

Virginia Breastfeeding Report, 2023



USBC

U.S. Breastfeeding Committee

About this Report

Breastfeeding has a profound impact on population health outcomes. The [evidence for the value of human milk](#) to the overall health of infants, children, and mothers is scientific, robust, and continually reaffirmed by new research. Breastfed infants are at lower risk of certain infections and sudden unexplained infant death. Children who were breastfed have decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia. Women who breastfeed reduce their risk of chronic illnesses, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers. A [recent CDC study](#) of over 3 million U.S. births found that ever breastfeeding is associated with a 26% reduction in the odds of post-perinatal (between 7-364 days) infant death.

The [American Academy of Pediatrics recommends](#) infants be exclusively breastfed for about six months with continued breastfeeding while introducing complementary foods for two years or beyond. Unfortunately, barriers to establishing and maintaining the breastfeeding relationship are persistent and pervasive in the United States, and only a small proportion of dyads meet these recommendations.

This is why increasing breastfeeding rates and creating lactation-friendly environments have been identified as critical public health priorities both nationally and globally. This year, in addition to the ongoing COVID-19 pandemic, many families also had to navigate the devastating infant formula recall and shortage, stripping away their confidence in keeping their babies safely fed.

The good news is that federal investments are making a difference for babies, mothers, and our nation. The Virginia breastfeeding report describes how breastfeeding rates and other measures compare to national levels, lists the coalitions serving communities in the state, and highlights state and community-based lactation projects made possible through federal funding in 2021 and 2022.

Our values and priorities are reflected through the care and attention we show to our nation's infants and young children, and we all have a role to play. In the words of Surgeon General Regina Benjamin, "We can all help make breastfeeding easier."

We hope this report illustrates the importance of breastfeeding and human milk and sheds a light on the policy, system, and environmental factors that impact infant feeding outcomes. To access reports from other states and territories, please visit www.usbreastfeeding.org/state-breastfeeding-reports.



Nikia Sankofa
Executive Director
U.S. Breastfeeding Committee



Amelia Psmythe Seger
Deputy Director
U.S. Breastfeeding Committee

Breastfeeding Rates

See how Virginia breastfeeding rates and other measures compare to national rates and targets set by the Healthy People 2030 (HP2030) initiative.

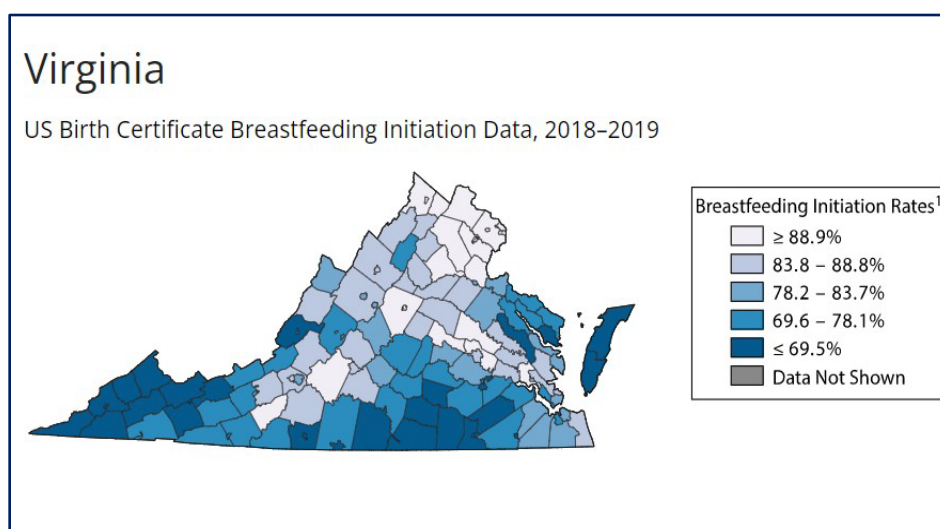
	Breastfeeding Initiation Rate	Largest Disparity Between Racial/Ethnic Groups
Virginia	86.2%	18.2%
U.S. National	84.1%	16.7%

Source: [National Vital Statistics System birth certificate data](#), a census of all 2019 births and the largest collection of breastfeeding data. Breastfeeding initiation is measured as a percentage. Largest disparity in breastfeeding initiation between racial/ethnic groups is measured as a percentage difference.

	Exclusive Breastfeeding at 6 Months	Any Breastfeeding at 12 months	Formula Supplementation at 2 Days
Virginia	25.8%	40.1%	18.6%
U.S. National	24.9%	35.9%	19.2%
HP2030 Target	42.4%	54.1%	N/A

Source: [CDC Breastfeeding Report Card](#), a biannual publication highlighting progress towards breastfeeding goals in the United States. Breastfeeding and supplementation rates are measured as a percentage.

State and territorial breastfeeding rates provide important insights about how families are supported, but data shows that there are significant disparities across counties.



Source: [CDC Breastfeeding Initiation Rates and Maps by County](#), presenting 2018–2019 National Vital Statistics System data.

WIC Program Breastfeeding Performance Measures

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five. The WIC program serves approximately 53 percent of all infants born in the United States.

	Fully Breastfed Rate	Partially Breastfed Rate	Total Breastfed Rate	Fully Formula Fed Rate
Virginia WIC Rates	10.4%	11.8%	22.3%	77.7%
National WIC Rates	12.1%	21.9%	33.9%	66.1%

Source: [Fiscal Year 2021 WIC Breastfeeding Data Local Agency Report](#). Breastfeeding and formula feeding rates are measured as a percentage of participating children under one year of age.

Creating a Landscape of Support

The policy, systems, and environments that surround and shape our lives have a profound impact on the infant feeding experience, either helping or hindering breastfeeding. Maternity care practices, paid family and medical leave, and childcare practices are proven to impact breastfeeding outcomes, and are highlighted in the CDC Breastfeeding Report Card.

	% of live births occurring at Baby-Friendly facilities	mPINC Score	Has enacted paid family and medical leave legislation	# of weeks available to care for a new child	ECE licensing breastfeeding support score
Virginia	13.8%	82	No	--	70
U.S. National	28.9%	81	No	--	--

Source: [CDC Breastfeeding Report Card](#). CDC's national Maternity Practices in Infant Nutrition and Care (mPINC) survey assesses maternity care practices that affect how babies are fed. Among states with enacted paid family and medical leave legislation, the number of weeks presented are those that can be claimed by eligible employees for the care of a new child by birth, adoption, or foster care. ECE score indicates the extent to which a state's licensing regulation for early child education centers meet the Caring for our Children's standard to encourage and fully support breastfeeding/feeding of breast milk.

Breastfeeding Coalitions Serving in Virginia

An extensive network of state, tribal, territorial, local, and cultural breastfeeding coalitions across the United States are working to create policy, systems, and environmental interventions to better serve babies, mothers, and families. The following coalition serves in Virginia:

- [Virginia Breastfeeding Coalition](#)

Federally Funded Lactation Projects in Virginia

Each year funding is allocated to a variety of federally funded programs that address infant nutrition security through the federal appropriations process. These investments are making a real difference. Breastfeeding rates have risen substantially in recent decades, but additional efforts are needed to help our nation reach Healthy People 2030 goals.

Federally funded lactation support programs are low-cost, high-impact interventions that work to reduce the persistent and pervasive barriers to breastfeeding success. This funding supports critical national efforts, including monitoring and evaluation, research, public education, resource development, and beyond. Funding also supports a wide range of state and community-level projects to address the challenges faced by specific populations. These programs support and reinforce each other, reaching distinct audiences and environments.

See how federal investments are making a difference in Virginia below.

Centers for Disease Control and Prevention (CDC)

- The [**CDC Hospitals Promoting Breastfeeding program**](#) provides critical support to advance breastfeeding continuity of care and increase access to lactation-friendly environments in states, hospitals, and communities. In Fiscal Year 2022, this program was funded at \$9.75 million.

Health Resources & Service Administration, Maternal and Child Health Bureau (HRSA, MCHB)

- The [**Title V Maternal and Child Health \(MCH\) Block Grant**](#) provides funding for states and jurisdictions to meet the unique health needs of their children and families. In its five-year action plan, Virginia has chosen increasing the percentage of infants who are ever breastfed and infants who are breastfed exclusively through 6 months as one of their Title V Maternal and Child Health grant National Performance Measures.
- The purpose of the [**Healthy Start program**](#) is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes through local projects that can include lactation education. Virginia received two Healthy Start awards totaling \$2,293,186. The Virginia Department of Health was awarded \$1,165,343. Urban Strategies, which is headquartered in Arlington but provides services in Puerto Rico, received \$1,127,843.
- The [**Healthy Start Doula Supplement**](#) provides funding to increase the availability of doulas in Healthy Start service areas most affected by infant and maternal mortality and to increase the number of women with a higher risk of poor birth outcomes receiving doula services. In 2022, funding in Virginia was directed to Urban Strategies, L.L.C.
- The [**Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) program**](#) supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes, including through lactation support. In 2022, the Virginia Department of Health received \$7,766,842 in funding to implement the MIECHV program.

Office on Women's Health

- The [Racial Equity in Postpartum Care Challenge](#) sought innovative methods to improve equity of postpartum care for Black or African American and American Indian/Alaska Native women enrolled in Medicaid or the Children's Health Insurance Program. In Virginia, Mommies Bellies Babies and Daddies Care Coordination, Technologies for Outreach from Healthy Hearts Plus II in Chesterfield was a winner of the HHS Racial Equity in Postpartum Challenge. This program offers a suite of digital solutions to improve postpartum care and coordination of services for Black/ African American women during the postpartum period. It uses multiple technologies, software and Apps, visualizations, and social media in English and Spanish to engage patients, increase reach, retention, and enrollment in the Mommies Bellies Babies and Daddies program.

National Institutes of Health

- The National Institutes of Health and National Institute of Child Health and Human Development [conduct and fund a variety of clinical research](#) related to breastfeeding and breast milk. In Virginia, the following organizations received funding:
 - University of Virginia was funded to complete the following research projects:
 - "Field Studies of Cryptosporidiosis in Bangladesh"
 - "Support via Online Social Networks to Promote safe Infant Care Practices Toward Reducing Racial Disparities in Infant Mortality (SUPERSONIC)"
 - Benten Technologies, Inc. was funded to complete a research project titled "Multi-modal Intervention for Lactation Care (MILC) will be a mHealth platform to increase."