NATIONAL ACADEMIES *Sciences Engineering Medicine*

Breastfeeding in the United States

Strategies to Support Families and Achieve National Goals

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Statement of Task

The National Academies of Sciences, Engineering, and Medicine (NASEM) will convene an ad hoc committee of experts to leverage available data and literature to conduct a consensus study on policies, programs, and investments to better understand the landscape of breastfeeding promotion, initiation, and support across the United States. The study will provide an evidence-based analysis of the macroeconomic, social, and health costs and benefits of the United States' current breastfeeding rates and goals. The study will build on what is known about variances in breastfeeding rates and reducing differences in initiation and continuation. The committee will identify existing gaps in knowledge, areas for needed research, and will discuss challenges in data collection to address said gaps.

Based on available evidence, the committee will address the following issues and offer conclusions and recommendations:

1. Best practices for clinicians, healthcare systems, and employers to encourage breastfeeding by new mothers and to support mothers who are currently breastfeeding, including mothers from populations and those experiencing poverty
2. Macroeconomic, health, and social costs of current U.S. breastfeeding rates
3. Funding mechanisms, state and federal policies, interventions, and systemic, cross-sector, or field innovations that can support exclusive breastfeeding through the first 6 months of life
4. How insurers implement comprehensive lactation services, set standards to determine reimbursement rates for breastfeeding supplies and services, and provide coverage to help women breastfeed
5. Contributing factors that impact breastfeeding rates and access to postpartum maternal care and supportive services (e.g., lactation consultant, doula support, registered dietitians)
6. Leverage of available evidence to meet the Healthy People Maternal, Infant, and Child Health (MICH) breastfeeding goals by 2030

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Introduction and Background

Professional Recommendations for Breastfeeding Exclusivity and Duration

For almost all infants, breastfeeding remains the best source of early nutrition and immunological protection and is associated with health benefits for both mothers and children (the “breastfeeding dyad”).

- Human milk can be lifesaving for preterm infants.

Guidelines:

- U.S. Dietary Guidelines (USDA & HHS): Exclusively feed infants human milk for ~6 months; continue to feed infants human milk with complementary foods introduced through at least 12 months (DGA 2020-2025).
  - Human milk includes:
    - The mother’s own and donor human milk
    - Recommendation includes all infants (e.g., healthy, sick, hospitalized, etc.)
- AAP, ACOG, WHO: Exclusive breastfeeding for 6 months; Support continuation with complementary foods for up to 2 years or longer, as mutually desired.

Current Breastfeeding Rates and National Healthy People Goals

- Approximately **84%** of women **initiate** breastfeeding. **BUT over 50% of mothers stop breastfeeding earlier than they desire**

- Only **27%** of babies are **exclusively breastfed for the first 6 months** of life, far below professional recommendations and below the *Healthy People 2030* goal of 42.4%.
- **Fewer than 40%** of infants are **still receiving human milk at 12 months**, in contrast to professional recommendations and below the *Healthy People 2030* goal of 54.1%.
- The U.S. has not met Healthy People 2030 breastfeeding goals, with **34 states falling short**. Variances persist among Black and American Indian/Alaska Native families, WIC participants, low-income families, and mothers under 30.

- The current rates reflect both gains and persistent challenges shaped by historical, cultural, and policy influences.

The Cost of Inaction

Studies define suboptimal breastfeeding as **the gap between recommended and current breastfeeding rates.**

- Suboptimal U.S. breastfeeding rates result in preventable costs.
- Evidence points to annual national losses due to health impacts on mothers and children, premature deaths, and other costs, **between $17 billion and over $100 billion.**
  - Lower estimates include costs of negative health outcomes and premature deaths for mothers and babies.
  - Higher estimates include other costs, including cognitive losses.

Physiology of Breastfeeding

Breastfeeding refers to the dynamic physiological process and interactions that occur between a mother and infant, including feeding at the breast and/or feeding expressed or pumped human milk.

Milk production is driven by a supply–demand process regulated by infant suckling or milk expression.

- Prolactin stimulates milk synthesis, while oxytocin triggers the “let-down reflex” that releases milk.
- If milk is not removed or expressed, production slows due to autocrine feedback.

Human milk itself is a dynamic system, with its composition adapting over time to meet the infant’s changing needs.

Health Benefits of Breastfeeding

Mothers

- In the immediate postpartum period, women who breastfeed experience **more rapid uterine involution, decreased postpartum bleeding**, and **increased child spacing.**
- Breastfeeding or breastfeeding for longer durations has been associated **with lower rates of breast cancer, ovarian cancer, hypertension, and type 2 diabetes.**
- Breastfeeding has also been associated with **improved psychosocial outcomes for mothers**, particularly maternal sensitivity, secure attachment and bonding, though **effects are complex and can be negatively impacted by breastfeeding challenges or early cessation** without adequate support; further research is needed to clarify these relationships.

Health Benefits of Breastfeeding

Infants and Children

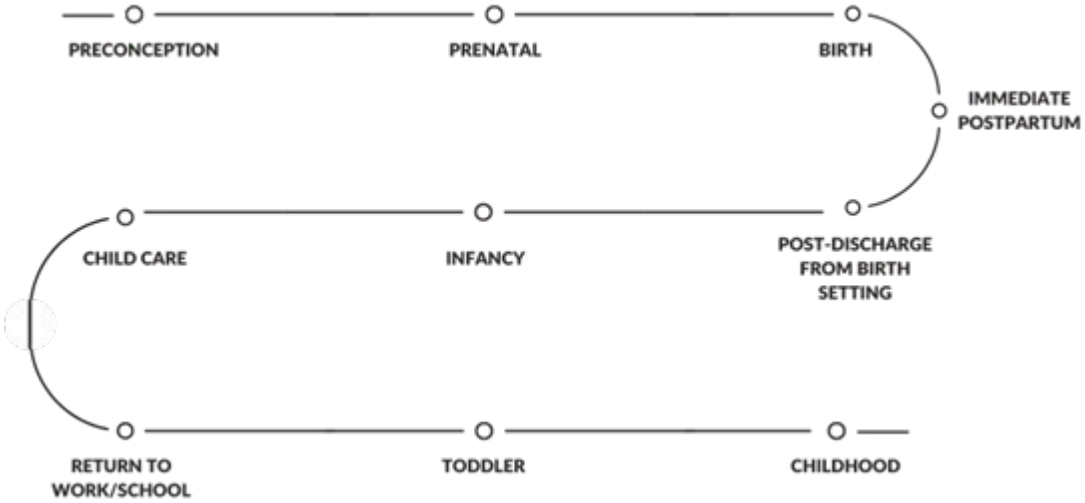
- Breastfeeding and human milk provides all the nutrients necessary to support optimal growth and development for nearly all infants for the first 6 months of life.
- Infants who are breastfed *more* versus *less* may have a **reduced risk of developing noncommunicable diseases** such as asthma, ear infections, obesity in childhood, and childhood leukemia.
- A **protective association** of breastfeeding has been found for:
  - **infant mortality, (including sudden infant death)**
  - **rapid weight gain and growth**
  - **systolic blood pressure**
  - **inflammatory bowel disease**
  - **cognitive and developmental delays**
  - **severe respiratory and gastrointestinal infections in younger children**
  - **hay fever**
  - **misalignment of the teeth and/or jaws**
  - **type 1 diabetes**

Health Benefits of Breastfeeding

Sick or Vulnerable Infants and Children

- For critically ill infants, human milk has been identified as a **life-saving intervention.**
- Human milk is associated with a protective effect against necrotizing enterocolitis as well as a **reduction in late onset sepsis, severe retinopathy of prematurity, and severe necrotizing enterocolitis** in hospitalized very low birth weight infants.
- Particularly for reducing the risk of developing necrotizing enterocolitis, **any volume of human milk was found to be better than exclusive preterm formula**, and the higher the dose the greater the protection.

Breastfeeding Across the Life Course



- Committee used a **life course perspective** to examine factors influencing breastfeeding rates and access to lactation support providers, services, and supplies.
- The report identifies **risk and protective factors** that impact breastfeeding and lactation with the goal to create enabling environments that support mothers and families' infant feeding goals and improve national rates.

Breastfeeding Across the Life Course

Human lactation is a multifaceted physiological process that is influenced by a range of factors operating across the life course. The **capacity to breastfeed, and the outcomes associated with breastfeeding, are determined by a combination of biocultural mechanisms and external factors**, including clinical practices, health system structures, and broader social, structural, and environmental conditions experienced throughout an individual and family's life.

- Preconception health, prenatal care, birth experience, postpartum recovery, and the return to work or school each represent critical windows in which the foundations for optimal breastfeeding can be laid.

Breastfeeding practices and trends in the United States have undergone **significant shifts over time**. These changes have been influenced by social, cultural, and economic shifts, the growing influence of medicine, as well as policy and program interventions.

The Opportunity

Most mothers want to breastfeed, as evidenced by high initiation rates, and intention to breastfeed is a strong predictor of breastfeeding initiation at birth. However, **over half of mothers stop breastfeeding earlier than they desire.**

The committee's recommendations emphasize the opportunity for enabling families and communities to make the best choices for themselves by **ensuring supportive policies, structures, and evidence-based guidance**. Together, these strategies create the conditions to increase breastfeeding rates, improve health across generations, and reduce costs from suboptimal breastfeeding.

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Strengthen National Coordination Efforts

Legislation and Policies

Multiple government agencies have initiatives and programs to support the breastfeeding dyad, but currently **no single entity coordinates the patchwork of government programs into a cohesive road map of supports for the breastfeeding dyad** to navigate easily. Coordination and funding across the public health system are limited and insufficient to ensure adequate and culturally competent support for all breastfeeding families.

- HHS could lead a national breastfeeding strategy and the infrastructure to coordinate efforts among federal, state, tribal, and local partners, as well as the capacity to engage with a diverse range of stakeholders outside of government, including advocacy groups, community organizations, health care systems and providers, employers, and childcare providers.
- In addition, HHS can allocate federal funding to breastfeeding support programs and establish future breastfeeding-friendly policies and initiatives.

Recommendation 1: Congress should charge and fund the U.S. Department of Health and Human Services to lead a national breastfeeding strategy, coordinating with federal, state, tribal, and local partners, as well as community groups, health care and public health systems, insurers, workplaces, and academic institutions to ensure that all mothers and families have access to effective and culturally-centered breastfeeding support and resources to meet their breastfeeding goals.

Public Health Surveillance of Breastfeeding Indicators

Current public health surveillance of breastfeeding indicators provide complementary perspectives on breastfeeding practices, enabling policymakers to identify trends, variances, and areas for intervention.

- These **data collection and analytical efforts identify significant trends, address variances across populations, and improve understanding the impact of breastfeeding resources and support**.
- However, current efforts do not adequately capture the wide variety of public health supports for breastfeeding, disaggregated across different demographic groups, that could help identify facilitators and barriers to breastfeeding.
- Real-time monitoring of breastfeeding trends is also limited; additional attention to real-time changes in breastfeeding rates could help inform the allocation of public health resources and services to communities with the greatest need and further understanding of the effectiveness of existing interventions.

Recommendation 2: The U.S. Centers for Disease Control and Prevention should continue to coordinate the surveillance of breastfeeding outcomes and expand the current data collection systems to ensure continuity, coordination, and collaboration across federal, state, tribal, territory, and local programs.

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Strategic Areas for Supporting Breastfeeding

1. Expand effective community and public health interventions, including WIC
2. Focus on breastfeeding messaging, media, and marketing
3. Ensure access to high quality breastfeeding care for all
4. Strengthen payment and financing structure for breastfeeding services and supplies
5. Adopt and enact breastfeeding-friendly policies to support leave and return to work or school
6. Invest in Research Capacity and Community-Driven Approaches

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Expand Effective Community and Public Health Interventions, Including WIC

Community Supports for Breastfeeding Families

Breastfeeding mothers and families may receive assistance from a variety of lactation support providers, including peer counselors, each with different levels of training, expertise, and roles in the community. Across various specialties and scopes of practice, breastfeeding peer counseling by lactation support providers is an effective intervention to improve breastfeeding outcomes in the United States.

- Community-based interventions such as **peer counseling, education, and peer/family support** have been shown to improve breastfeeding initiation and exclusivity.
- **Supportive policies, health system practices** (e.g., Baby-Friendly Hospital Initiative), and **continuity of care at home and in community settings** contribute to positive outcomes.

The Role of Family Members

Family, partners, and cultural norms strongly influence breastfeeding decisions; **support from partners, fathers, and extended family** improves initiation, exclusivity, and duration.

- **Tailored interventions** that reflect different family structures, cultural backgrounds, and socioeconomic contexts enhance breastfeeding outcomes.
- There is opportunity for **adaptable policies and community-based programs**.

Recommendation 3: Given evidence from burgeoning literature on community-led breastfeeding efforts, Congress; federal, state, and tribal governments; health systems; insurance companies; and philanthropic organizations should fund and establish cross-sector, coordinated investment strategies for supporting community-led breastfeeding programs and coalitions across all local jurisdictions, states, territories, and tribes.

The WIC Program

WIC is widely recognized as a highly successful public health nutrition program. It currently serves ~6.7 million participants monthly, reaching ~half of eligible families. The highest participation among infants <12 months (78%).

Core WIC Services

- **Supplemental foods**: Tailored food packages (7 options) for pregnant, postpartum, and young children, including specialized packages for breastfeeding mothers.
- **Breastfeeding education and support**, supplies (e.g., pumps), and peer counseling.
- **Nutrition education**
- **Health care and social service referrals**

Breastfeeding Role

- Promotes exclusive breastfeeding but also provides formula when needed.
- Over time WIC has expanded breastfeeding services through enhanced food packages, peer counseling, and national promotion campaigns.

The WIC Program

Substantial research demonstrates that WIC breastfeeding support, including peer counseling, can increase breastfeeding rates. However, these activities are not standardized across the United States, are not funded to the level needed, and would need to be scaled up to adequately meet the needs of all breastfeeding dyads.

- Cost volatility affects how many families can be served (WIC funding is discretionary).
- Funding and staffing of breastfeeding support services varies across WIC state and local agency WIC programs.

Recommendation 4: Congress should ensure that the U.S. Department of Agriculture has adequate funding for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), such that every eligible pregnant and postpartum mother in every state, territory, and Indian tribal organization has access to the full complement of WIC breastfeeding support services. This includes (a) adequate base funding for WIC, (b) exploration of the most appropriate funding model (e.g., discretionary or mandatory), and (c) expanded funding of the WIC breastfeeding peer counselor program such that all eligible pregnant and postpartum women can receive peer support to meet their breastfeeding goals.

Building Resilience in Emergencies, Disasters, and Supply Chain Disruptions

Over the last decade, **humanitarian emergencies, disasters, and supply chain disruptions have exposed vulnerabilities in the current landscape of infant feeding**; these events can make it difficult for parents and caregivers to access the information and support they need to safely and appropriately feed their infants and young children. Improving emergency planning and preparedness for infant and young child feeding in emergencies would help ensure that all families receive the support they need to safely feed their children, minimize risk, and maximize infant and child health.

- Several factors influence how infant feeding is addressed in public health emergency preparedness, response, and resilience planning. A key challenge is the neglect of infant and young child feeding in these strategies.
- Humanitarian emergencies, disasters, and other crises often intersect, compounding their impact.

Recommendation 5: The Federal Emergency Management Agency, state and local emergency management agencies, and nonprofit organizations such as the Red Cross should incorporate infant and young child feeding in emergencies (IYCF-E) into their emergency preparedness and response guidance and plans. They should share this guidance with states, tribes, territories, and local health jurisdictions and fund efforts that address IYCF-E needs during natural disasters and public health emergencies. These actors should collaborate with breastfeeding support organizations in this process, including state, tribal, and community coalitions, as well as offices providing access to the Special Supplemental Nutrition Program for Women, Infants, and Children.

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Breastfeeding Messaging, Media, and Marketing

Breastfeeding Messaging, Media, and Marketing

Media campaigns, programs, and social support interventions to promote breastfeeding exist in a competitive digital media environment that includes widespread and well-funded efforts to market commercial milk formula to mothers, families, health care providers, and health systems.

- In addition, many women and parents experience guilt, shame, and a sense of failure for not meeting their goals even though the social, structural, and policy environment does not support their breastfeeding journey.
- While there is a large, robust evidence-base that shows that **media campaigns can contribute to meaningful population-level changes in health behavior**, the current environment makes it exceedingly difficult to communicate about the health, social, and emotional benefits of breastfeeding in a way that precludes judgment and competes with commercially funded promotion of commercial milk formula.

Previous and Current National Breastfeeding Promotion Campaigns in the United States

National Breastfeeding Ad Campaign (2004–2006)

- First coordinated national effort; $30M in donated airtime vs. $80M by formula industry.
- Message: “Babies were born to be breastfed.”
- Controversial: focused on risks of not breastfeeding; lacked rigorous evaluation.

WIC Campaigns

- Loving Support (1997–2018) → Learn Together, Grow Together (2018–present).
- Based on social marketing, targeting WIC moms and families.
- Provides resources, peer counseling, and staged education journey.
- No published evaluations of impact.

Other Campaigns

- Community-led efforts (e.g., billboards, local images) show promise but lack evaluation.

Recommendation 6: The U.S. Department of Health and Human Services (HHS), in collaboration with organizations engaged in breastfeeding support at the federal, state, tribal, and local levels, should invest in a multifaceted, coordinated national communication strategy on the importance of breastfeeding and the need for comprehensive support for breastfeeding families from all of society across the lactation journey.

a) **The strategy should consider the full range of audiences: (1) women who may breastfeed; (2) their partners and family members; (3) community members and community organizations, including faith-based organizations; (4) health care providers, health systems, pharmacies, health professional societies, and insurers; (5) business leaders and a wide range of employers, including childcare centers, schools, transportation agencies, the military, and the criminal justice system; (6) public health systems and authorities; and (7) policymakers at the federal, state, tribal, and local levels.**

b) **The strategy should apply established social and behavior change communication frameworks and ensure that all stages of campaign development involve members of impacted communities, including historically underserved populations.**

c) **The strategy should also include information about what resources are available and where and how to access them (e.g., in the health care setting, in community and public health settings, payment requirements for services and supplies).**

The Marketing and Regulation of Commercial Milk Formula

- Studies consistently show **that exposure to commercial milk formula marketing through diverse media channels, including digital and social media spaces, influences infant feeding perceptions, attitudes, and practices**.
  - The term commercial milk formula has been used primarily in the global research context as an umbrella term to describe infant formula, toddler milks, and related products. In the U.S., the terms infant formula and toddler milk are most often used to refer to commercially available products.
- The ***International Code of Marketing of Breast-Milk Substitutes*** **(1981)** is a human rights–based framework that regulates commercial milk formula marketing for children up to 36 months. The United States has not endorsed the Code.
- The **current U.S. regulatory structure that includes regulation of labeling by the Food and Drug Administration and advertising by the Federal Trade Commission is inadequate** to address allegations of wide-ranging, misleading claims in labeling and physical and digital marketing efforts targeting caregivers, health professionals, and the public.

Recommendation 7: The U.S. Food and Drug Administration and U.S. Federal Trade Commission should coordinate to rigorously regulate the marketing, including labeling and advertising, of commercial milk formula for infant and young child feeding, informed by the principles outlined in *The International Code of Marketing of Breast-Milk Substitutes*, across media, retail, health care, and other settings.

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Ensure Access to High Quality Breastfeeding Care for All

The Baby-Friendly Hospital Initiative (BFHI)

The Baby-Friendly Hospital Initiative (BFHI) is a well-established, evidence-based program designed to improve breastfeeding outcomes by aligning maternity and newborn care practices with the *Ten Steps to Successful Breastfeeding*.

- Since its inception, the BFHI has demonstrated consistent and substantial benefits for breastfeeding initiation, exclusivity, and duration across a variety of health care settings.
- In the United States, implementation of the UNICEF/WHO Ten Steps, whether through formal Baby-Friendly designation or through stepwise policy adoption, has been associated with improved outcomes and reductions in breastfeeding variances, especially when community engagement and culturally responsive practices are centered.

Recommendation 8: The U.S. Centers for Medicare & Medicaid Services and The Joint Commission, in collaboration with other hospital accrediting bodies, hospital associations, and state health regulators, should ensure that every maternity care facility in the United States implements the UNICEF/WHO Baby-Friendly Hospital Initiative's *Ten Steps to Successful Breastfeeding* as the standard of care.

Availability and Integration of the Lactation Support Provider Workforce

The current lactation support workforce in the health care setting consists of a wide range of providers (e.g., nurses and nurse practitioners, midwives, physicians, advanced practice professionals, International-Board Certified Lactation Consultants [IBCLCs], registered dietitians, peer counselors, and doulas). Their **education and training differ widely with respect to breastfeeding care and training**.

- Many are employed in community-based or public health settings, such as the WIC program. Investment in education and training initiatives for registered dietitians, nutritionists or nutrition assistants, IBCLCs, and breastfeeding peer counselors is critical to ensure that community-level needs are met for primary breastfeeding care.
- Minimal clinical preparation and inconsistency in lactation-related knowledge among clinicians remain persistent barriers to breastfeeding support.

Recommendation 9: Accrediting boards and regulatory bodies for health professionals, federal and state agencies, public health organizations, and philanthropic organizations should increase investment in the training and availability of lactation support providers.

a. **Accrediting and regulatory bodies for health professionals and state boards of nursing should include a minimum set of competencies in human lactation and breastfeeding into their licensing, certification, and accreditation requirements.**

b. **Federal agencies, such as the U.S. Health Resources and Services Administration and U.S. Department of Agriculture, in collaboration with state, tribal, and local governments, should work together to provide support for the training and certification of health professionals or lactation support providers to provide breastfeeding support services (e.g., through the breastfeeding peer counseling program offered by the Special Supplemental Nutrition Program for Women, Infants, and Children).**

c. **Public health organizations and philanthropic organizations should work together to fund initiatives to increase the number of lactation support providers to ensure that their communities' lactation needs are met.**

Landscape of Care

- Mothers and infants often receive care from different providers, so **the breastfeeding dyad lacks a unified medical home**.
- Early encounters, postpartum follow-up, and continuity of care are critical for shaping breastfeeding outcomes.
- Using a public health model (primary, secondary, tertiary prevention) helps clarify **who provides care, where it is delivered, and what kind of care is needed**.
- Standardized documentation of breastfeeding status, support encounters, and lactation indicators is essential for monitoring quality, identifying variances, and driving continuous improvement.

HEDIS Performance Measure

A Healthcare Effectiveness Data Information Set (HEDIS) is a widely used tool for measuring health care performance that is utilized by over 90% of U.S. health plans, covering more than 190 million enrollees.

- The creation of a HEDIS performance measure for breastfeeding would require electronic health records to create automated fields to better capture infant feeding practices across time (i.e., in the birth setting and during postpartum and pediatric care).

Recommendation 10: The U.S. Centers for Medicare & Medicaid Services should develop and implement a Healthcare Effectiveness Data Information Set performance measure of breastfeeding.

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Strengthen Payment & Financing Structure for Breastfeeding Services and Supplies

Coverage for Lactation Services and Supplies

- Medicaid expansion has positively influenced breastfeeding rates by increasing access to prenatal education, postpartum lactation support, breast pumps, and maternal health care.
- The extension of postpartum Medicaid coverage from 60 days to 12 months is particularly promising, as it can help mothers with low incomes sustain breastfeeding beyond the initial few weeks postpartum.
- By reducing variances in access to critical services, Medicaid expansion and extension efforts not only improve maternal and infant health outcomes but also may promote higher breastfeeding initiation and duration rates among low-income populations.

Recommendation 11: The U.S. Centers for Medicare & Medicaid Services should continue to ensure that postpartum Medicaid extension is available to all eligible pregnant and postpartum women up to 12 months after birth, at a minimum; all states should implement this option.

Coverage for Lactation Services and Supplies

Breastfeeding care in the U.S. is often fragmented and difficult for families to navigate, with services split between mothers and infants and coverage that is inconsistent and opaque.

- Reliable health insurance coverage before, during, and after pregnancy is critical to preventing complications, supporting breastfeeding, and ensuring essential newborn care.
- Clear guidelines, consistent enforcement, and better coordination among providers, insurers, and families are needed to ensure access to high-quality lactation support.

Recommendation 12: The Centers for Medicare & Medicaid Services and the Federal Insurance Office, in collaboration with public and private payers, should create and ensure comprehensive coverage and payment of breastfeeding services and supplies to guarantee equal access to a standard package of services and durable medical equipment.

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Adopt and Enact Breastfeeding-Friendly Policies to Support Leave and Return to Work and School

Return to Work or School

Returning to work or school poses a major challenge for breastfeeding mothers, as consistent infant and mother contact is important for sustaining breastfeeding. Working mothers encounter distinct challenges in sustaining breastfeeding, and these experiences vary from person to person.

- There is consistent causal evidence that state mandates providing twelve weeks of paid family leave have positive effects on the duration of breastfeeding. Therefore, 12 weeks should be the minimum threshold for a federal paid family leave policy.
- Moreover, compelling evidence from Canada suggests that providing for longer periods of paid family leave will generate even bigger increases on breastfeeding duration. Consistent with the scientific consensus on the health benefits of exclusive breastfeeding for the first six months postpartum, a number of studies find that paid family leave policies of up to six months in other high-income countries confer health benefits to mothers and infants.

Recommendation 13: Congress should enact national paid family and medical leave for all postpartum mothers. In the absence of a national plan, states and employers should enact this coverage.

Strengthen and Enforce Existing Lactation Laws

- Several laws protect lactation accommodations for employees and students in the United States, but enforcement mechanisms vary across workplaces and educational institutions. While federal laws establish baseline protections, they could be further strengthened to support breastfeeding.
- Additionally, enforcement largely depends on complaints, legal action, and oversight by government agencies.

Recommendation 14: Federal, state, territorial, tribal, and local governments, in collaboration with the public and private sectors, should (a) strengthen and enforce existing laws and legislation that guarantee lactation accommodations and spaces are available in all workplaces, schools, colleges, universities, and childcare centers and (b) ensure that they comply with federal and state legal requirements.

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Invest in Research Capacity and Community-Driven Approaches

Invest in Research Capacity & Community-Driven Approaches

- The committee identified that conducting innovative breastfeeding research requires a range of investments to ensure high-quality, impactful studies. This may include cost-benefit analysis of interventions. These investments span financial resources, infrastructure, workforce development, policy support, and technology integration, as described in two recommendations

Recommendation 15: The National Institutes of Health and other federal and nonfederal agencies should expand funding and prioritize key breastfeeding research and implementation questions geared toward scaling up supports to achieve the Healthy People 2030 infant feeding goals.

Recommendation 16: The National Institutes of Health should develop an action plan for prioritizing community, clinical, and translational breastfeeding research across its institutes and centers and build on existing initiatives.

The Path Forward

- The recommendations in this report provide clear, **evidence-based strategies to support all families on their breastfeeding journeys** across multiple settings.
  - Including through enhancements to WIC and changes to other public policies
- By fostering the **systems and conditions needed to increase breastfeeding rates**, we can advance national health goals, address differences in rates, and improve health for all families and communities.
- These investments are not only about feeding infants today — they are about **strengthening health and well-being of families for generations to come**.

Download the Report

Read or download the report:
www.nap.edu

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