} Other lactation professionals can support health equity and reduce breastfeeding barriers.²²

Sources of Data for Table/Methodology

Rhode Island Department of Health. (2025). *KIDSNET, 2020-2024*. 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.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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Source of Data for Table/Methodology for Housing and Health

Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9th classification to the 10th classification, which may impact comparability across the years for Children with Asthma and Housing Related Falls.

Five core cities are Central Falls, Newport, Pawtucket, Providence, and Woonsocket.

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