# 2025 Wisconsin Breastfeeding Landscape

P-03717 (04/2025)

WISCONSIN DEPARTMENT of HEALTH SERVICES

## Executive Summary

Breastfeeding and the consumption of human milk are the optimal choice for infant nutrition. Both the child and the lactating person may experience a variety of positive health outcomes including reduced risk of infections for the child and a lowered risk of chronic disease for both.

Data collected by the CDC (Centers for Disease Control and Prevention) indicate that Wisconsin's breastfeeding rates align with the national average. Variations become more evident when hospitals are grouped into public health regions and by demographic characteristics. Patterns emerge in the data around lactation support that indicate there are differences in outcomes based on both geographic variation and differences in service utilization.

By focusing on specific parts of maternity care that affect how babies are fed, opportunities to provide feedback to amend hospital policies and practices may be implemented to better support optimal infant feeding.

## Contents

## Why Human Milk Matters

Breastfeeding is an equity and public health imperative. Breastfeeding and human milk are the normative standards for infant feeding and nutrition due to short- and long-term benefits for both children and lactating people. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, for as long as mother and child desire, for two years or beyond[1].

Breastfeeding has a major impact on population health outcomes. It reduces infant risk of gastrointestinal and respiratory tract infections, sudden infant death syndrome (SIDS), asthma, obesity, diabetes, and celiac disease. It also lowers the lactating person's risk of various chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.

Initiation of breastfeeding is associated with reduced infant mortality. Wisconsin data shows large disparities in infant mortality rates, with non-Hispanic Black infants three times more likely to die before their first birthdays than non-Hispanic white infants. Increasing breastfeeding rates could reduce the risk of one of the leading causes of infant mortality, sudden unexpected infant death (SUID)[2].

Breastfeeding has an economic impact. Low breastfeeding rates cost our country millions of dollars in higher health care costs and lost productivity. Increasing breastfeeding rates could also reduce negative environmental impacts and their associated expenses.

### Inequities in breastfeeding support

Policy, systemic, and environmental barriers to breastfeeding affect all families but have a disproportionate impact on underserved and marginalized communities. There are historical and persistent inequities in access to lactation support of all types, which influence breastfeeding initiation, duration, and exclusivity rates. Even though overall breastfeeding rates are improving, there are significant differences among racial and ethnic groups and groups with different income levels[3]. Focused efforts are needed to reduce and eliminate the barriers that make it more difficult for certain communicities to meet their infant feeding goals.

### Role of hospitals

While most families express the intent to breastfeed, there are significant differences in breastfeeding rates by age, race and ethnicity, education, and income. Hospitals play a key role in ensuring that families establish a strong foundation for meeting their infant feeding goals, including support for exclusive human milk feeding. They also serve as an essential partner in the continuum of care for birthing families, connecting and coordinating with both professional and community lactation providers who can offer ongoing support to families.

To better support all families intending to feed human milk to their children, hospitals can look to the "Ten Steps to Successful Breastfeeding," a set of practices developed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Maternity care of high quality can be provided to all families if these practices are applied consistently. Step ten guides hospitals to develop coordinated discharge plans and referral systems to ensure families are connected to lactation

support resources in the community. Continued efforts to support quality improvement in hospital maternity care practices are essential and can lead to better infant feeding outcomes for all.

### Data sources

To better understand the infant feeding landscape in Wisconsin, results from the Maternity Practices in Infant Nutrition and Care (mPINC™) survey were analyzed and compared to related data from Wisconsin birth certificates, the Pregnancy Risk Assessment Monitoring System (PRAMS), and the Wisconsin Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The CDC (Centers for Disease Control and Prevention) invites every hospital in the United States that routinely provides maternity care services to participate in the mPINC™ survey every two years. This survey assesses six key domains that are central to improving breastfeeding outcomes: immediate postpartum care, rooming in, feeding education, feeding practices, discharge support, and institutional management. The survey also collects data on hospital implementation of the "Ten Steps to Successful Breastfeeding." For information on how mPINC™ is scored, visit the CDC mPINC™ website.

PRAMS is a population-based survey of individuals who recently gave birth. It collects state-specific data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS data can help us understand birthing hospital policies and practices from the mother's perspective.

Birth certificate data captures the number of births at each hospital and can help identify the population served by hospitals in each geographic area. This data can also be used to calculate rates of breastfeeding initiation, defined as infants receiving any breast milk or colostrum during the period between delivery and discharge from the birth facility or completion of the birth certificate for home births.

Wisconsin WIC serves eligible families who are pregnant, breastfeeding, or postpartum, as well as infants and children up to age five. Data is gathered from breastfeeding dyads in WIC and can help us understand breastfeeding barriers for families with limited incomes.

Reviewing these data sources together can help identify areas across the infant feeding continuum of care that could benefit from more support from state and local partners.

### Inclusivity statement

There are various ways to describe the feeding of human milk to a child. Feeding may occur directly from an individual, with the aid of a pump, or through use of a supplemental nursing system. While this report uses female-gendered terms like "mother" and "breastfeeding," to align with the data sources reported, this information is inclusive of all families.

## 2022 mPINC™ Analysis

In 2022, **64 of 86 eligible hospitals (74%)** in Wisconsin completed the mPINC™ survey. This data was used to evaluate hospital policies and practices by different geographic locations and patient population demographics (Figure 1 and 2).

**Figure 1**

**Wisconsin Public Health Regions**

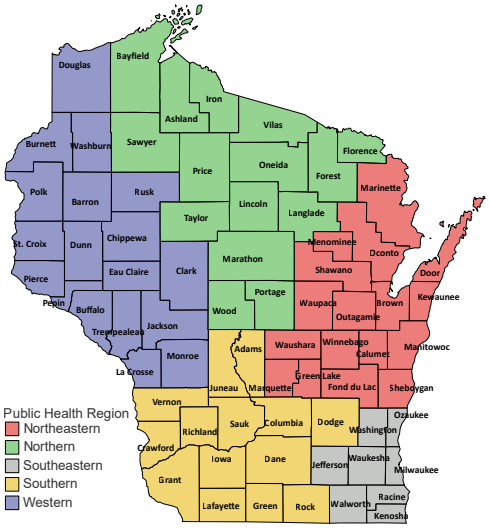
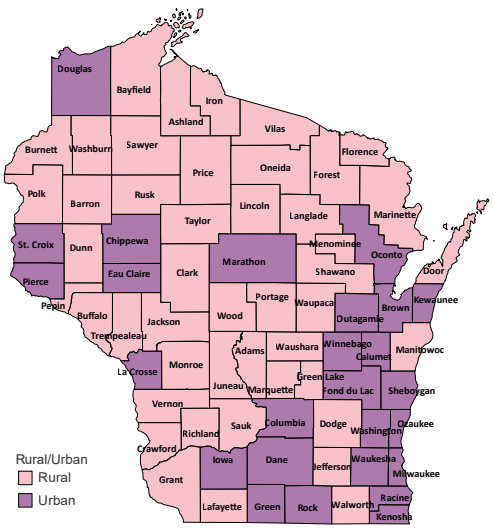



**Figure 2**

**Wisconsin Urban and Rural Counties**




Wisconsin has had 48 birthing hospitals submit responses to mPINC™ in all of the last three rounds of the survey (2018, 2020, and 2022).

The graphs in Figures 3, 4, and 5 show the percent of 2022 mPINC™ respondents from **large and small hospitals** (based on hospital number of births per year), from each of the **public health regions**, and from hospitals in **rural and urban counties**. Each of the categories had at least 50% of the hospitals represented in the survey responses.

## 2022 mPINC™ Scores by Region

**Figure 3**

**Hospital Number of Births per Year**
**Percent Responded in 2022**

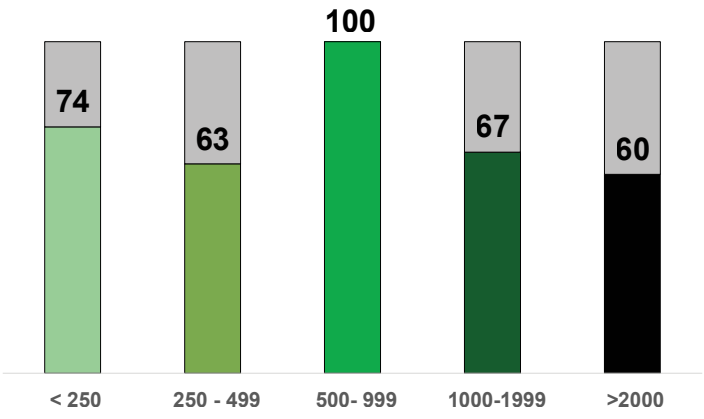



**Figure 4**

**Hospital in Rural or Urban County**
**Percent Responded in 2022**

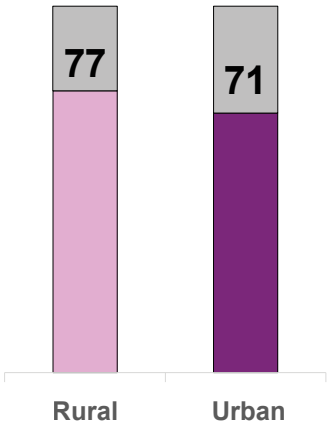
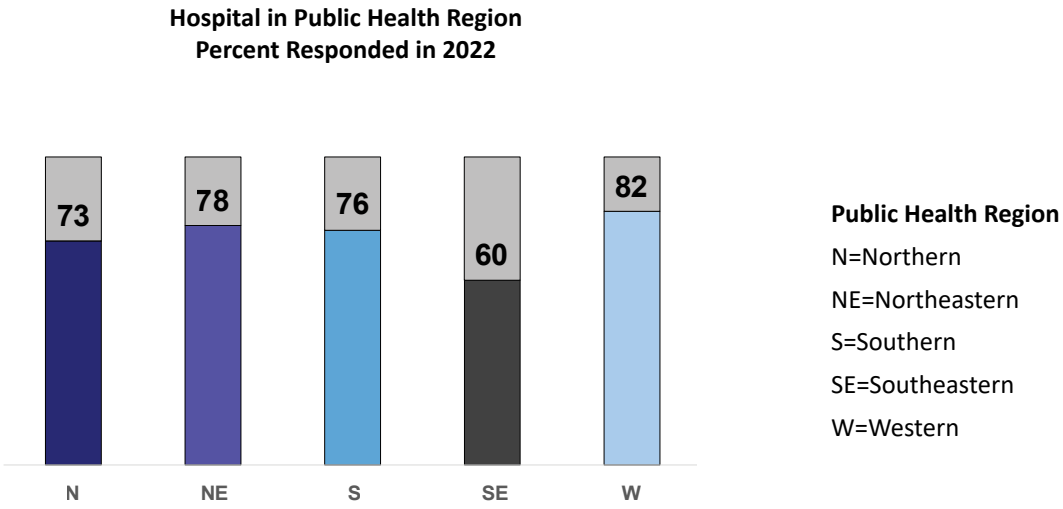


**Figure 5**

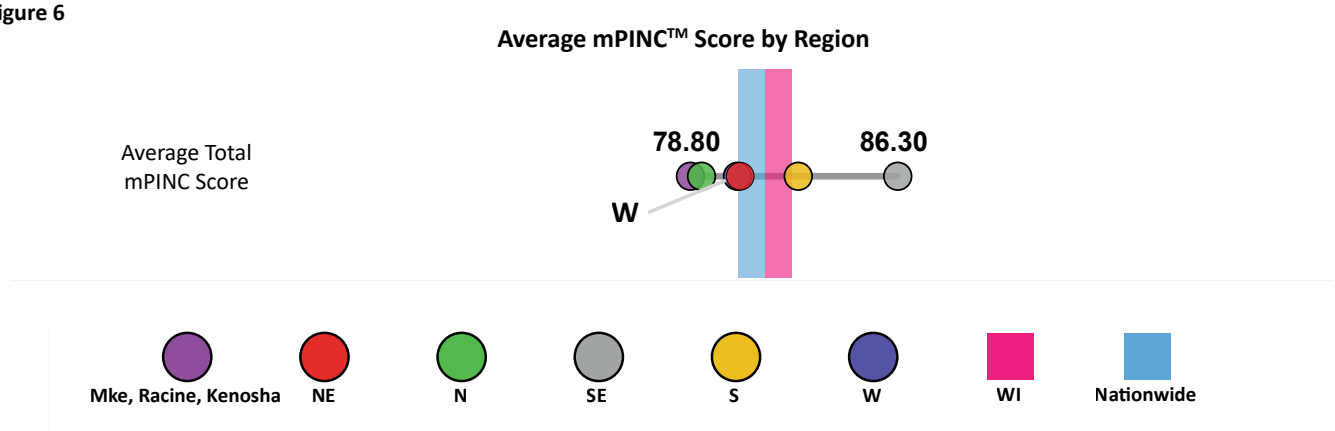



## Overall score analysis

The mPINC™ analysis began by grouping hospitals into public health regions and calculating the average mPINC™ score by region. mPINC™ scores range from zero to 100, and higher scores indicate better maternity care practices and policies. The **Northern (●)**, **Western (●)**, and **Northeastern (●)** regions all had similar scores that were slightly lower than the Wisconsin overall score (82). The Southeastern region had the highest score; however, upon additional analysis of the Southeastern region, hospitals in **Milwaukee (Mke), Racine, and Kenosha county (●)** had an average score that was **eight points lower** than the average score for the Southeastern region (Figure 6).

## Subscore Analysis

**Figure 6**

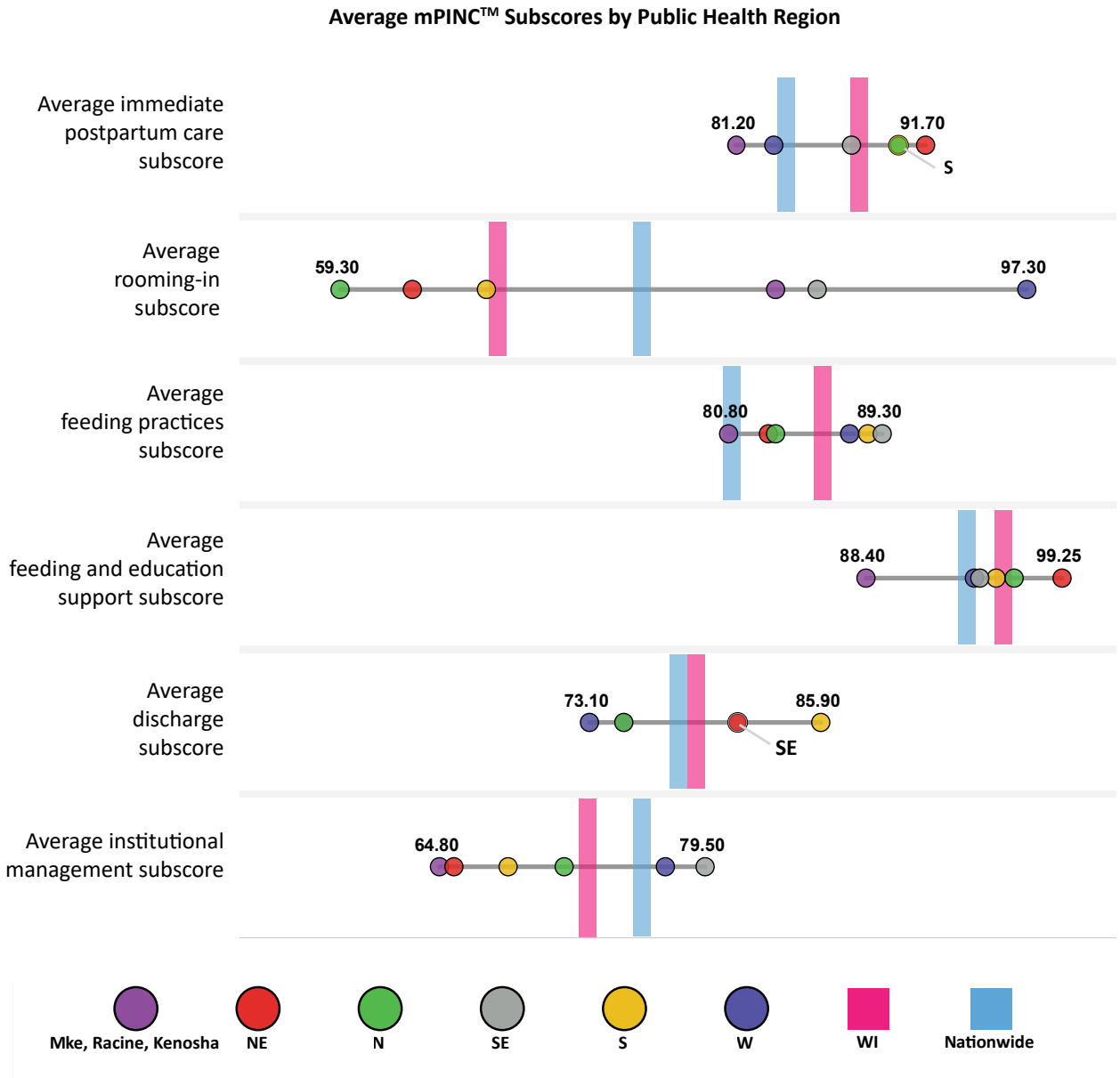


In addition to overall scores, the mPINC™ survey also reports subscores for hospitals categorized by maternity care practice subdomains. Learn more about which measures are included in each subscore area at the CDC mPINC™ website (Figure 7).

- Comparing average subscores across the regions, the largest variation in **average rooming-in subscores** was observed**,** between the **Northern region (●)** (the lowest average (59.3)) and the **Western region (●)** (the highest average (97.3)).
- Almost all regions had an **average feeding practices subscore** and **feeding education and support subscore** that was higher than the **nationwide average (●).**
- The hospitals located in **Milwaukee (Mke), Racine, and Kenosha (●)** counties had the lowest average score in four out of the six subscores.

## 2022 mPINC™ Rooming-in Subscore

**Figure 7**



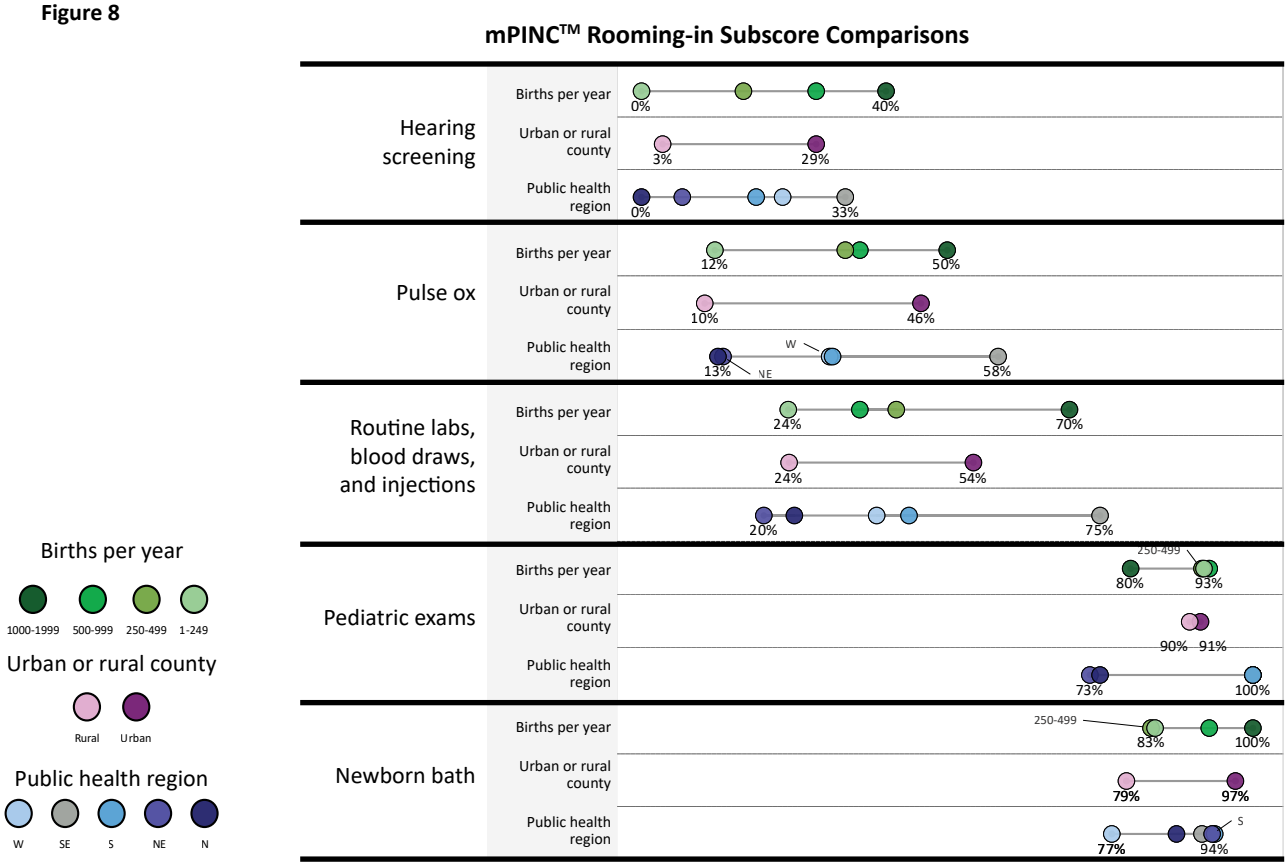
| Rooming-in | National subscore<br>76 | Wisconsin subscore<br>68 | Wisconsin hospitals with ideal response |
|---|---|---|---|
| Mother–infant dyads are rooming-in 24 hours a day | | | 77% |
| Routine newborn exams, procedures, and care occur in the mother's room | | | 17% |
| Hospital has a protocol requiring frequent observations of high-risk mother–infant dyads | | | 65% |

Of the six subscores, Wisconsin scored the lowest on the rooming-in subscore and had the most variation in average scores among public health regions. The rooming-in subscore is based on three measures, outlined in the table, along with the percent of hospitals that had ideal responses for each of the measures. To take a closer look at what was impacting this score, the data was broken down to which exams or procedures were indicated by hospitals as happening outside of the mother's room (Figure 8).

## Findings

- Across different sizes and locations, the majority of hospitals routinely performed newborn baths and pediatric exams in the mother's room.
- **Smaller hospitals** and **rural hospitals** had a lower percentage of hospitals that performed hearing screening, pulse ox, and routine labs, blood draws, and injections in the mother's room.
- **Northern (●)** and **Northeastern (●)** regions had a lower percentage of hospitals that performed hearing screening, pulse ox, and routine labs, blood draws, and injections in the mother's room.

**Figure 8**



## 2022 mPINC™ and Ten Steps Alignment

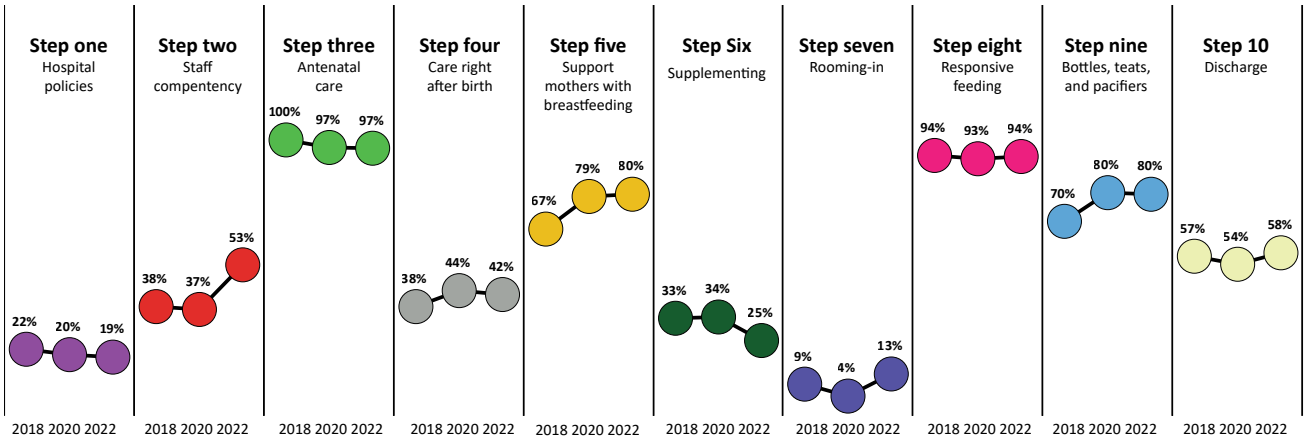
The CDC mPINC™ Ten Steps Assessment Tool was used to assess the percentage of hospitals who responded to the mPINC™ survey that have policies that align with each of the **"Ten Steps to Successful Breastfeeding."** Learn about how the mPINC™ questions align with Ten Steps at the CDC website.

### Historical trends

- **Step seven** has the lowest percentage of hospitals with policies that meet the criteria for that step.
- **Step two, step five,** and **step nine** have seen a **greater than 10% increase** over the last four years in the number of hospitals with policies that meet the criteria for those steps.
- The number of hospitals with policies that align with **step six** has **decreased almost 10%** in the last two years.

**Figure 9**

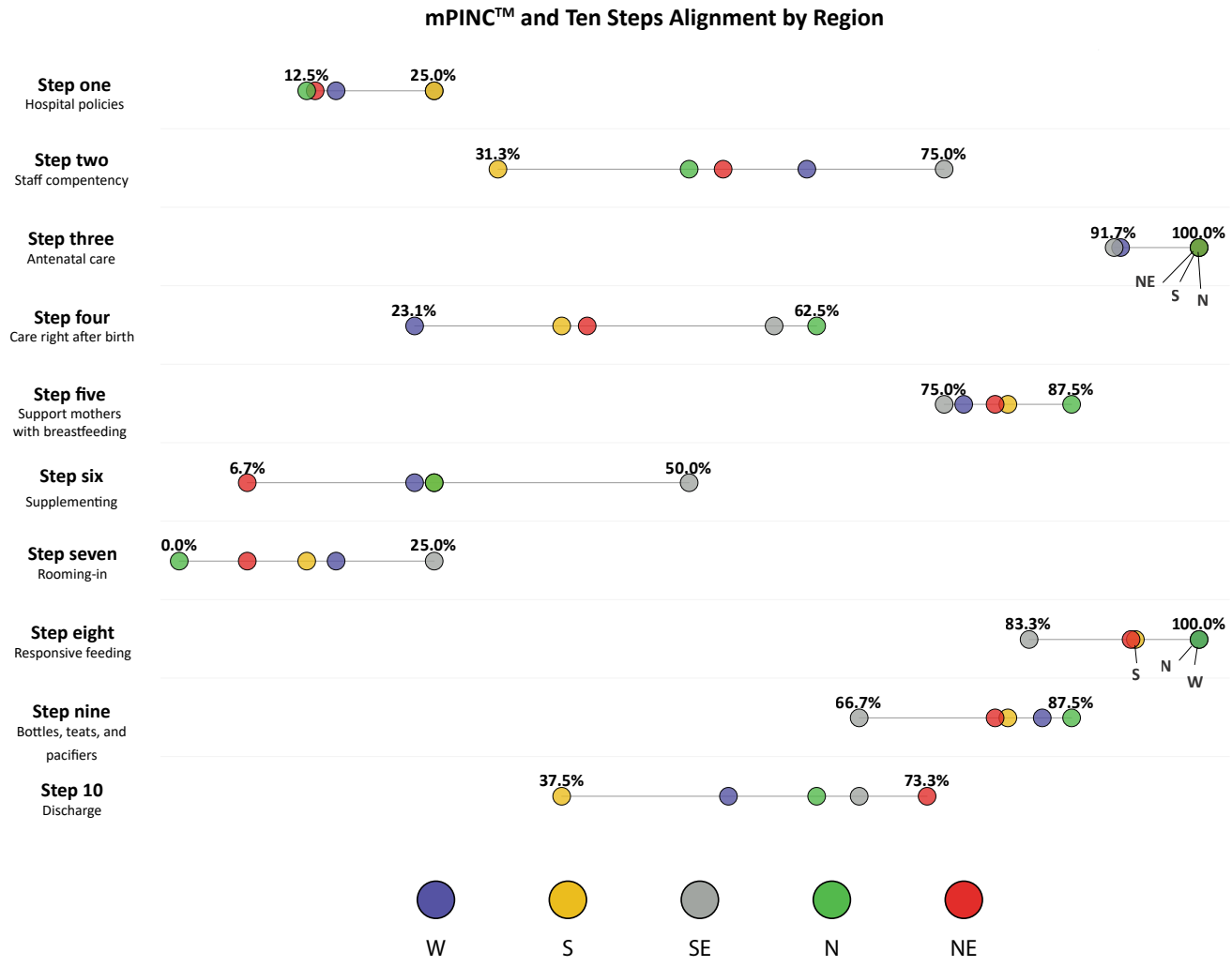
**mPINC™ and Ten Steps Alignment Trends**



## 2022 data by region

- All regions had a high percentage of hospitals with policies that align with step three, step five, and step eight.
- Step one, step six, and step seven had the lowest percentages across all regions.
- No region stood out as having a high percentage of hospitals that have policies that align with all 10 steps.

**Figure 10**



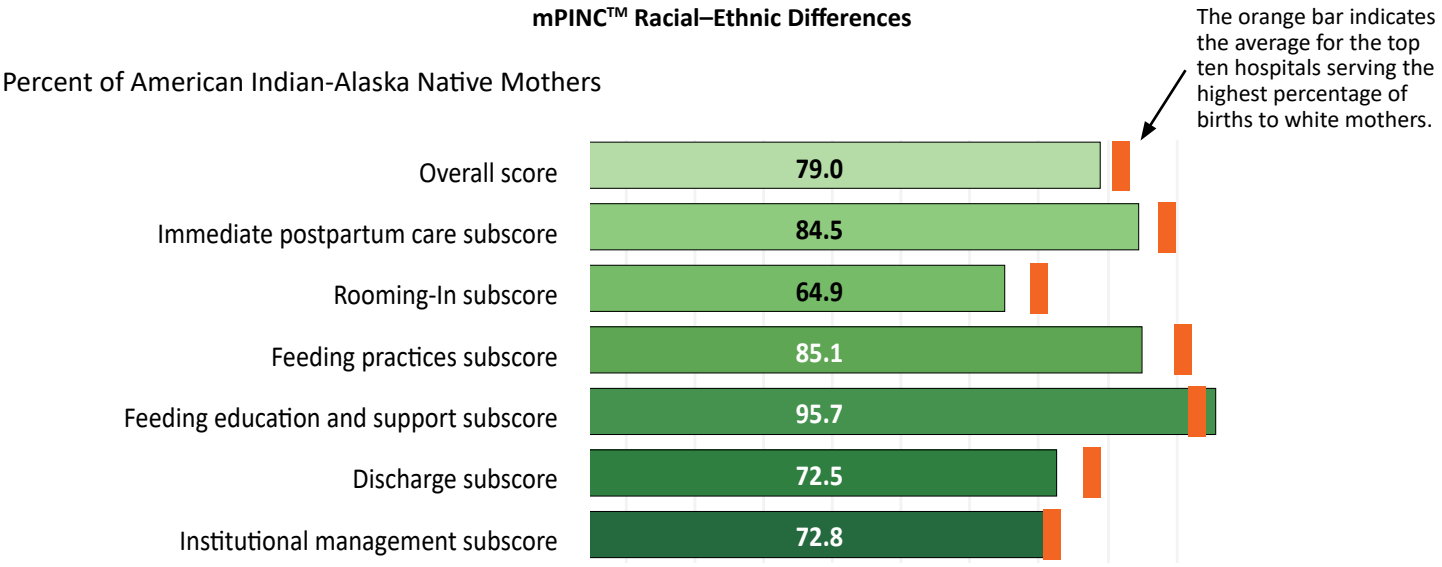
## 2022 mPINC™ Equity Indicators

To further examine the mPINC™ data with an equity lens, the data was broken down by different demographics. To examine racial-ethnic factors, lists were made of the top ten hospitals throughout the state who had the highest number of births to mothers who identified as belonging to a number of racial-ethnic groups, including Black-African American, American Indian-Alaskan Native, Laotian-Hmong, Hispanic, and white. To examine socioeconomic factors, lists were made of the top ten hospitals who had the most births to women who were enrolled in Medicaid during their pregnancy and women who were enrolled in WIC. The number of facilities in each of these lists of ten hospitals that reported having a specific policy or practice in place were then identified. This allowed for analysis of the clinical environments and activities around breastfeeding that were having an impact on the largest numbers of patients in these populations.

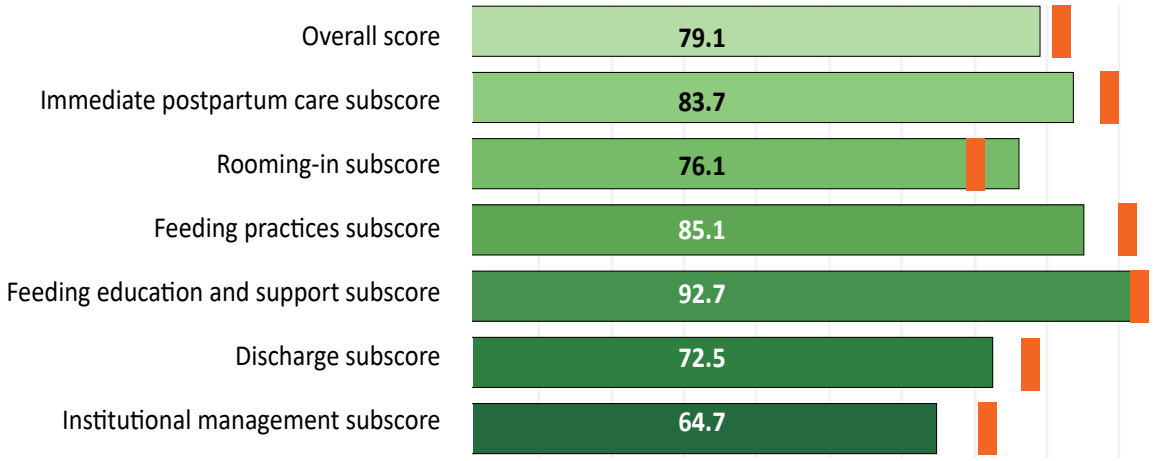
### Difference in mPINC™ scores

- Only **three of 10** hospitals (Appendix Table 2) that serve the highest percentage of **Black-African American** mothers had policies that aligned with **step 10 discharge support** compared to **six of 10** hospitals that serve the highest percentage of white mothers.
- The 10 hospitals with the highest percentage of births to white mothers had the highest average feeding practices subscore.
- The 10 hospitals serving the highest percentage of **Hispanic mothers and mothers enrolled in Medicaid** had an **average mPINC™ feeding practices subscore** that was **eight points lower** than the 10 hospitals serving the highest percentage of white mothers.

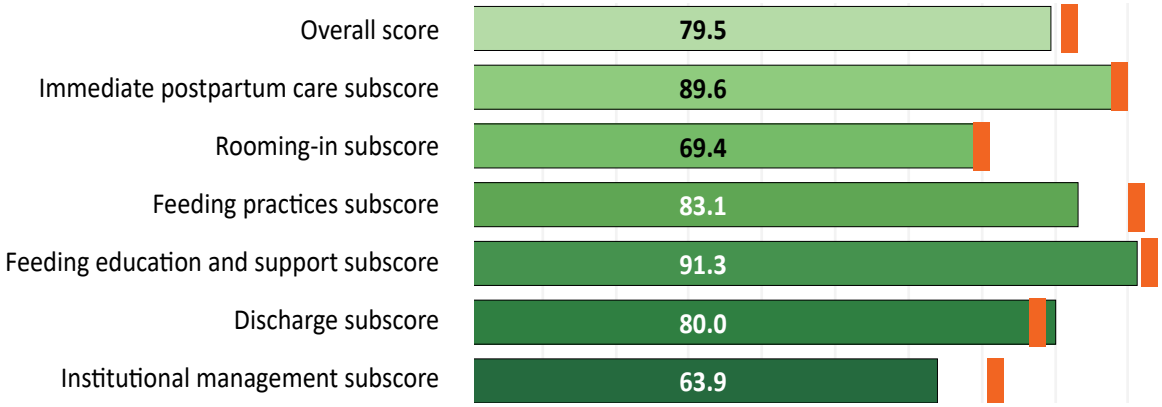
**Figure 11**



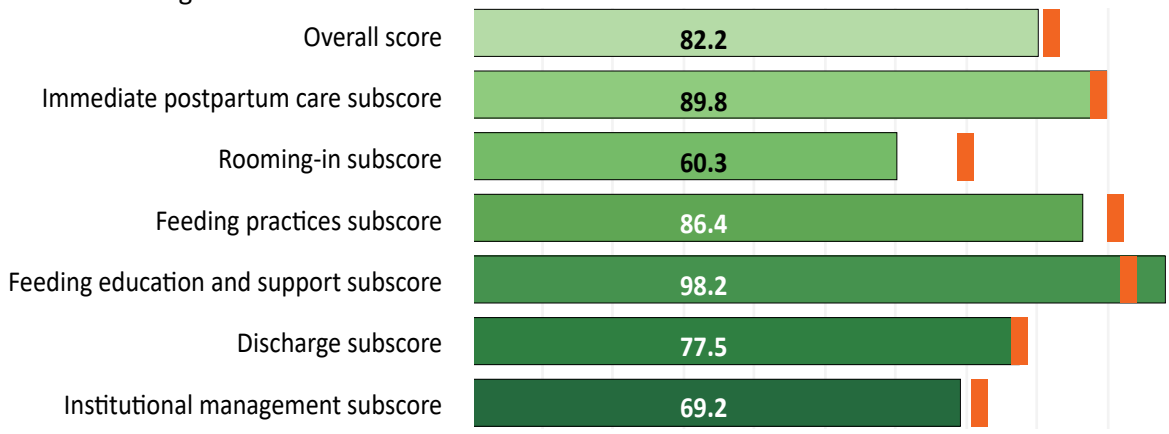
Percent of Black-African American Mothers




Percent of Hispanic Mothers

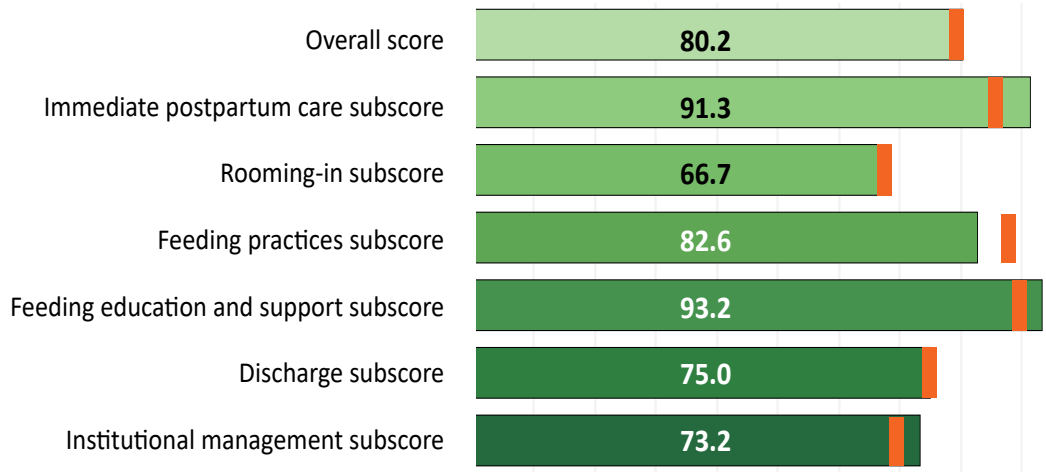



Percent of Laotian-Hmong Mothers



**mPINC™ Socioeconomic Differences**

Percent of Mothers on Medicaid




Percent of Mothers Enrolled in WIC

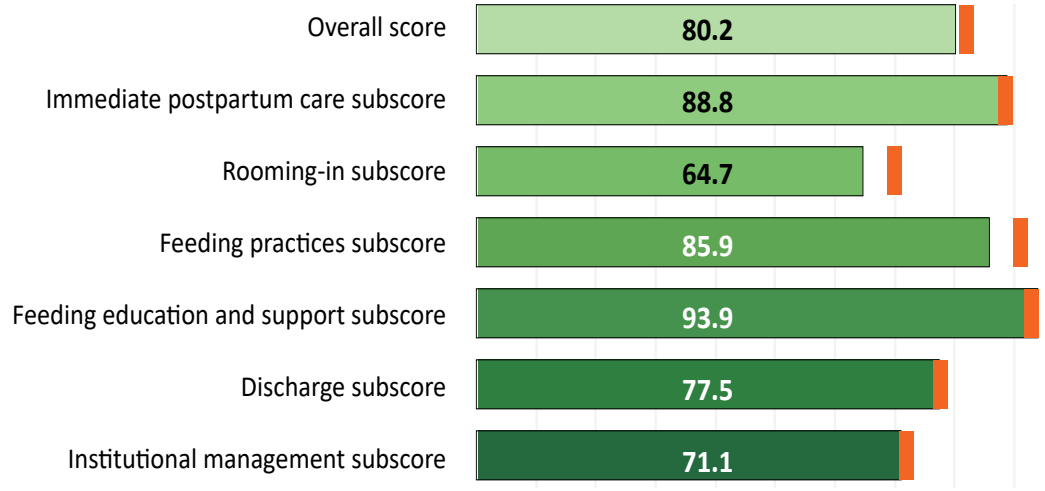
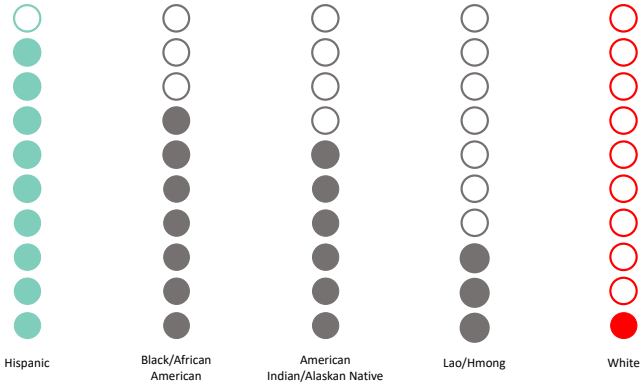


**Figure 12**

## Differences in Hospital Policies and Practices That Support Breastfeeding

### Breastfeeding Infants Also Fed Formula

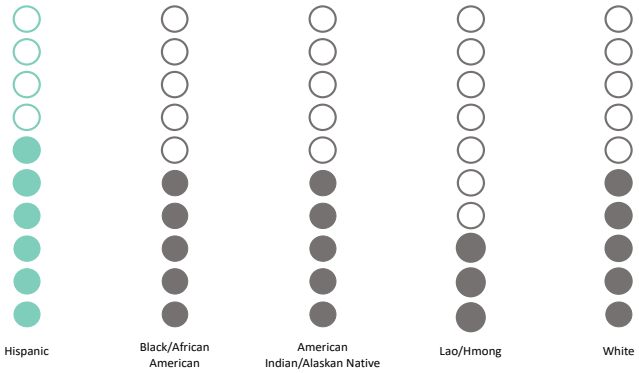
Each circle represents one hospital




**Nine of 10 hospitals** that serve the highest percentage of **Hispanic mothers** reported **more than 20%** of breastfeeding infants are fed formula in the hospital compared to only **one of 10 hospitals** that serve the highest percentage of **white mothers**.

### Mothers Reported Receiving Free Formula

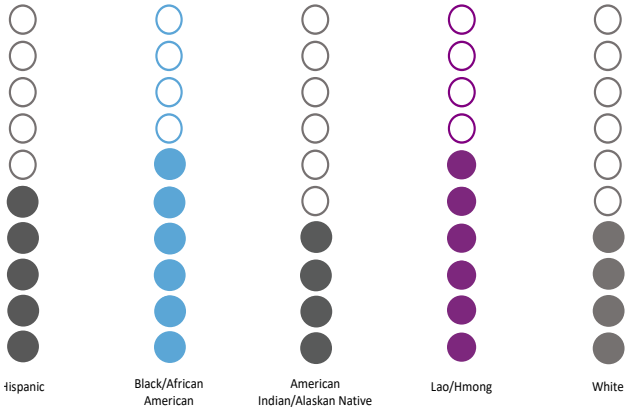
Each circle represents one hospital




**Six of 10 hospitals** that serve the highest percentage of **Hispanic mothers** reported they receive infant formula for free.

### Nurses Not Formally Assessed in Breastfeeding and Lactation Support

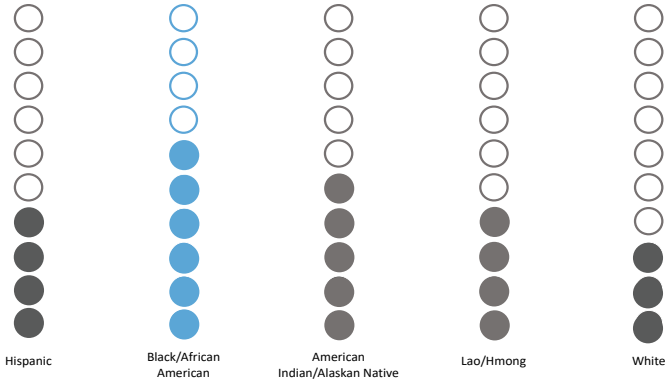
Each circle represents one hospital




**Six of 10 hospitals** that serve the highest percentage of **Black-African American** and **Laotian-Hmong** mothers reported nurses are not required to be formally assessed in breastfeeding support and lactation.

### Hospital Discharge Criteria Omitted Observation of One Effective Feeding

Each circle represents one hospital




**Six of 10 hospitals** that serve the highest percentage of **Black-African American** mothers reported hospital discharge criteria do not include direct observation of at least one effective feeding within eight hours of discharge.

## 2021 PRAMS Breastfeeding Data

Wisconsin PRAMS aims to use data to increase access to local and statewide resources; educate providers and the public on topics related to maternal, child, and infant health; and improve maternal and infant health outcomes.

PRAMS asks mothers about experiences with breastfeeding, including whether they breastfed and how long they breastfed their baby. To better understand breastfeeding experiences in the hospital, the PRAMS survey also asks mothers about interactions with hospital staff related to infant feeding.

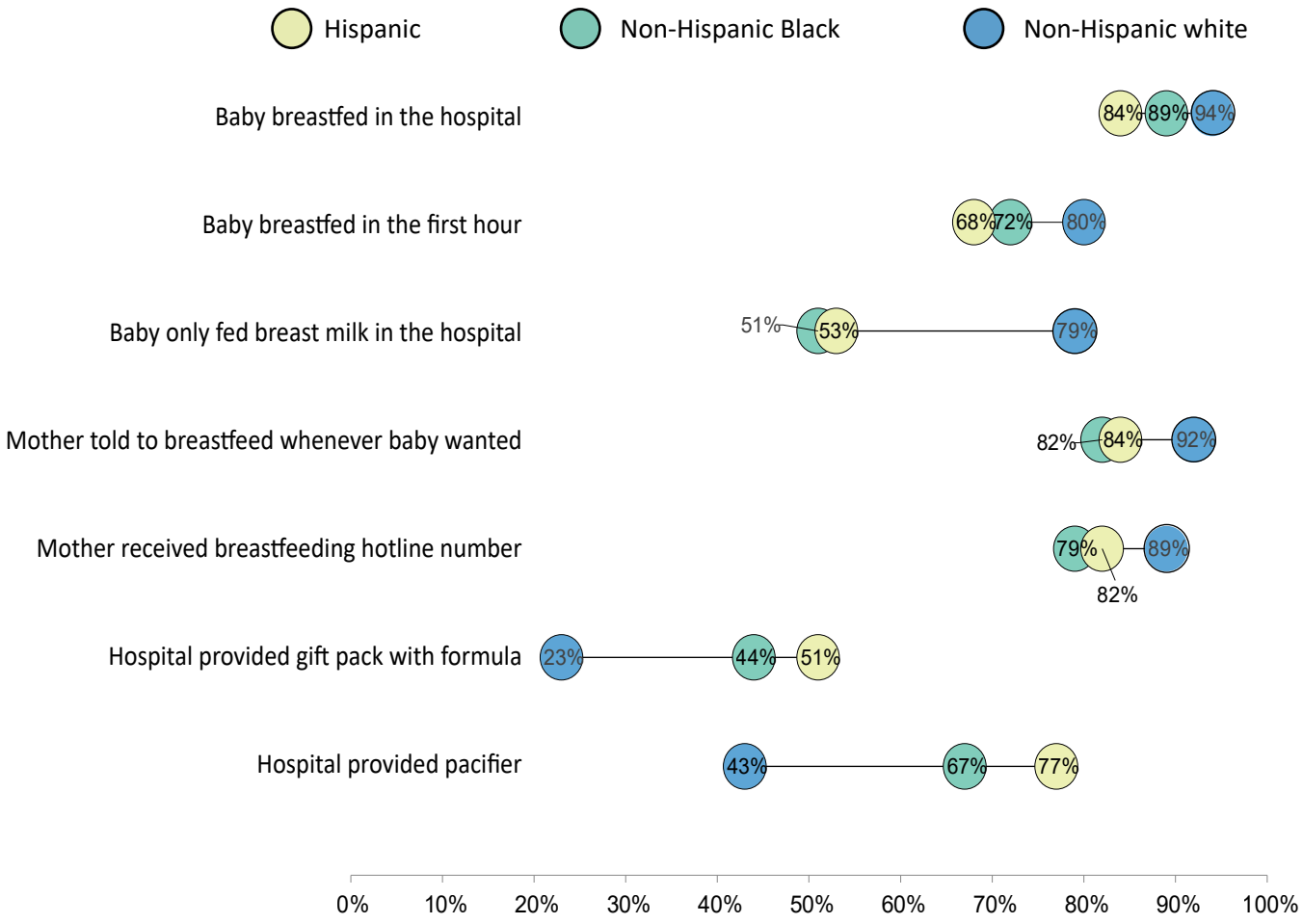
### Findings

- Significant gaps exist between racial and ethnic groups in terms of hospital breastfeeding practices.
- The percentage of parents who ever breastfed has **increased in the last five years.**
- Approximately **nine of 10 mothers** ever breastfed their babies, and **two of three mothers** breastfed their baby at eight weeks old.

There are **significant differences** in the percent of mothers who report hospital practice experiences when comparing responses between **white, Black, and Hispanic** mothers. (These questions are only asked to mothers who responded "yes" to ever breastfed.)

**Figure 13**

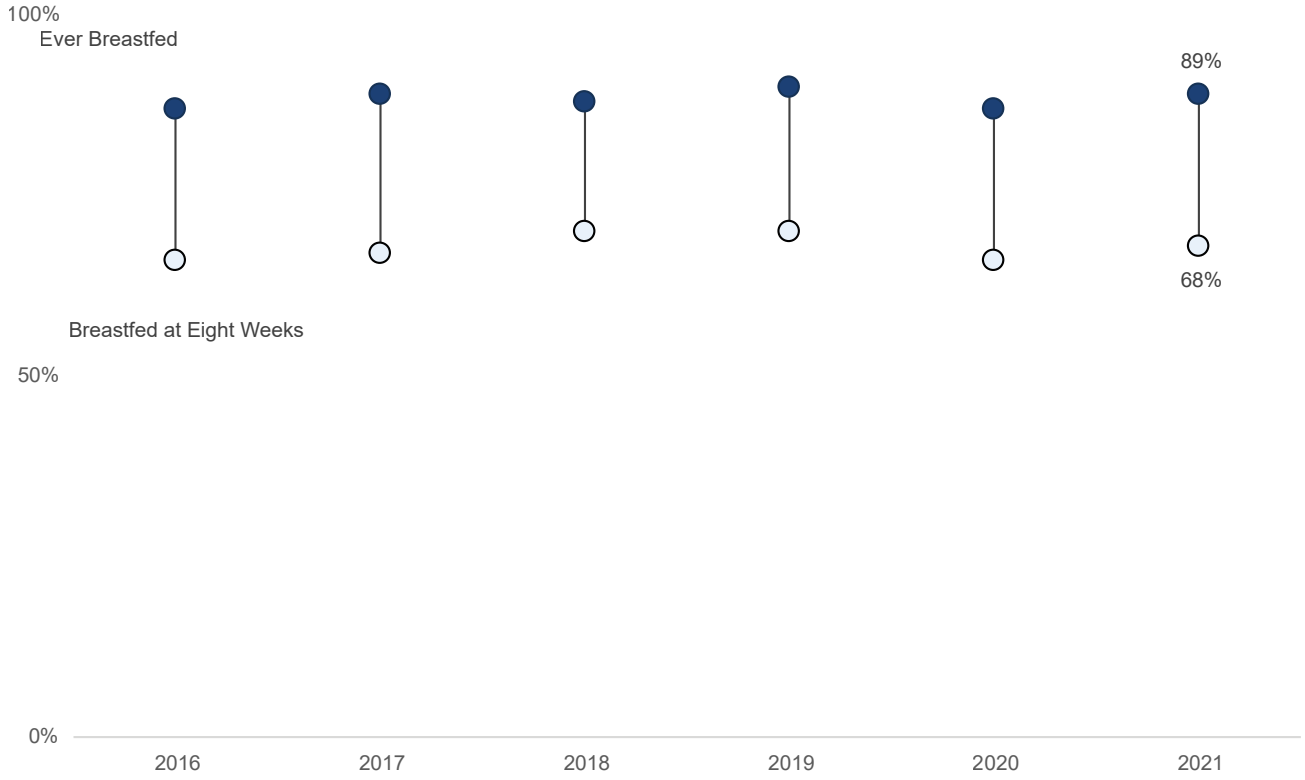
**Reported Differences in Hospital Practices**



While the percentage of mothers who **ever breastfed** increased overall from 2016 to 2021, the difference between the percentage of mothers who **ever breastfed and breastfed at eight weeks** has remained the same.

**Figure 14**

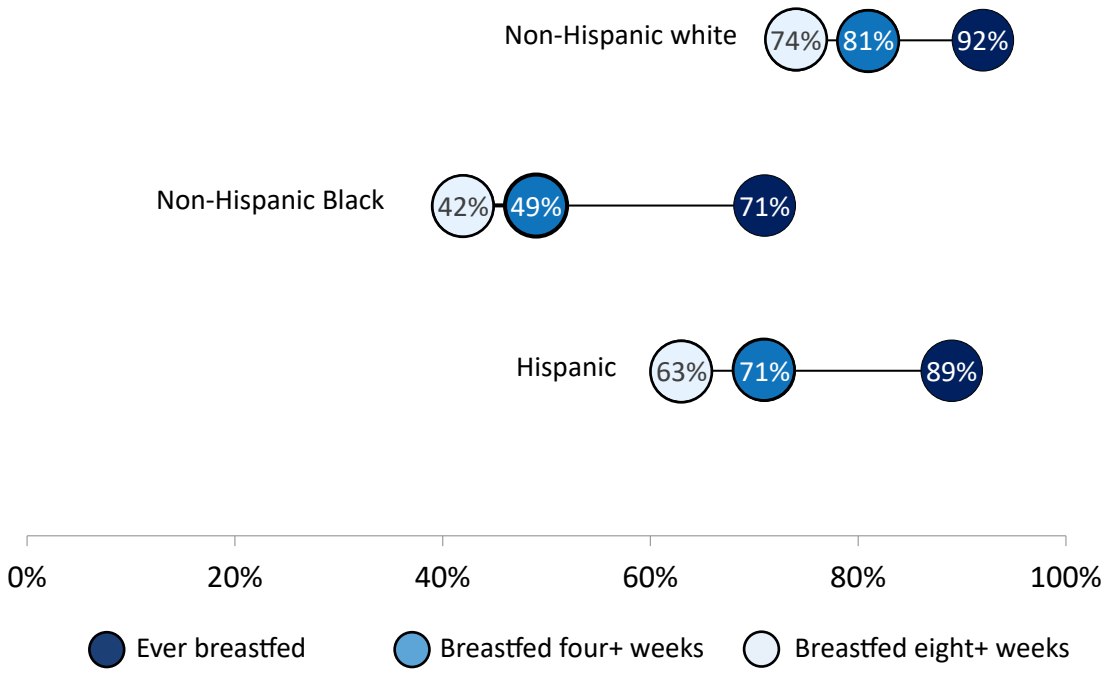
**Percentage of Mothers Who Ever Breastfed and Breastfed at Eight Weeks**



The percentage of mothers who ever breastfed was **20% lower in non-Hispanic Black mothers** than **non-Hispanic white mothers.** The decrease in breastfeeding at eight or more weeks from four or more weeks is similar across racial and ethnic groups. However, breastfeeding is less common overall among Black parents.

**Figure 15**

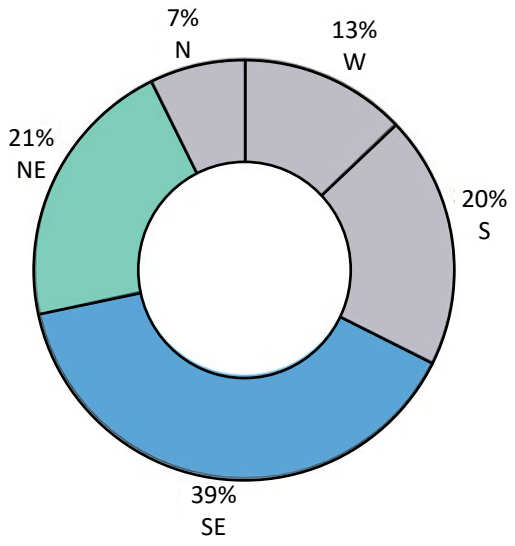
**Difference in Length of Breastfeeding Across Racial and Ethnic Groups**




## 2022 Wisconsin Live Births

**Figure 16**

**Births by Region**



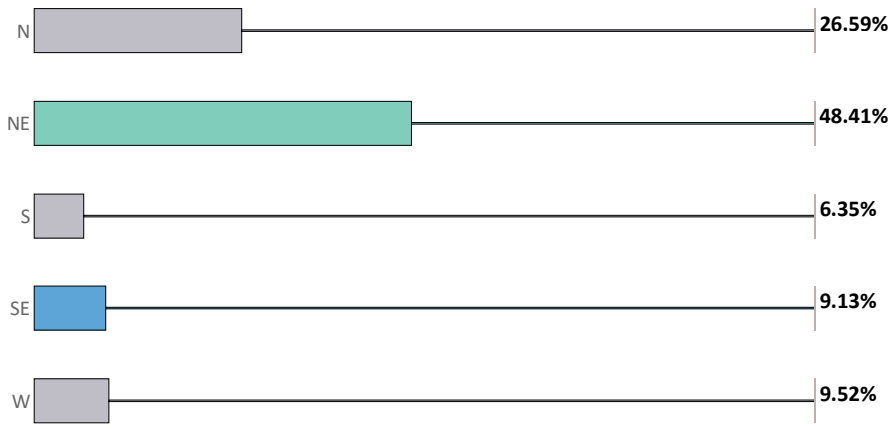

Vital records data from 2022 was analyzed to determine where most births occurred in Wisconsin categorized by public health region and by race and ethnicity.

More than 50% of births in Wisconsin are to mothers who live in the **southeastern (●)** and **northeastern (●)** regions of the state (Figure 16).

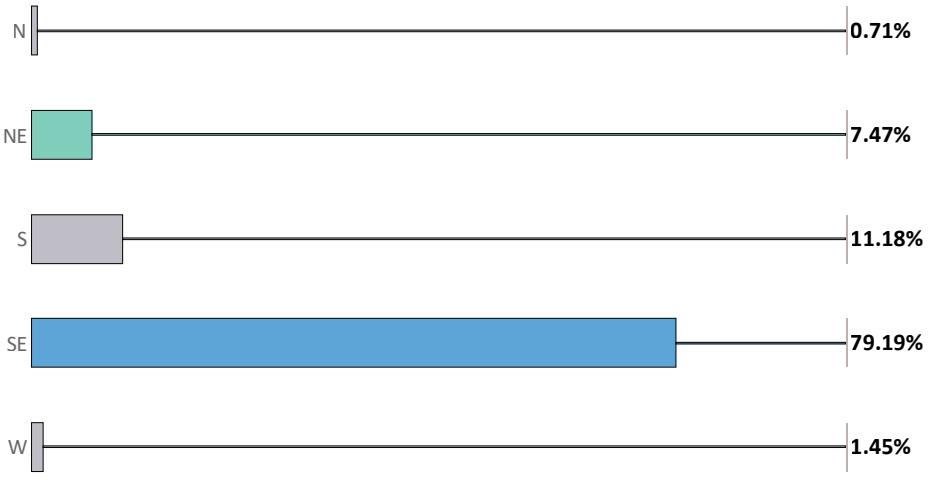
Birth data was used to compare the number of births by mother's race and public health region (Figure 17). Focusing on breastfeeding practices in hospitals in the **Northeastern (NE) region** could help increase breastfeeding rates for American Indian-Alaskan Native mothers and Laotian-Hmong mothers, whereas focusing in the **Southeastern (SE) region** could help breastfeeding rates for mothers who are Black-African American or Hispanic.

**Figure 17**

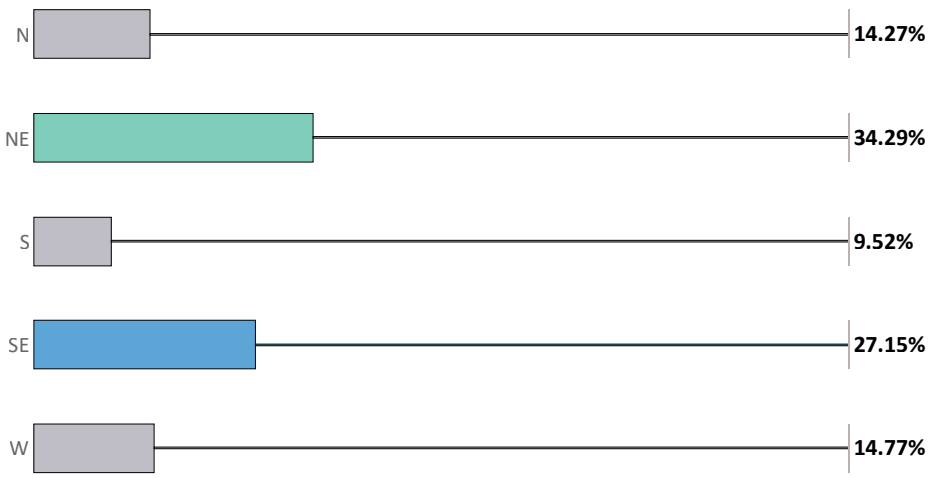
**Percent of Live Births to American Indian-Alaska Native Mothers by Public Health Region (n=504)**



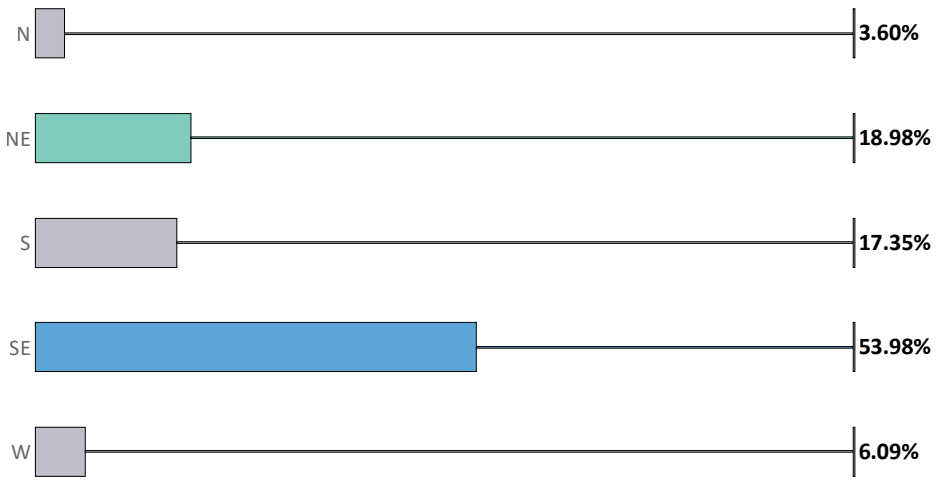

**Percent of Live Births to Black-African American Mothers by Public Health Region (n=5,660)**



**Percent of Live Births to Laotian-Hmong Mothers by Public Health Region (n=1,219)**




**Percent of Live Births to Hispanic Mothers by Public Health Region (n=6,916)**



## 2021–2022 Wisconsin Breastfeeding Initiation Rates

Breastfeeding initiation was defined as receiving any breast milk or colostrum during the period between delivery and discharge from the birth facility or completion of the birth certificate for home births. Wisconsin's overall breastfeeding initiation rate for 2021–2022 was 81.2% which shows no change in this rate from 2018–2019 (Figure 18).

**Figure 18**

**Percent of Mothers Initiating Breastfeeding Before Discharge**

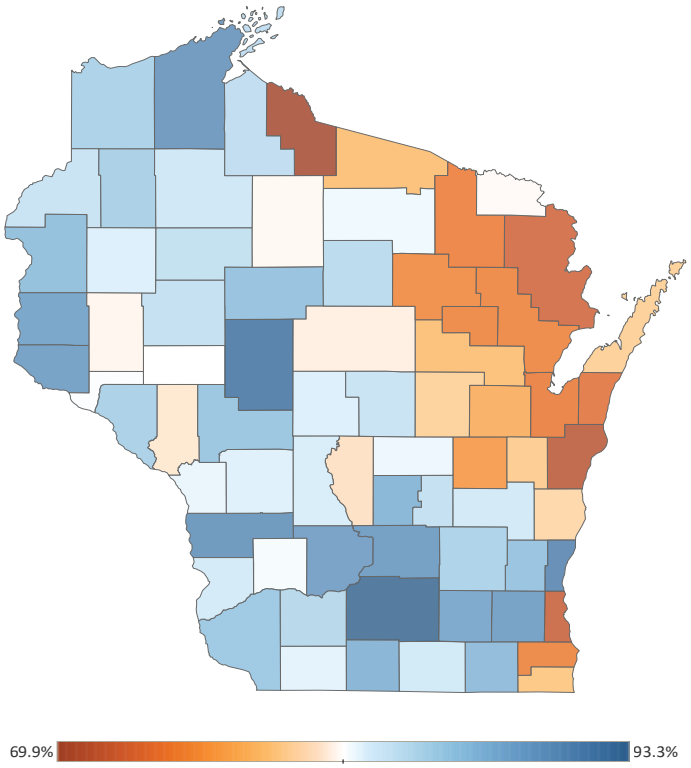
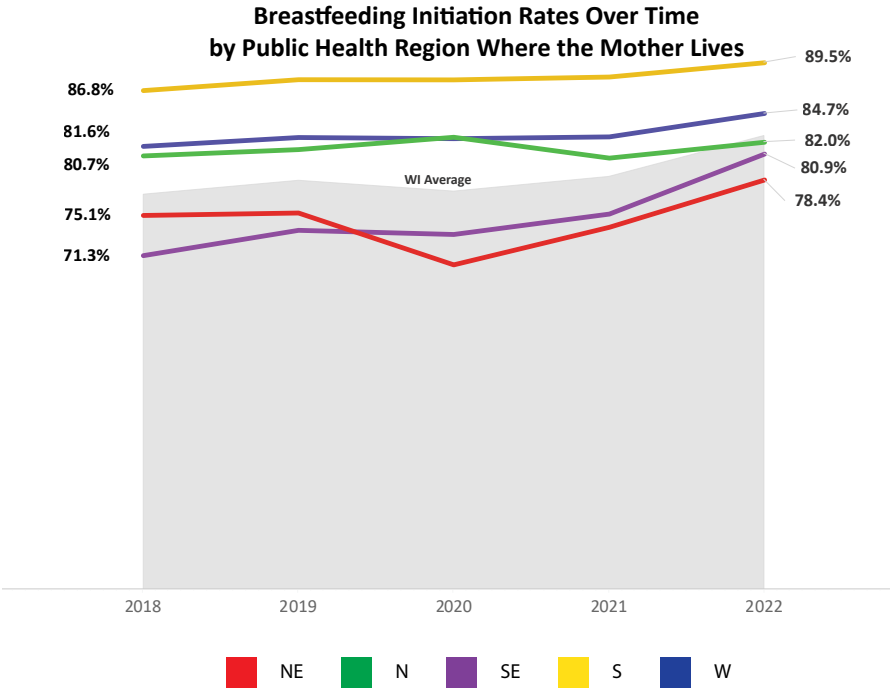
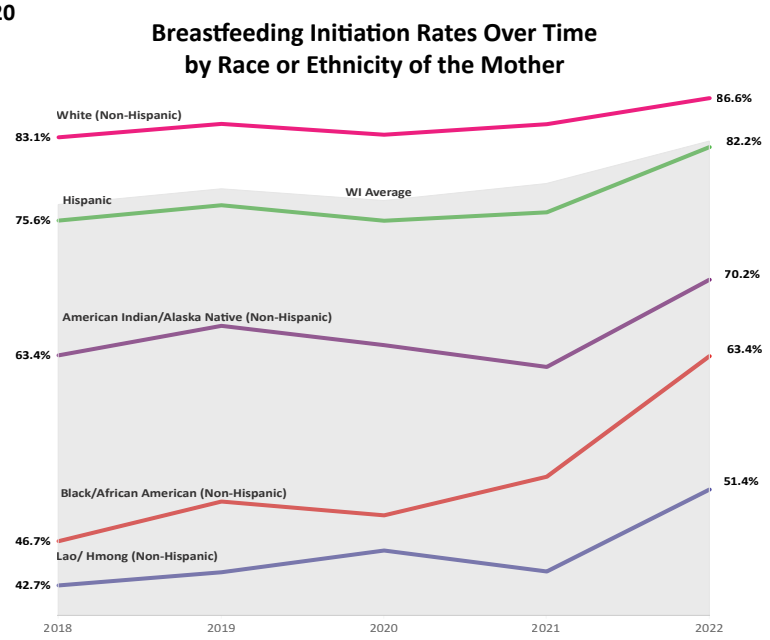



**Figure 19**




The **Southeastern (SE) public health region** saw a **10% increase** over the last four years in the number of mothers who initiated breastfeeding before hospital discharge; however, their rate in 2022 was still **2% below (80.9%)** the **Wisconsin average in 2022** of **82.6%.** The **Northeastern (NE) public health region** had the lowest breastfeeding initiation rate starting in 2020 (Figure 19).

**Figure 20**




In 2022, **American Indian-Alaskan Native, Black-African American,** and **Laotian-Hmong** breastfeeding initiation rates were more than **10% lower** than the Wisconsin average (82.6%). **Laotian-Hmong** breastfeeding initiation rates have historically been **lower than any other race;** however, there has been a **10% increase** in the rate over the last four years. All racial and ethnic groups have seen an increase in breastfeeding initiation rates over the last four years and especially from 2021 to 2022 (Figure 20).

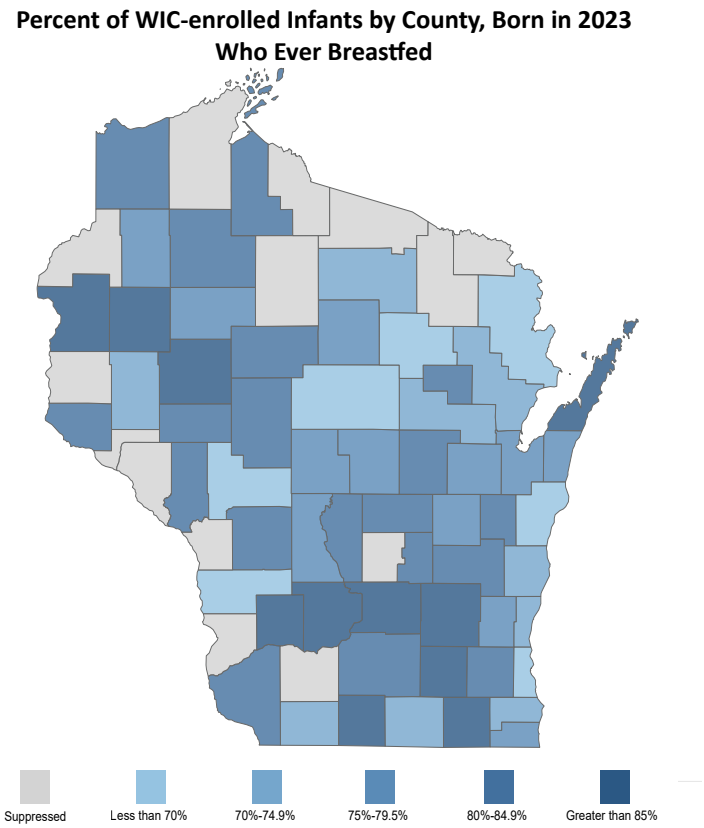
## 2023 WIC Data

Data from participants in the Supplemental Nutrition Program for Women, Infants, and Children (WIC) was analyzed to see where more support is needed for breastfeeding among families with limited incomes. The Wisconsin WIC Program serves about 40% of Wisconsin infants annually. WIC data from 2023 was examined for the percentage of infants enrolled in the program who were breastfed and the reasons breastfeeding stopped based on infant age.

### Findings

Seventy-five percent of WIC-enrolled infants born in 2023 ever breastfed. This is **6% lower than the statewide breastfeeding initiation rate for 2021–2022**. The southern counties have a higher incidence than the north and northeastern counties, which is similar to what is reported in the observed statewide breastfeeding initiation rate (Figure 21).

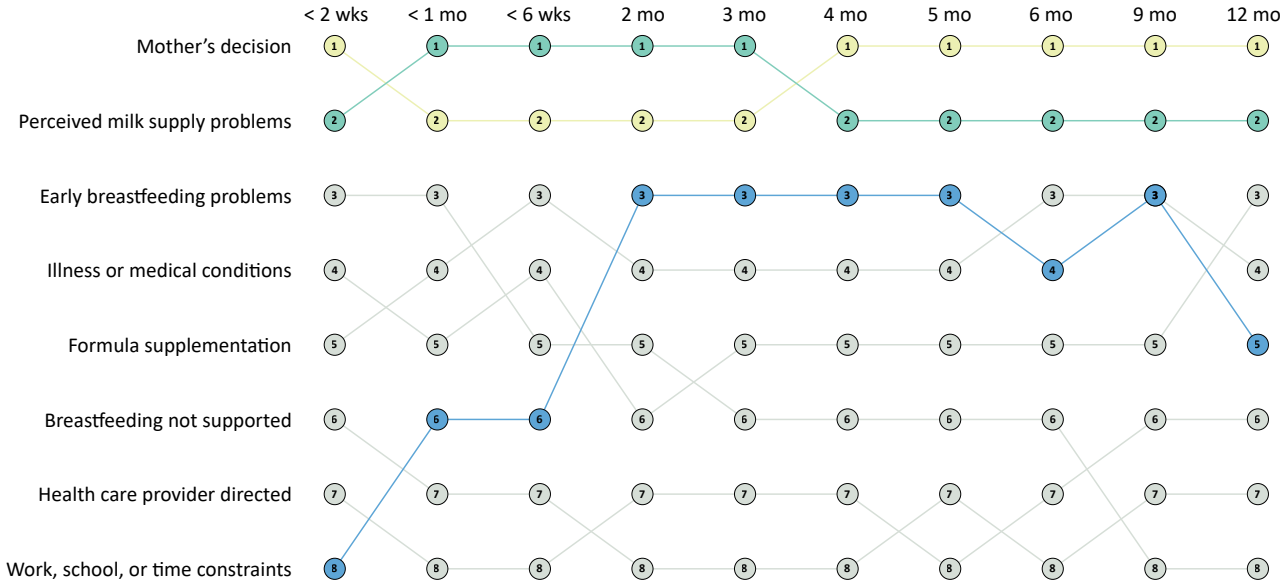
**Figure 21**



**Mother's decision (●)** and **perceived milk supply problems (●)** were the top two reasons infants stopped receiving breastmilk, regardless of infant age. As infant's age increased, **work, school, or time constraints (●)** rose in popularity as a reason that WIC infants stopped receiving breastmilk.

**Figure 22**

**Infant Age When They Stopped Receiving Breastmilk and Ranking of Reasons Mothers Reported**



## Key Takeaways

- Overall, hospitals performed well on the mPINC™ Feeding Education and Support subscore, which included measures related to formula preparation and feeding techniques, feeding cues and pacifiers, and identifying and solving breastfeeding problems.
- Across all regions, hospitals received lower scores for the Institutional Management subscore and measures related to step one (hosptial policies), indicating improvements needed in hospital written policies.
- Wisconsin hospitals received low scores for the Rooming-In subscore, likely caused by a low percentage of hospitals performing pulse ox, hearing screening, and routine labs in the mother's room.
- Hospitals reported improvement over the last four years for step two (Staff competency), step five (Support mothers with breastfeeding), and step nine (Bottles, teats, and pacifiers).
- All regions had a high percentage of hospitals with policies that aligned with step three (Antenatal care) and step eight (Responsive feeding).
- Hospitals in Milwaukee, Racine, and Kenosha counties had an average overall mPINC score that was eight points lower than the average overall score for all hospitals in the southeastern region.
- Differences in responses to individual questions on the mPINC™ survey are seen when hospitals are grouped by the race or ethnicity of their patient populations. For example:
  - Hospitals serving a higher percentage of Hispanic, Black-African American, and American Indian-Alaskan Native mothers reported higher levels of formula supplementation.
  - Hospitals serving a higher percentage of Black-African American mothers are less likely to report that their hospital discharge criteria included direct observation of at least one effective feeding within eight hours of discharge.
- Mothers reported significant gaps between racial and ethnic groups in terms of the breastfeeding-supportive hospital practices they experience.
- All racial and ethnic groups have seen an increase in breastfeeding initiation rates over the last four years; however, large disparities in these rates persist.

## Current Initiatives

- The DHS Chronic Disease Prevention Program works to improve continuity of care for breastfeeding families, particularly in communities most impacted by historical and persistent inequities in breastfeeding support.
- The Wisconsin Perinatal Quality Collaborative (WisPQC) includes a Human Milk Feeding initiative that supports participating hospitals in their maternity care quality improvement efforts.
- The DHS Maternal and Child Health Program's Title V Block Grant fosters collaboration with partners to support local and Tribal health agencies in improving policies, systems, and environments for families feeding human milk to their children.
- Local WIC agencies establish referral networks for families they serve and work to maintain local resource directories for lactation support.
- Wisconsin has active local breastfeeding coalitions working to implement consistent messaging and improve continuity of care for families.
- Community lactation support providers, including peer counselors, indigenous lactation counselors, and other birthworkers, support families across the state.

## Opportunities for Action

- Use hospital and state-level mPINC data to celebrate strengths and to implement quality improvement initiatives aimed at improving care practices and policies that affect how babies are fed.
- Engage community members in hospital taskforces and work towards collaborative leadership and shared decision-making structures.
- Learn more about WisPQC's Human Milk Feeding initiative. Contact wispqc@wiperinatal.org for assistance.
- Improve coordination between local agencies and providers, including bi-directional communications and referral systems that emphasize warm hand-offs for families.
- Contact your local WIC agency to learn more about their work and to get connected to other community resources.
- Help maintain an easily accessible lactation support resource guide or directory, including an inclusive compilation of services and lactation support providers available in a community.
- Include breastfeeding protection, promotion, and support as part of comprehensive efforts to reduce infant mortality.
- Ensure breastfeeding exclusivity and duration are supported through improved lactation accommodations and policies in worksites, early care and education programs, and other community spaces.

## References and Resources

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| Table 1. Average Facility Score by Facility Size, Public Health Region, and Baby-friendly Status, mPINC 2022 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | N | Total score | Immediate post-partum care | Rooming-in | Feeding practices | Feeding education and support | Discharge sSupport | Institutional management | Average facility breastfeeding rate at discharge (2022 birth records)* |
| All | 64 | 81.8 | 88.5 | 68.4 | 86.6 | 95.9 | 79.3 | 72.8 | 80.7% |
| | | | | | | | | | |
| **Size of facility** | | | | | | | | | |
| 1-249 | 25 | 80.6 | 88.4 | 62.8 | 87.5 | 94.5 | 81.0 | 70.3 | 80.7% |
| 250-499 | 12 | 82.3 | 91.3 | 66.4 | 85.1 | 97.4 | 83.3 | 70.4 | 79.5% |
| 500-999 | 14 | 83.4 | 87.9 | 71.1 | 90.3 | 99.4 | 73.2 | 79.2 | 82.4% |
| 1000-1999 | 10 | 80.7 | 87.7 | 75.7 | 81.1 | 94.4 | 75 | 70 | 81.0% |
| | | | | | | | | | |
| **Public health regions** | | | | | | | | | |
| Northeastern | 8 | 80.6 | 91.7 | 63.3 | 83 | 99.25 | 81.3 | 65.6 | 77.0% |
| Northern | 15 | 79.2 | 90.2 | 59.3 | 83.4 | 96.6 | 75 | 71.7 | 80.9% |
| Southeastern | 12 | 86.3 | 87.6 | 85.7 | 89.3 | 94.7 | 81.3 | 79.5 | 80.0% |
| Southern | 16 | 82.7 | 90.2 | 67.4 | 88.5 | 95.6 | 85.9 | 68.6 | 82.3% |
| Western | 13 | 80.5 | 83.3 | 97.3 | 87.5 | 94.4 | 73.1 | 77.3 | 83.6% |
| | | | | | | | | | |
| **Baby-friendly facility** | | | | | | | | | |
| Yes | 13 | 89.2 | 91.8 | 80.4 | 91.8 | 98.4 | 86.5 | 87.1 | 82.2% |
| No | 51 | 79.9 | 87.7 | 65.4 | 85.2 | 95.3 | 77.5 | 69.1 | 80.3% |
| | | | | | | | | | |
| **Urban versus rural** | | | | | | | | | |
| Urban | 35 | 82.2 | 88.0 | 71.5 | 87.3 | 95.5 | 77.9 | 73.8 | 81.5% |
| Rural | 29 | 81.3 | 89.1 | 64.7 | 85.7 | 96.4 | 81.0 | 71.6 | 79.7% |
| | | | | | | | | | |
| **Top 10 hospitals for percentage of births in each category*** | | | | | | | | | |
| African American mothers | 10 | 79.1 | 83.7 | 76.1 | 85.1 | 92.7 | 72.5 | 64.7 | 76.4% |
| American Indian and Alaskan Native mothers | 10 | 79.0 | 84.5 | 64.9 | 85.1 | 95.7 | 72.5 | 72.8 | 82.4% |
| Hispanic mothers | 10 | 79.5 | 89.6 | 69.4 | 83.1 | 91.3 | 80.0 | 63.9 | 73.5% |
| Laotian and Hmong mothers | 10 | 80.2 | 89.8 | 60.3 | 86.4 | 98.2 | 77.5 | 69.2 | 78.3% |
| Asian and Pacific Islander mothers | 10 | 81.9 | 88.5 | 67.0 | 89.7 | 96.5 | 77.5 | 73.1 | 81.4% |
| White mothers | 10 | 81.9 | 88.6 | 69.8 | 90.9 | 92.8 | 77.5 | 71.8 | 88.8% |
| Mothers using WIC during pregnancy | 10 | 80.2 | 88.8 | 64.7 | 85.9 | 93.9 | 77.5 | 71.1 | 75.2% |
| Mothers on Medicaid during pregnancy | 10 | 80.2 | 91.3 | 66.7 | 82.6 | 93.2 | 75.0 | 73.2 | 72.4% |

*Vital records data used to collect percentage of births for each hospital in each category.
Hospitals grouped into highest ten percentages for each category.

**Table 2. Percent of Hospitals with Recommended Policies and Practices Consistent with the Ten Steps to Successful Breastfeeding by Facility Size, Public Health Region, and Baby-friendly Facility Status, mPINC 2022**

| | N | Hospital polices | Staff compe-tency | Antena-tal care | Care right after birth | Support mothers breast-feeding | Supple-menting | Room-ing-in | Respon-sive feeding | Limit pacifiers | Dis-charge support |
|---|---|---|---|---|---|---|---|---|---|---|---|
| All | 64 | 18.8% | 53.3% | 96.9% | 42.2% | 79.7% | 25.0% | 12.5% | 93.8% | 79.7% | 57.8% |
| | | | | | | | | | | | |
| **Size of facility** | | | | | | | | | | | |
| 1-249 | 25 | 4% | 52% | 96% | 40% | 72% | 16% | 0% | 96% | 76% | 72% |
| 250-499 | 12 | 33% | 33% | 100% | 58% | 92% | 33% | 17% | 92% | 75% | 58% |
| 500-999 | 14 | 21% | 64% | 100% | 36% | 86% | 36% | 14% | 100% | 100% | 43% |
| 1000-1999 | 10 | 30% | 60% | 100% | 30% | 80% | 20% | 30% | 100% | 80% | 50% |
| | | | | | | | | | | | |
| **Public health regions** | | | | | | | | | | | |
| Northeastern | 15 | 13.3% | 53.3% | 100.0% | 40.0% | 80.0% | 6.7% | 6.7% | 93.3% | 80.0% | 73.3% |
| Northern | 8 | 12.5% | 50.0% | 100.0% | 62.5% | 87.5% | 25.0% | 0.0% | 100.0% | 87.5% | 62.5% |
| Southeastern | 12 | 25.0% | 75.0% | 91.7% | 58.3% | 75.0% | 50.0% | 25.0% | 83.3% | 66.7% | 66.7% |
| Southern | 16 | 25.0% | 31.3% | 100.0% | 37.5% | 81.3% | 25.0% | 12.5% | 93.8% | 81.3% | 37.5% |
| Western | 13 | 15.4% | 61.5% | 92.3% | 23.1% | 76.9% | 23.1% | 15.4% | 100.0% | 84.6% | 53.9% |
| | | | | | | | | | | | |
| **Baby-friendly facility** | | | | | | | | | | | |
| Yes | 13 | 69.2% | 61.5% | 100.0% | 46.2% | 76.9% | 61.5% | 30.8% | 92.3% | 84.6% | 61.5% |
| No | 51 | 5.9% | 51.0% | 96.1% | 41.2% | 80.4% | 15.7% | 7.8% | 94.1% | 78.4% | 56.9% |
| | | | | | | | | | | | |
| **Urban versus rural** | | | | | | | | | | | |
| Urban | 35 | 22.9% | 54.3% | 97.1% | 34.3% | 28.0% | 31.4% | 20.0% | 91.4% | 80.0% | 51.4% |
| Rural | 29 | 13.8% | 51.7% | 96.5% | 51.7% | 19.3% | 17.2% | 3.5% | 96.5% | 79.3% | 65.5% |
| | | | | | | | | | | | |
| **Top 10 hospitals for percentage of births in each category** | | | | | | | | | | | |
| African American mothers | 10 | 30% | 40% | 90% | 40% | 80% | 20% | 20% | 70% | 50% | 30% |
| American Indian and Alaskan Native mothers | 10 | 10% | 60% | 90% | 40% | 70% | 20% | 10% | 100% | 70% | 70% |
| Hispanic mothers | 10 | 20% | 40% | 90% | 50% | 70% | 10% | 10% | 80% | 60% | 40% |
| Laotian and Hmong mothers | 10 | 40% | 40% | 100% | 40% | 100% | 30% | 10% | 100% | 90% | 60% |
| Asian and Pacific Islander mothers | 10 | 30% | 50% | 90% | 40% | 80% | 30% | 10% | 80% | 70% | 40% |
| White mothers | 10 | 10% | 60% | 90% | 30% | 60% | 30% | 20% | 100% | 80% | 60% |
| Mothers using WIC during pregnancy | 10 | 10% | 50% | 80% | 50% | 50% | 20% | 10% | 80% | 60% | 80% |
| Mothers on Medicaid during pregnancy | 10 | 0% | 60% | 90% | 50% | 50% | 10% | 10% | 70% | 50% | 80% |