Breastfeeding in California

What It Is
Kidsdata.org provides county-level indicators of in-hospital breastfeeding initiation overall and by newborn’s race/ethnicity. Data are based on feedings from birth to the time of specimen collection by the California Department of Public Health’s Newborn Screening Program (usually 24 to 48 hours after birth). Two types of breastfeeding are reported: (i) exclusive breastfeeding, which measures the number and percentage of newborns who receive breast milk only, and (ii) any breastfeeding, which measures the number and percentage of newborns who receive at least some breast milk (i.e., those who receive breast milk only and those who receive both breast milk and formula).

Why This Topic Is Important
Growing evidence indicates that nutrition in the first two years of life provides a foundation for long-term health. Breast milk is widely acknowledged as the most complete form of nutrition for infants, with a range of benefits for health, growth, and development. Breastfeeding is safe and recommended for nearly all families, with very few exceptions. Infants who are breastfed are at reduced risk for serious and chronic health conditions, such as diabetes, obesity, infectious disease, and sudden infant death syndrome. Breastfeeding also offers health advantages to mothers, such as reducing the risk of breast and ovarian cancer, cardiovascular disease, and diabetes. Increasing the proportion of children who are breastfed for at least the first year of life—as well as the percentage who are breastfed exclusively for the first six months—are important public health goals. In fact, California has a statewide goal to make breastfeeding the normal method of infant feeding for at least the first year of life.

By reducing long-term health care costs for children and mothers, breastfeeding offers broad economic benefits. Experts also point to the environmental benefits of breastfeeding, which does not require product packaging, transportation, or use of cows.

Access to high-quality support to help initiate and sustain breastfeeding is uneven, with lower rates of evidence-based maternity care in underserved communities, as well as consistently lower breastfeeding rates among African American mothers, in particular. Many mothers also face occupational or insurance barriers, such as a lack of paid family leave, limited workplace flexibility, and inadequate coverage for breastfeeding supplies and support.
How Children Are Faring

Since 2010—the first year for which data are available—more than 9 in 10 California newborns delivered in a hospital have received at least some breast milk during their hospitalization (94% in 2019). The share of newborns fed only breast milk in 2019 was 70%, up from 57% in 2010. Across counties with data for 2019, the percentage of newborns breastfed exclusively ranged from 55% (Imperial) to 92% (Nevada).

Statewide, rates of exclusive breastfeeding have risen overall for all racial/ethnic groups with data, with African American/black, Hispanic/Latino, and Native Hawaiian/Pacific Islander newborns experiencing improvements of more than 30% in the decade between 2010 and 2019. Over this period, rates of exclusive breastfeeding consistently were higher for white, American Indian/Alaska Native, and multiracial newborns (more than 3 in 4 in 2019) than for newborns in other groups (fewer than 2 in 3 in 2019).

View references for this text and additional research on this topic: https://www.kidsdata.org/topic/46/breastfeeding/summary

Newborns Breastfed Exclusively in Hospital, by Race/Ethnicity: 2019

Definition: Percentage of newborns fed breast milk during their hospitalization, by type of breastfeeding and race/ethnicity (e.g., in 2019, 66.1% of Hispanic/Latino infants born in a hospital to California mothers were breastfed exclusively during their hospitalization).