

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

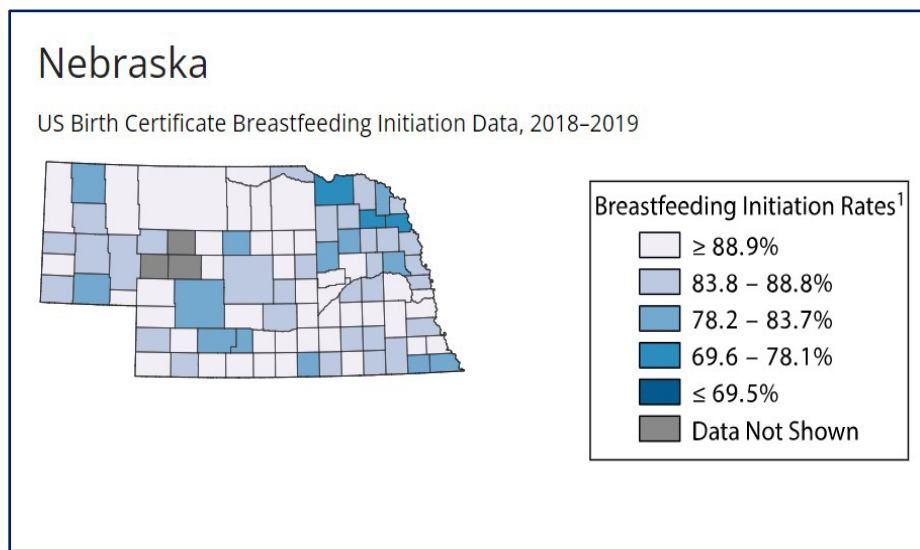
| | Breastfeeding Initiation Rate | Largest Disparity Between Racial/Ethnic Groups |
|----------------------|-------------------------------|--|
| Nebraska | 88.6% | 16.8% |
| U.S. National | 84.1% | 16.7% |

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 |
|----------------------|-------------------------------------|--------------------------------|-----------------------------------|
| Nebraska | 26% | 37.7% | 17.6% |
| U.S. National | 24.9% | 35.9% | 19.2% |
| HP2030 Target | 42.4% | 54.1% | N/A |

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

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



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

WIC Program Breastfeeding Performance Measures

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

| | Fully Breastfed Rate | Partially Breastfed Rate | Total Breastfed Rate | Fully Formula Fed Rate |
|---------------------------|----------------------|--------------------------|----------------------|------------------------|
| Nebraska WIC Rates | 11.5% | 22.5% | 34% | 66% |
| 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 |
|----------------------|--|-------------|---|--|---|
| Nebraska | 14.7% | 73 | 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 Nebraska

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 Nebraska:

- Lincoln Community Breastfeeding Coalition
- [Nebraska Breastfeeding Coalition](#)

Federally Funded Lactation Projects in Nebraska

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 Nebraska 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.
- [State Perinatal Quality Collaboratives](#) (PQCs) are state or multi-state networks of multidisciplinary teams, working to improve outcomes for maternal and infant health. PQCs do this by advancing evidence-informed clinical practices and processes using quality improvement (QI) principles to address gaps in care. CDC's Division of Reproductive Health is currently providing support for the Nebraska Perinatal Quality Collaborative, which is working to support breastfeeding/human milk feeding.
- [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 following hospitals in Nebraska:
 - CHI Health Creighton University Bergan Mercy
 - CHI Health Lakeside
 - CHI St. Francis
 - Grand Island Regional Medical Center
 - Regional West Medical Center

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

- The purpose of the [Healthy Start program](#) is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes through local projects that can include lactation education. In Nebraska, Charles Drew Health Center, Inc. in Omaha was awarded \$1,165,343 in Healthy Start funding.
- The [Healthy Start Doula Supplement](#) provides funding to increase the availability of doulas in Healthy Start service areas most affected by infant and maternal mortality and to increase the number of women with a higher risk of poor birth outcomes receiving doula services. In 2022, funding in Nebraska was directed to Charles Drew Health Centers, Inc.
- 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 Nebraska Department of Health and Human Services received \$1,252,197 in funding to implement the MIECHV 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 Nebraska agencies were awarded:
 - 2022 Premiere Award: Community Action Partnership of Mid-Nebraska
 - 2022 Gold Award: Lincoln-Lancaster County Health Department WIC

Office on Women's Health

- The [Racial Equity in Postpartum Care Challenge](#) sought innovative methods to improve equity of postpartum care for Black or African American and American Indian/Alaska Native women enrolled in Medicaid or the Children's Health Insurance Program. In Nebraska, the Maternal Health program (CyncHealth, Collective Medical, and Innsena LLC) in Omaha was a winner of the HHS Racial Equity in Postpartum Challenge. This program serves patients enrolled in Medicaid or CHIP in Nebraska. The program uses technology to identify, track and connect providers to health data, including indicators for diabetes, hypertension, depression and/or anxiety, substance use disorder (SUD), and substance-exposed infants. This information feeds into a system that initiates alerts and sends reports to providers.