

Minnesota 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 Minnesota 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.



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Breastfeeding Rates

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

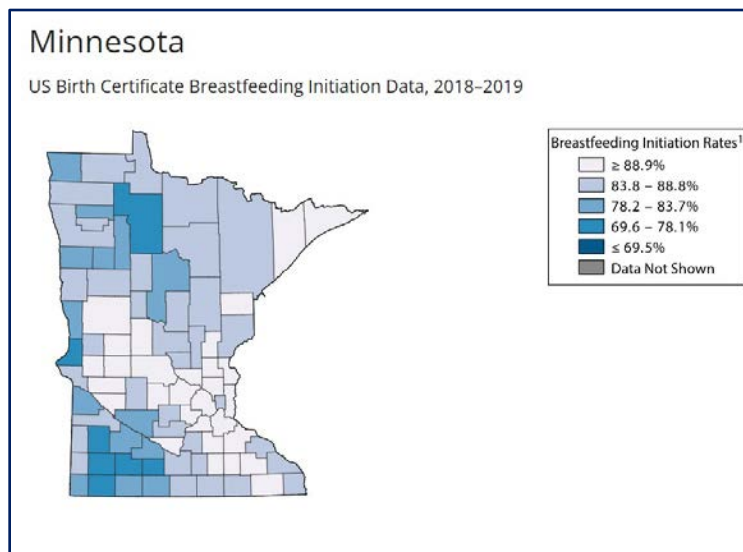
	Breastfeeding Initiation Rate	Largest Disparity Between Racial/Ethnic Groups
Minnesota	89.7%	24.4%
U.S. National	84.1%	16.7%

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
Minnesota	36.5%	46.3%	18.1%
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
Minnesota WIC Rates	12.9%	25%	37.9%	62.1%
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
Minnesota	22%	81	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 Minnesota

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 coalitions serve in Minnesota:

- [Central Minnesota Breastfeeding Coalition](#)
- [Crow River Area Breastfeeding Coalition](#)
- Indigenous Breastfeeding Coalition of Minnesota
- [Minnesota Breastfeeding Coalition](#)

Federally Funded Lactation Projects in Minnesota

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 Minnesota 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.
- [**Racial and Ethnic Approaches to Community Health**](#) (REACH) funding is used to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease through culturally tailored interventions to address preventable risk behaviors. In 2021, the City of Minneapolis was funded through the REACH program to collaborate with community partners to reduce chronic disease risk factors in the African American/East African and American Indian communities by implementing nutrition and community-clinical linkage strategies.
- The [**State Physical Activity and Nutrition**](#) (SPAN) program funds recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. As part of the SPAN program, Minnesota's Office of Statewide Health Improvement Initiatives are implementing evidence-based strategies that are state- and locally-led with a focus on advancing health equity. Locally-led strategies in worksites, maternity centers, and parks and recreation areas are conducted by local public health agencies through Minnesota's Statewide Health Improvement Partnership program and community partners.
- With funding from the CDC, the Association of State and Territorial Health Officials awarded [**innovation grants to support SPAN recipients**](#) to implement innovative projects that advance breastfeeding initiatives and health equity. In Minnesota, The Minnesota Department of Health (MDH) is subcontracting with the Minnesota Breastfeeding Coalition (MBC) and partnering with other community organizations to improve support for breastfeeding among families experiencing food insecurity in the Twin Cities. MDH and MBC have engaged partner organizations and community members in implementing systemic changes to increase access to pasteurized human donor milk (PHDM) and skilled lactation support in food pantries.
- [**EMPower Best Practices**](#) is a hospital-based quality improvement initiative funded by the CDC Division of Nutrition, Physical Activity, and Obesity. The purpose of this initiative is to improve knowledge and skills in evidence-based maternity practices supportive of optimal infant nutrition with a focus on culturally diverse, at-risk populations and those from low-income families. This project is coordinated in partnership with the Carolina Global Breastfeeding Institute based at the University of North Carolina at Chapel Hill and Population Health Improvement Partners. The EMPower Best Practices initiative is supporting the Methodist Hospital - Family Birth Center in Minnesota.

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, Minnesota 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 [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 Minnesota Department of Health received \$8,642,291 in funding to implement the MIECHV program.
- The [Rural Maternity and Obstetrics Management Strategies \(RMOMS\) program](#) supports grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, including breastfeeding support. In 2021, Sanford Health of Northern Minnesota was awarded funding through the RMOMS Program.
- The [Maternal and Child Health \(MCH\) Nutrition program](#) promotes the healthy nutrition of mothers, children, and families by establishing and enhancing MCH Nutrition Centers of Excellence to provide training for future and current MCH nutrition professionals and technical assistance to state Title V and other MCH programs. MCH Nutrition Training programs include education on breastfeeding. The University of Minnesota received funding to support the Maternal and Child Health (MCH) Nutrition Training Program.

U.S. Department of Agriculture, Food and Nutrition Service

- Each year, the Food and Nutrition Service (FNS), Special Supplemental Nutrition Program for Women, Infants and Children (WIC) presents the [WIC Breastfeeding Award of Excellence](#) to recognize local WIC agencies that have provided exemplary breastfeeding promotion and support activities. The following Minnesota agencies were awarded:
 - 2022 Gold Award:
 - Goodhue County Health and Human Services
 - Meeker McLeod Sibley Community Health Services
 - 2021 Premiere Award:
 - Olmstead County, St. Louis County

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 Minnesota, the following organizations received funding:
 - The University of Minnesota was funded to complete the following research projects:
 - “Pregnancy and Postpartum Support Programs for Women in Prison: Maternal and Neonatal Outcomes”
 - “Maternal Obesity, Milk Composition, and Infant Growth”
 - “Genetics and genomics of human breast milk composition”
 - “Physiological-based Pharmacokinetics Approach to Determine the Extent of Drug Exposure of Antiepileptic Medications During Pregnancy and Breastfeeding”
 - Healthpartners Institute was funded to complete a research project titled “Treatment Initiation for New Episodes of Depression in Pregnant Women.”