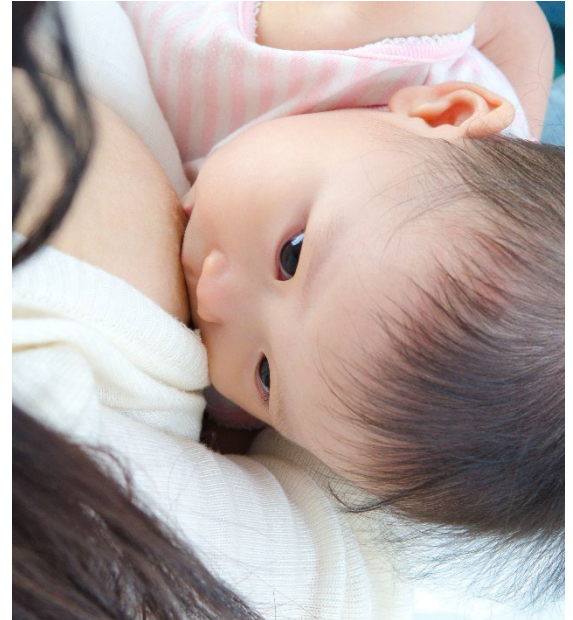


# Breastfeeding in Minnesota's WIC Program

## FACT SHEET 2024

From birth, breastfeeding and human milk feeding protect infant health. Evidence of the impact on lifelong health for both mother\* and baby is growing.<sup>1</sup> Increasing breastfeeding initiation, duration and exclusivity are national goals. Achieving these goals will reduce health care costs and save money for families, employers, and society. Breastfeeding promotion and support is central to WIC's work to improve maternal and infant health and to reduce health disparities.

*The WIC program serves a population at higher risk for not breastfeeding. Creating an environment where parents are supported and cared for with evidence-based practices helps ensure more mothers and children get off to the best start.<sup>2</sup>*



## WIC Breastfeeding Promotion and Support

WIC is a trusted source of breastfeeding information. [A national study](#) found that next to husbands and partners, WIC is the most common source for breastfeeding support. Minnesota WIC works hard to enhance breastfeeding promotion and support services, and to reduce social and environmental barriers, by:

- Answering questions and providing individualized breastfeeding counseling to pregnant and new parents.
- Providing enhanced food packages to those who exclusively or mostly breastfeed.
- Facilitating [lactation-related training opportunities](#) for local WIC, hospital and public health staff.
- Offering trained peer breastfeeding counselors hired from the communities they serve.
- Partnering with the [Minnesota Breastfeeding Coalition](#) to encourage hospital implementation of evidence-based maternity practices.
- Supporting the [Minnesota Department of Health's Recognition Program](#) for Breastfeeding-Friendly birthing centers, worksites, health departments and child care.

### Breastfeeding reduces health care costs

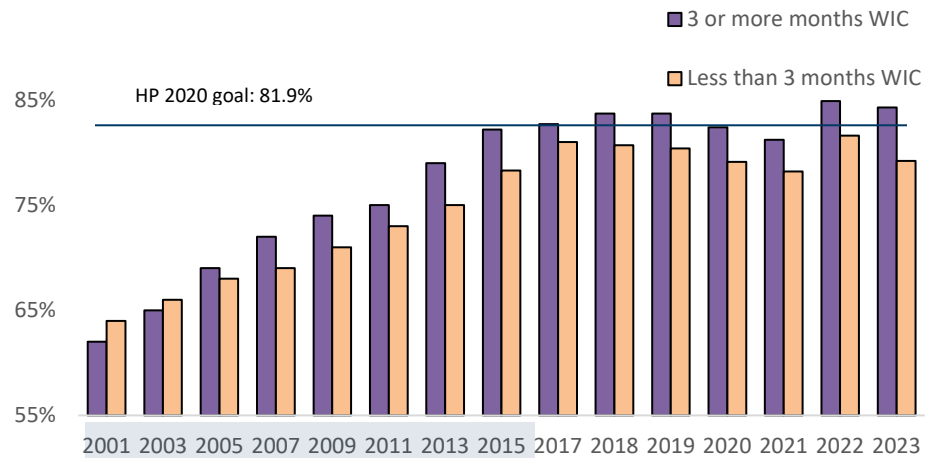
Researchers estimated that if WIC participants increased their breastfeeding rates from 2016 to medically recommended levels, health-related cost savings would total about \$9.1 billion. Reductions in maternal diseases (breast cancer, type 2 diabetes, and myocardial infarction) would account for \$5.0 billion, while reductions in pediatric conditions (like sudden infant death syndrome and gastrointestinal illness) would account for \$4.1 billion in cost savings.<sup>3</sup>

\* WIC does not collect data on gender identity, so “women” and “mothers” is used in this document but WIC serves birthing persons who do not identify as such and who may prefer another term over “breastfeeding”.

## Minnesota WIC Breastfeeding Initiation

- Those who participated in WIC for three or more months during pregnancy (49% in 2023) were more likely to initiate breastfeeding.
- MN WIC breastfeeding initiation in 2023 (83.1%) exceeded the Healthy People (HP) 2020 objective of 81.9%.<sup>4</sup>
- Breastfeeding initiation rates increased steadily across time until 2020. During the pandemic, rates declined but rebounded in 2022 and 2023. In the last 30 years, rates have more than doubled from 40% in 1990.<sup>2</sup>

Figure 1. Breastfeeding Initiation by Prenatal Participation in MN WIC

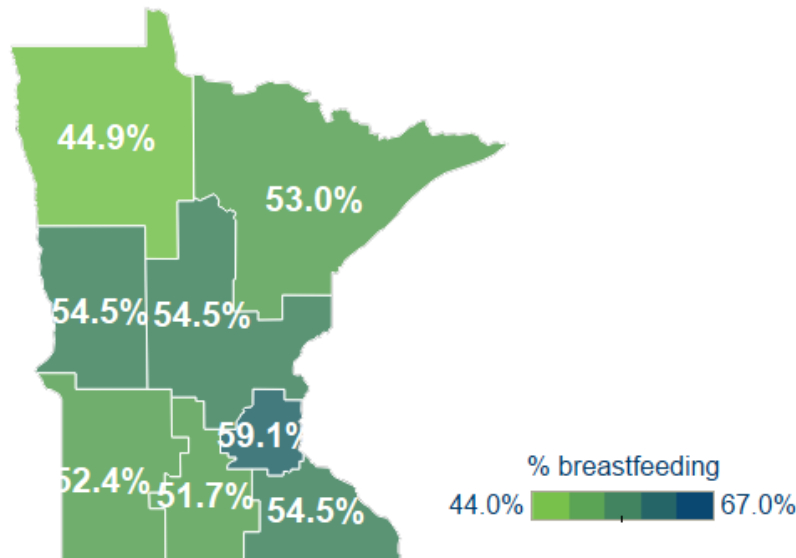


Breastfeeding is important for the physical and emotional health of both mother and infant. When communities cannot successfully support breastfeeding, families, employers, and society shoulder the burden of increased health care costs for mother and child, higher absenteeism from work or school, poorer school achievement, and reduced adult earning potential.<sup>1</sup>

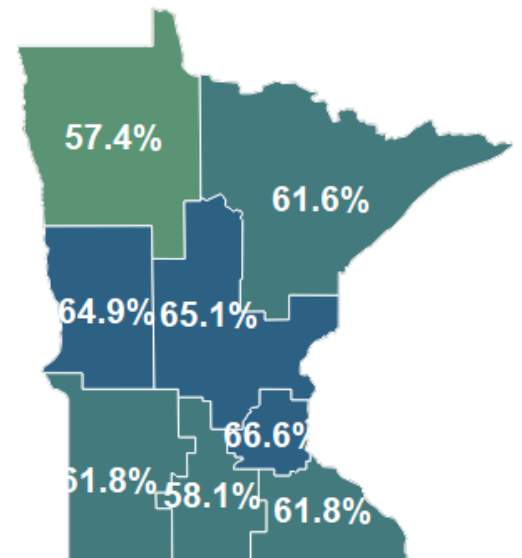
## Minnesota WIC Breastfeeding Duration

Progress has been made in increasing breastfeeding duration over the last two decades. Breastfeeding at two weeks of infant age improved from 69% in 2012 to 73% in 2018 to 78% in 2023. The percentage of those breastfeeding at 3 months increased from 45% to 58%. In 2022, 46% of postpartum WIC participants were breastfeeding at 6 months, up from 33% in 2012, but still far below the HP 2020 goal of 60.6%.

Breastfeeding at 2 months 2018

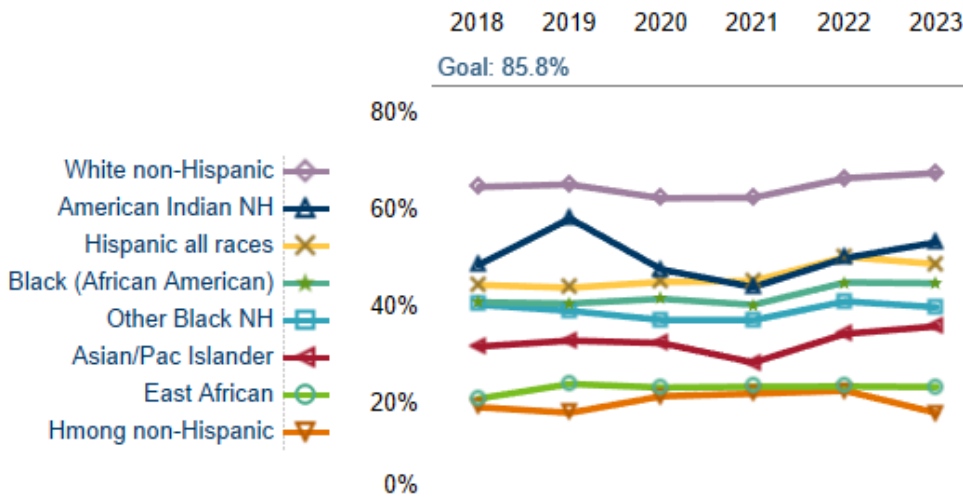


Breastfeeding at 2 months 2023



# Minnesota WIC Breastfeeding Exclusivity during the Hospital Stay

Among infants who initiated breastfeeding



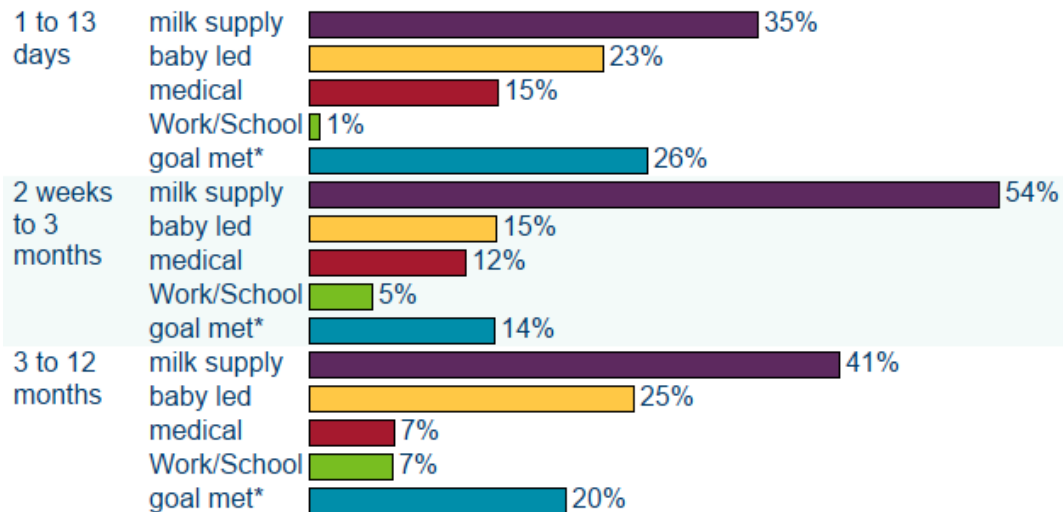
Exclusive breastfeeding during the postpartum hospital stay is the healthiest start to life and increases the exclusivity and duration of breastfeeding post-discharge. The national goal is 85.8% and Minnesota WIC is far below that goal. MN WIC participants exclusively breastfeed at lower rates than the state average and there are wide disparities in exclusivity by race and ethnicity.

## Breastfeeding Duration: Reasons for Weaning

*In the early weeks and months, most families do not reach their personal breastfeeding goals.*

- Milk supply is the most common reason given for early weaning across the entire first year. Concerns about supply often lead to unnecessary formula supplementation, resulting in reduced milk supply and earlier-than-desired weaning.

### Reason for weaning by age at weaning



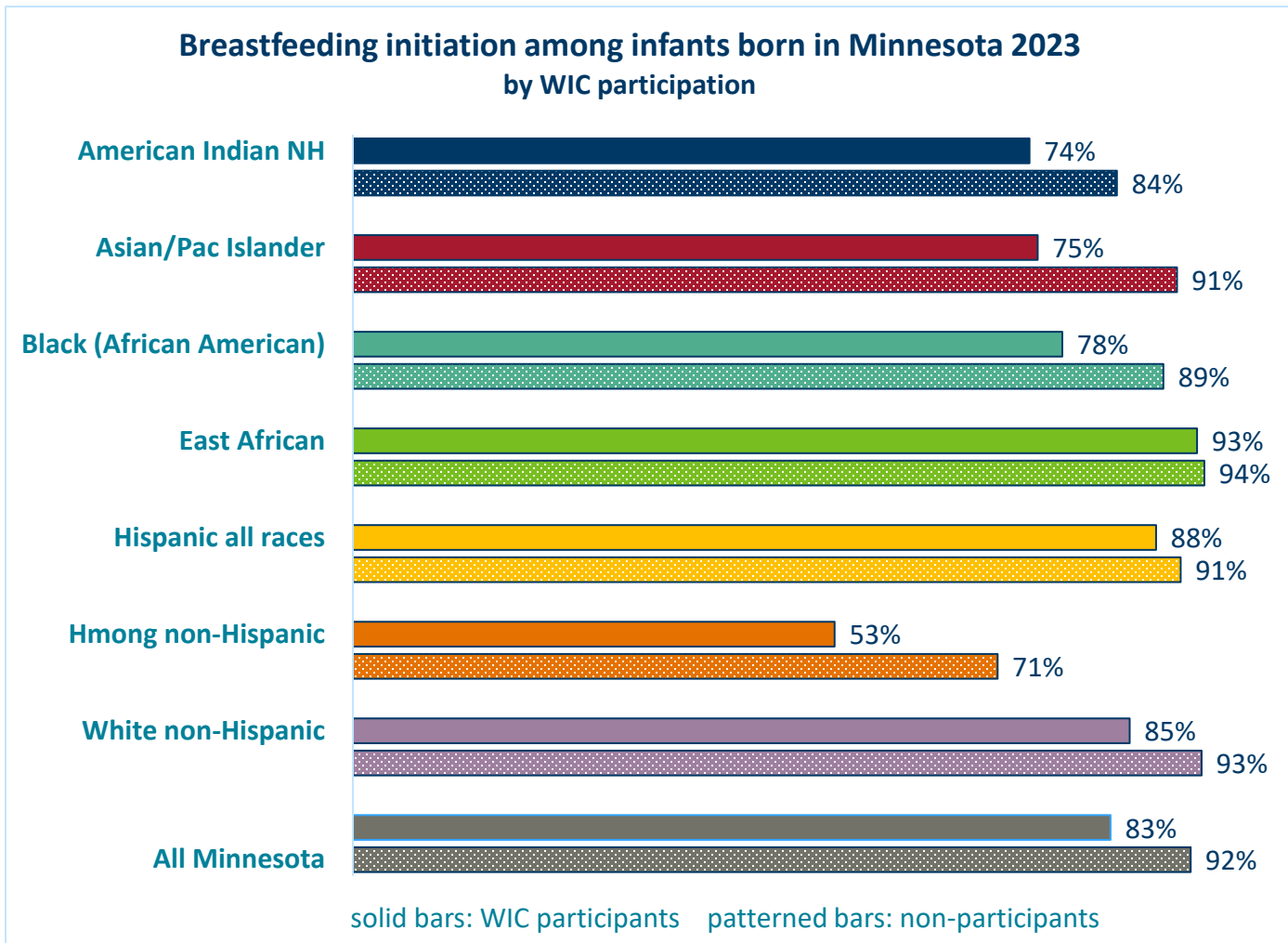
- Difficulties latching are common in the first two weeks and rare after three months. Many first-time parents need help with position and latch in the early weeks.
- ‘Baby-led’ weaning may reflect a misreading of infant cues, or baby may have lost interest in breastfeeding due to bottle-feeding.
- Women who change their mind about breastfeeding in the early days often do so because they lack support and do not have access to trained help when they encounter breastfeeding difficulties.
- Women also face medical and work-related barriers which force them to wean before they had planned.
- From six to twelve months, pregnancy is a common reason given for weaning, although in most cases breastfeeding can continue during pregnancy without problems.

# Breastfeeding Disparities in Minnesota

## Disparities in Breastfeeding Initiation

*The newest generation of Minnesotans is more diverse than previous generations.*

Although the majority of infants born in Minnesota identify as White (68% in 2021), Minnesota is becoming increasingly diverse. Families from various cultures face disparate risks for nutrition-related health concerns such as prematurity, early weaning, anemia, and obesity. WIC strives to identify high-risk populations and to design culturally appropriate services tailored to their specific needs.



Although participation in WIC improves breastfeeding outcomes among eligible infants, disparities in rates between WIC participants and non-participants are significant: 8.8 percentage points on average, and 15 percentage points or more among American Indian, Asian/Pacific Islander, and Hmong infants.

Minnesotans eligible for WIC face more obstacles to breastfeeding success than their wealthier counterparts, including greater structural, economic, medical, cultural, and psychosocial barriers.<sup>5</sup> Economic barriers include prohibitive costs of breastfeeding education and postpartum lactation support, lack of paid parental leave, early return to work, and lack of workplace support.

## Disparities in WIC Breastfeeding Initiation

*Infants served by the WIC program come from many cultural backgrounds, with differing familial traditions and practices.*

### Infants born in 2023 served by WIC

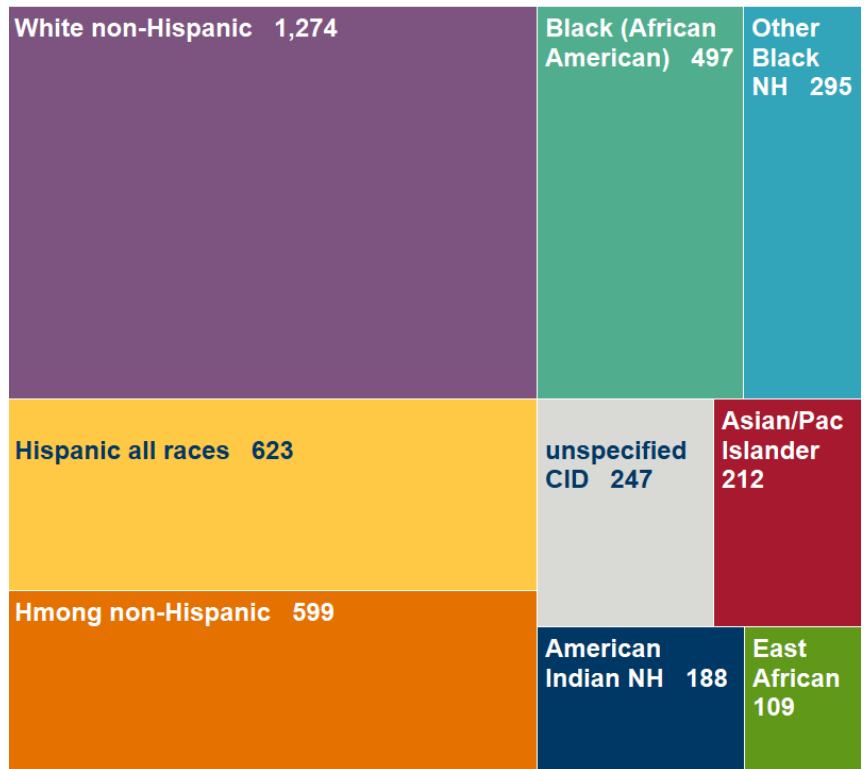
	Number infants	% of all infants
American Indian non-Hispanic	861	4%
Asian or Pacific Islander	1,018	4%
Black (African American)	1,868	8%
East African	2,686	11%
Hispanic all races	5,302	23%
Hmong non-Hispanic	1,322	6%
Other Black non-Hispanic	1,855	8%
White non-Hispanic	8,024	34%
unspecified race	523	2%

Traditional racial categories don't fully describe breastfeeding rates in Minnesota's diverse communities. Within the Black and Asian categories there are wide disparities between cultural groups. Minnesota WIC reports data on two Black groups, East African and Black (African American), and two Asian groups, Hmong and Asian and Pacific Islander.

Four out of five infants who participate in the Minnesota WIC program initiate breastfeeding. Still, many infants start life on formula.

- Of infants born in 2023 who participated in WIC, there were 4,194 infants who were never breastfed.
- The largest number (1,274) of never-breastfed infants are White even though 85% of White infants start out breastfeeding.
- Never breastfed infants include Hispanic all races (623), Hmong (599) and Black (African American) (487); culturally specific interventions may help increase the number of infants starting out on human milk.

### Never-breastfed infants participating in WIC 2023



## Early Breastfeeding Support

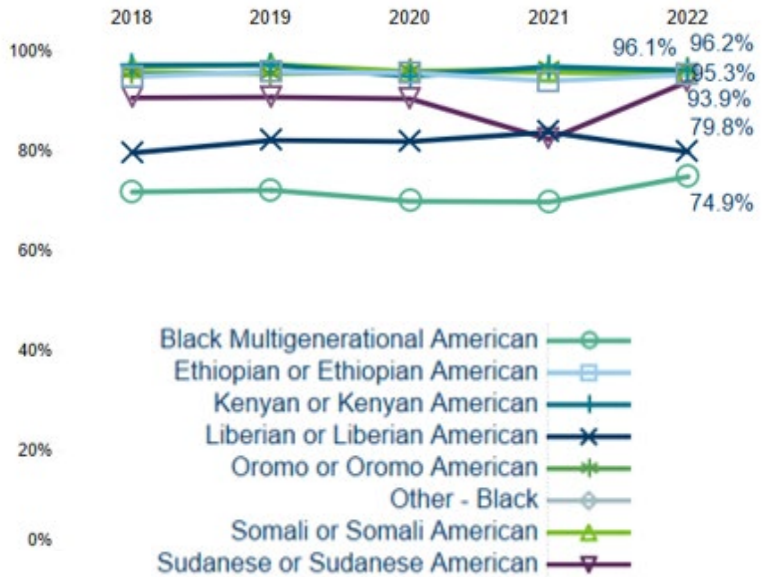
Breastfeeding support for the family during an infant's first month of life can promote longer breastfeeding duration. Minnesota WIC provides breastfeeding education and support which is respectful of cultures and individuals.

# WIC Breastfeeding Initiation by Cultural Identity

Among Black infants participating in WIC, Kenyan and Oromo infants are mostly likely to start out on human milk (96%). Minnesota’s Somali, Ethiopian, and Sudanese communities also have high initiation rates (95, 95, and 94%, respectively).

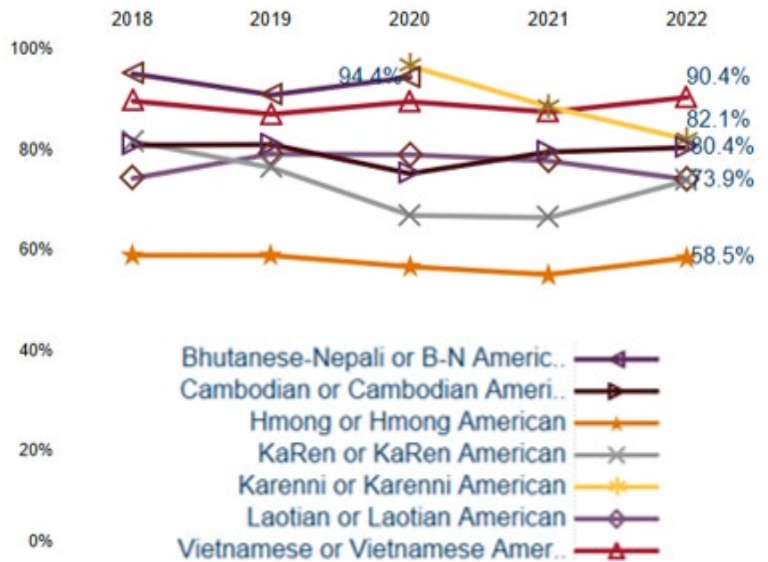


Multi-generational American Black (African American) infants are least likely to ever breastfeed, with 75% initiating breastfeeding in 2022.



Among Asian infants, the Hmong are least likely to initiate breastfeeding (59% in 2022).

Vietnamese infants have the highest initiation rates (90%). Rates are declining for Karenni infants (from 97% in 2020 to 82% in 2022).



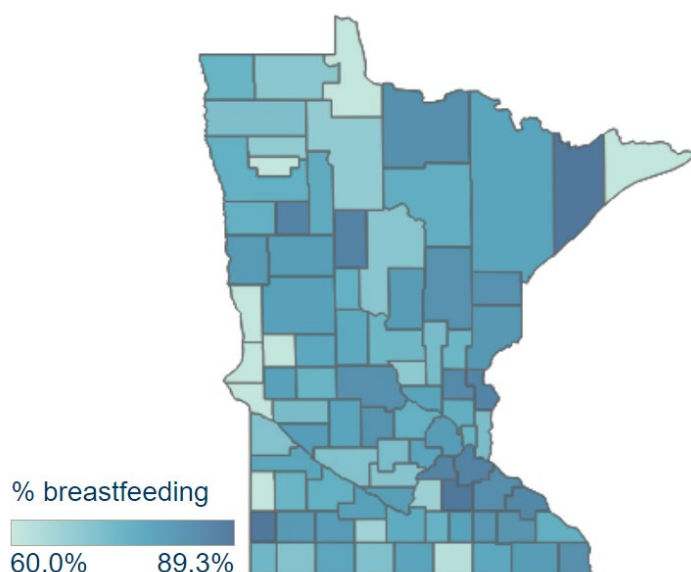
## Disparities in Breastfeeding Duration

Breastfeeding duration varies sharply by race and cultural identity. Since 2017, breastfeeding duration rates have improved but disparities persist in [breastfeeding at six and twelve months](#) of age in some communities. While breastfeeding at six months increased by 11 percentage points overall from 2017 to 2022, it increased 14 points among American Indians, only 3 points among Hmong infants, and *decreased* by 2 points among East African Black participants.

East African infants have the highest duration rates; two out of three breastfeeding at six months and almost one out of three breastfeeding at one year. This exceeds the HP 2020 objective for six months (60.6%) but not the objective for twelve months (34.1%). Hmong families have the lowest rates; one in six Hmong mothers is breastfeeding at six months and only one in sixteen is breastfeeding at twelve months (an improvement over 2015, when one in twenty-seven Hmong infants were breastfeeding at twelve months).

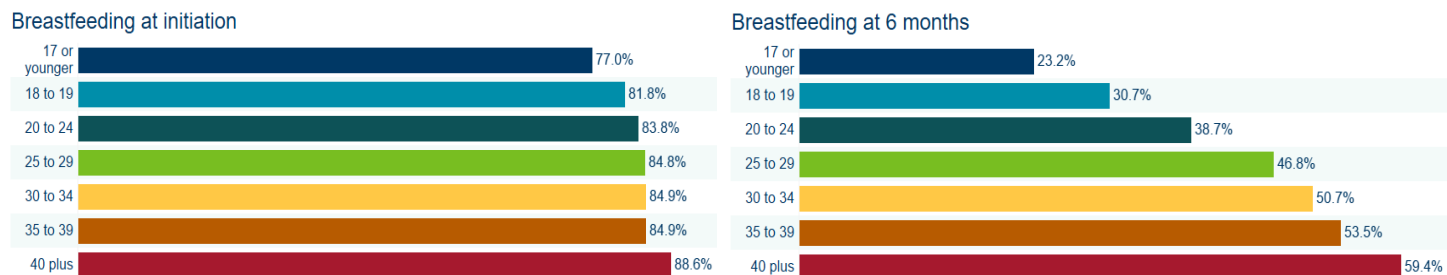
## Geographic Disparities

Breastfeeding duration varies depending on where in Minnesota infants live. In 2023, two-week-old babies were breastfeeding at rates that varied from 60% in Wilkin County to 89% in Lake, Pipestone, and Rice Counties.



## Breastfeeding by age of the mother

Although initiation rates were similar for all ages, young parents were less likely to continue breastfeeding beyond the first few weeks (2022 data). Those who give birth at an older age are more likely to have more education, to be married, and to have previous breastfeeding experience. Each of these factors is associated with longer duration of breastfeeding.

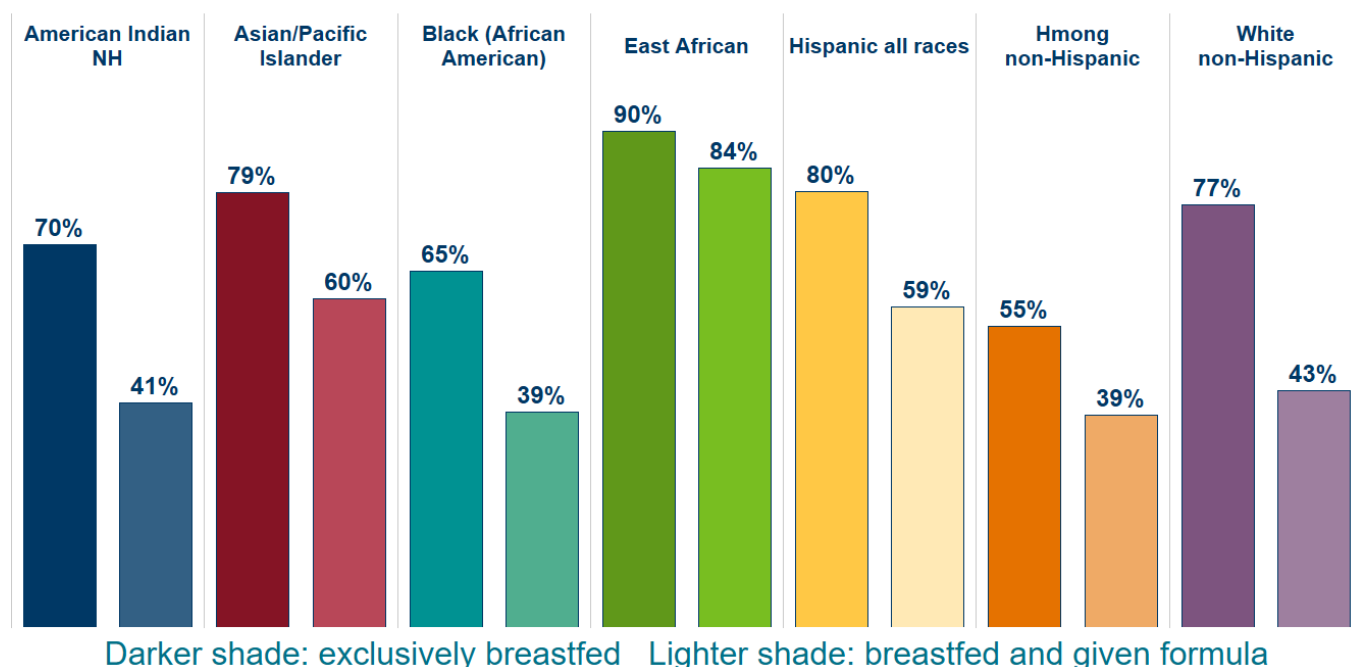


## Exclusive breastfeeding and in-hospital formula feeding

Exclusive breastfeeding during the postpartum hospital stay is recommended to promote optimal health for mother and infant. In-hospital formula feeding is associated with shortened duration of breastfeeding.<sup>6</sup> Minnesota WIC is working to promote and support exclusive breastfeeding.

- There are wide disparities in the rates of in-hospital formula supplementation.
- No group currently comes near the Healthy People 2020 objective of no more than 14.2% of breastfed infants given formula during the first two days of life.
- Those fed formula during the hospital stay were less likely to breastfed to three months of age, with the impact of formula feeding varying by race and ethnicity.

Infants breastfeeding at 3 months of age, exclusively breastfed or given formula in the hospital, 2023



## Breastfeeding Peer Support

Minnesota’s WIC Peer Breastfeeding Support Program is available in 27 Minnesota counties.

Peer counselors are recruited from the communities they serve and often speak the same language. They connect mother-to-mother with their clients and are a trusted source of information and support.

Peer counseling increases breastfeeding initiation and duration and helps reduce racial and cultural disparities in breastfeeding<sup>7</sup>.



Peer Breastfeeding Support program participants are more likely to exclusively breastfeed during the hospital stay than WIC participants without a peer.

## Complete listing of hyperlinks

[WIC Infant and Toddler Feeding Practices Study 2](https://www.fns.usda.gov/wic/wic-infant-and-toddler-feeding-practices-study-2-second-year-report) (<https://www.fns.usda.gov/wic/wic-infant-and-toddler-feeding-practices-study-2-second-year-report>)

[WIC Lactation Continuing Education](http://www.health.state.mn.us/people/wic/localagency/bf/conted.html#NaN) ([www.health.state.mn.us/people/wic/localagency/bf/conted.html#NaN](http://www.health.state.mn.us/people/wic/localagency/bf/conted.html#NaN))

[Minnesota Breastfeeding Coalition](http://www.mnbreastfeedingcoalition.org) ([www.mnbreastfeedingcoalition.org](http://www.mnbreastfeedingcoalition.org))

[Minnesota Department of Health's Recognition Program](http://www.health.state.mn.us/people/breastfeeding/recognition/index.html)  
([www.health.state.mn.us/people/breastfeeding/recognition/index.html](http://www.health.state.mn.us/people/breastfeeding/recognition/index.html))

[Breastfeeding at six and twelve months of age](http://www.health.state.mn.us/people/wic/localagency/reports/bf/unduppublic.html)  
([www.health.state.mn.us/people/wic/localagency/reports/bf/unduppublic.html](http://www.health.state.mn.us/people/wic/localagency/reports/bf/unduppublic.html))

[Exclusive breastfeeding](http://www.health.state.mn.us/people/wic/localagency/reports/bf/info/index.html) ([www.health.state.mn.us/people/wic/localagency/reports/bf/info/index.html](http://www.health.state.mn.us/people/wic/localagency/reports/bf/info/index.html))

[Minnesota's WIC Peer Breastfeeding Support Program](http://www.health.state.mn.us/people/wic/bf/index.html#peer)  
([www.health.state.mn.us/people/wic/bf/index.html#peer](http://www.health.state.mn.us/people/wic/bf/index.html#peer))

Breastfeeding in Minnesota's WIC Program Fact Sheet 2024  
<https://www.health.state.mn.us/people/wic/localagency/reports/index.html>

1. Dodds, R. (2016). the Lancet Series on Breastfeeding. *Midwifery Digest*, 26(2), 237-240.
2. Minnesota Department of Health. Minnesota WIC Information System.
3. Oliveira, V.J., Prell, M.A., & Cheng, X. (2019). The economic impacts of breastfeeding: A focus on USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (Economic Research Report No. 261). U.S. Department of Agriculture, Economic Research Service.  
[www.ers.usda.gov/webdocs/publications/91273/err-261.pdf?v=3541.6](http://www.ers.usda.gov/webdocs/publications/91273/err-261.pdf?v=3541.6)
4. Healthy People 2020 - Improving the Health of Americans. U.S. DHSS [www.healthypeople.gov/2020/default.aspx](http://www.healthypeople.gov/2020/default.aspx) . Accessed April 2024.
5. Brown A. Breastfeeding as a public health responsibility: a review of the evidence. *J Hum Nutr Diet*. 2017 Jul 26.
6. McCoy, M.B. and Heggie, P., 2020. In-hospital formula feeding and breastfeeding duration. *Pediatrics*, 146(1).  
<https://publications.aap.org/pediatrics/article/146/1/e20192946/77021/In-Hospital-Formula-Feeding-and-Breastfeeding> Accessed April 2024.
7. McCoy, M. B., Geppert, J., Dech, L., & Richardson, M. (2018). Associations Between Peer Counseling and Breastfeeding Initiation and Duration: An Analysis of Minnesota Participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *Matern Child Hlth J*, 22(1), 71-81.

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8/15/2024

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