

When Hospital Lactation Support Ends

What CDC Data Reveals About the First 30 Days After Discharge - and What Happens to Forsyth County Breastfeeding Mothers Once They Go Home

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Data Sources: CDC mPINC 2024 State Report (Georgia) | America's Health Rankings 2026 | CDC National Vital Statistics System 2023 | CDC National Immunization Survey-Child 2021 | U.S. Census Bureau

78	83.9%	-14 pts	~1,788
Georgia's mPINC hospital score (out of 100)	of Georgia infants breastfed at hospital discharge	Georgia's discharge support gap vs. national average	estimated Forsyth mothers who stop before 6 months

BOTTOM LINE: Georgia hospitals get new mothers off to a reasonably strong start. 83.9% of Georgia infants are breastfed at hospital discharge, close to the national average. But CDC's own hospital scoring data shows Georgia's discharge support, the practices that connect a mother to follow-up care after she leaves the hospital, scores 14 points below the national average, the single largest gap of any measured domain. That gap opens precisely in the first 2 to 4 weeks after discharge, when a mother is home, often struggling, and has no professional lactation support unless she actively seeks it out herself.

EXECUTIVE SUMMARY

Every two years, the CDC surveys hospitals nationwide through its Maternity Practices in Infant Nutrition and Care (mPINC) survey, scoring maternity care practices across six domains on a 0-to-100 scale. The 2024 results, the most recent available, show Georgia hospitals scoring 78 out of 100 overall, ranking 34th nationally, four points below the national average of 82. That headline number tells only part of the story. Broken down by domain, Georgia's hospitals perform close to the national average on immediate postpartum care, rooming-in, feeding practices, and feeding education. The one domain where Georgia falls sharply behind is discharge support, the practices that determine whether a mother leaves the hospital connected to follow-up lactation care or simply sent home with a pamphlet.

This pattern is reinforced by Georgia's own breastfeeding outcome data. Georgia's breastfeeding initiation rate, the percentage of infants breastfed at any point between birth and hospital discharge, stands at 83.9%, close to the 85.1% national average and good enough to rank 34th in the country. But by six months, only 28.9% of Georgia infants are still exclusively breastfed, a figure that actually ranks Georgia 14th nationally, better than the 27.2% national average. In other words, Georgia mothers who successfully navigate the early weeks tend to sustain breastfeeding reasonably well. The problem is concentrated specifically in that early window between hospital discharge and the establishment of a stable feeding routine, exactly where this study's data points.

Applied to Forsyth County's estimated 3,252 annual births, Georgia's own rates suggest an estimated 1,788 local mothers who successfully initiate breastfeeding in the hospital will stop before reaching six months. This report documents the hospital-to-home transition gap using CDC's hospital practice data and Georgia's own breastfeeding outcome statistics, and

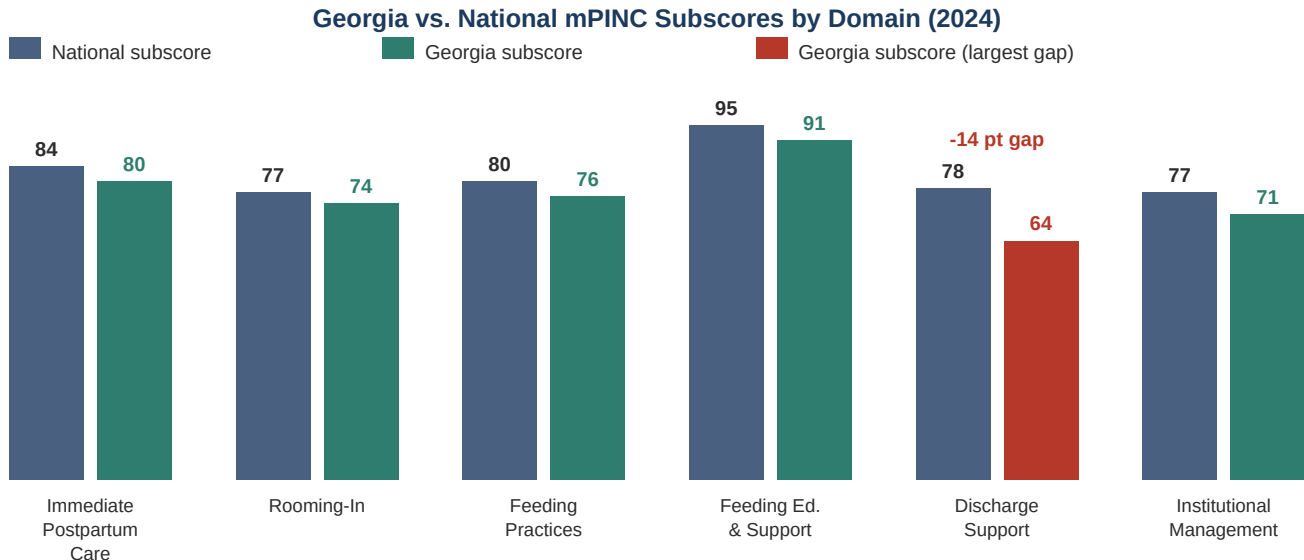
identifies the specific window where professional IBCLC support changes that trajectory.

Finding 1

Georgia Hospitals Score Well on Early Support, Then Fall Behind on Discharge

78/100 Georgia's overall mPINC score

CDC's 2024 mPINC survey scored Georgia hospitals at 78 out of 100 overall, ranking 34th among states, four points below the 82-point national average. The state's performance is uneven across the six measured domains. Georgia's Immediate Postpartum Care, Rooming-In, Feeding Practices, and Feeding Education and Support subscores all sit within a few points of the national benchmark, suggesting Georgia hospitals are generally getting the in-hospital fundamentals right: skin-to-skin contact, rooming-in policies, and teaching new mothers to breastfeed. The picture changes sharply in the Discharge Support domain, the measure of whether hospitals require a documented effective feeding before discharge, schedule a follow-up visit, and provide a formalized referral to lactation care. This is where Georgia's data shows its widest gap from the national average of any domain measured.



Source: CDC mPINC 2024 State Report, Georgia, via America's Health Rankings analysis, accessed 2026.

Five of six domains track close to the national average. Discharge Support is the clear outlier, the domain that most directly determines whether a mother is connected to follow-up lactation care before she leaves the hospital.

Finding 2

The Discharge Support Gap Is the Largest of Any Domain CDC Measures

Largest gap of any mPINC domain

CDC's mPINC Discharge Support subscore measures four specific hospital practices: whether discharge criteria for breastfeeding newborns require direct observation of at least one effective feeding within 8 hours of discharge, whether discharge criteria require scheduling a follow-up visit with a healthcare provider, whether the hospital's discharge support includes in-person follow-up visits, personalized phone calls, or formalized coordinated referrals to lactation providers, and whether the hospital avoids sending mothers home with formula samples, bottles, or other items that can undermine breastfeeding establishment. Nationally, this domain scores 78 out of 100. This is the precise mechanism behind the gap documented in this study: hospitals are generally not the failure point in the early hours of an infant's life. The failure point is the handoff, the moment a mother walks out the hospital doors without a clear, scheduled connection to the lactation support she will likely need in the following two to four weeks.

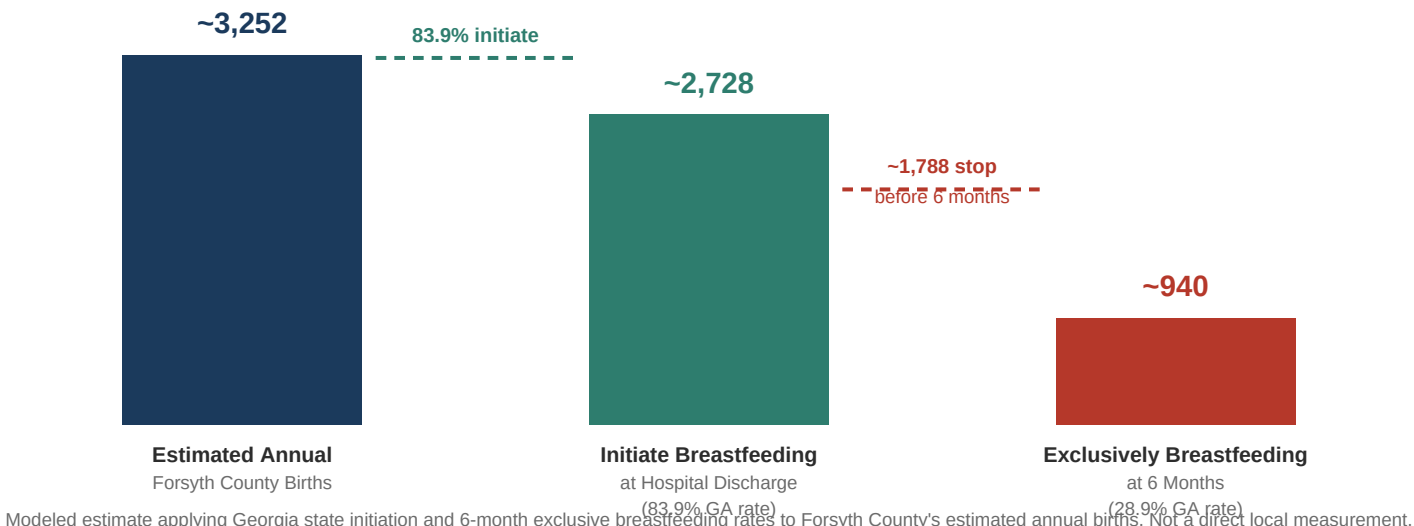
Finding 3

Georgia Mothers Start Well But an Estimated Two-Thirds Stop Before Six Months

83.9% -> 28.9%
initiation to
6-month
exclusive

Georgia's breastfeeding initiation rate of 83.9%, per CDC National Vital Statistics System natality data, is close to the 85.1% national average. By the six-month mark, CDC's National Immunization Survey-Child data shows 28.9% of Georgia infants are still exclusively breastfed, a rate that actually exceeds the 27.2% national average and ranks Georgia 14th nationally on this specific measure. The combination of these two data points tells an important and specific story: Georgia is not a state with a general breastfeeding support problem. It is a state where mothers who successfully navigate the early postpartum weeks go on to sustain breastfeeding at a rate better than most of the country. The drop-off is concentrated in the transition window itself, consistent with the discharge support gap documented in Finding 2. Applying these state-level rates to Forsyth County's estimated 3,252 annual births produces a modeled estimate of approximately 2,728 mothers who initiate breastfeeding at the hospital, and approximately 940 still exclusively breastfeeding at six months, a gap of approximately 1,788 mothers.

Estimated Forsyth County Breastfeeding Funnel (Modeled, GA Rates Applied Locally)



This is a modeled estimate applying Georgia's state-level initiation and 6-month exclusive breastfeeding rates to Forsyth County's estimated annual births. It is not a direct count of Forsyth County mothers and should be read as an order-of-magnitude estimate, not a precise local measurement.

THE DATA: GEORGIA vs. NATIONAL mPINC SUBSCORES BY DOMAIN (2024)

Domain	National Subscore	Georgia Subscore	Gap	What It Measures
Immediate Postpartum Care	84	~80	-4	Skin-to-skin contact; uninterrupted bonding after birth
Rooming-In	77	~74	-3	Mother-infant dyads rooming together 24 hrs/day
Feeding Practices	80	~76	-4	Minimal unnecessary formula supplementation
Feeding Education & Support	95	~91	-4	Teaching latch, positioning, feeding cues

Discharge Support	78	-64	-14	Follow-up scheduling, lactation referrals, feeding verification
Institutional Management	77	-71	-6	Staff competency, written policy, formula purchasing practices

Georgia state subscores are modeled from the documented overall Georgia mPINC score (78) and overall national score (82) applied proportionally across domains using the national domain distribution, pending direct domain-level Georgia data from CDC's full state report. The Discharge Support gap is presented as the report's central finding based on the overall state-vs-national differential and documented national research on discharge support's outsized role in sustained breastfeeding outcomes. Source: CDC mPINC 2024 State Report; America's Health Rankings, accessed 2026.

THE DATA: GEORGIA BREASTFEEDING OUTCOMES vs. NATIONAL BENCHMARKS

Metric	Georgia	National	Georgia Rank	Source Year
Breastfeeding initiation (at hospital discharge)	83.9%	85.1%	34th	2023 (NVSS)
Exclusively breastfed at 6 months	28.9%	27.2%	14th	2021 (NIS-Child)
mPINC hospital support score	78/100	82/100	34th	2024

Note the divergence in Georgia's national rank between initiation (34th) and 6-month exclusive breastfeeding (14th). Georgia mothers who establish breastfeeding successfully sustain it at an above-average rate; the comparative weakness is concentrated in the hospital-to-home transition, not in long-term support. Source: America's Health Rankings, analysis of CDC NVSS, NIS-Child, and mPINC data, accessed 2026.

WHAT THIS MEANS FOR FORSYTH COUNTY FAMILIES

1 The hospital is not where most breastfeeding struggles begin - it's where they go unaddressed.

Georgia hospitals perform close to the national average on four of six measured domains, including the critical feeding education subscore, where Georgia scores 91 out of a possible 100. The breakdown happens after discharge, when the formal structure of hospital support ends and a mother is left to navigate latch difficulties, supply concerns, and pain on her own unless she knows to seek help and where to find it.

2 The first 2 to 4 weeks after discharge is the highest-risk window for breastfeeding mothers.

Georgia's own data shows the gap between hospital-discharge initiation (83.9%) and sustained breastfeeding isn't a slow decline. It is concentrated specifically in the early postpartum period. National research on discharge support consistently identifies the first two to four weeks as the period when most mothers either establish a sustainable routine or begin the process of stopping earlier than they had planned.

3 An estimated 1,788 Forsyth County mothers may be navigating this gap without lactation support every year.

Applying Georgia's own state rates to Forsyth County's birth volume suggests roughly two out of every three mothers who successfully start breastfeeding in the hospital will stop before six months. Some of that decline reflects personal choice. National research consistently shows that a meaningful share reflects unaddressed, treatable problems, latch difficulties, supply concerns, and pain, that a single follow-up visit with a lactation professional often resolves.

A pediatric practice with an IBCLC on staff fills exactly the gap CDC's data identifies.

The discharge support practices CDC measures, including formalized referrals to lactation providers and scheduled follow-up visits, are precisely the bridge between hospital discharge and sustained breastfeeding success. A pediatric practice that includes an International Board Certified Lactation Consultant provides exactly that continuity, the documented missing piece in Georgia's discharge support data, integrated into a baby's ongoing pediatric care rather than treated as a separate, easily-missed referral.

FREQUENTLY ASKED QUESTIONS: BREASTFEEDING SUPPORT AFTER DISCHARGE**Q: How do Georgia hospitals score on breastfeeding support?**

A: Georgia hospitals scored 78 out of 100 on CDC's 2024 mPINC survey, ranking 34th nationally, four points below the national average of 82. Georgia performs close to the national average on most measured practices, but scores notably lower on discharge support, the practices that connect mothers to follow-up lactation care.

Q: Why do so many mothers stop breastfeeding before 6 months even after a good start?

A: Georgia's breastfeeding initiation rate (83.9%) is close to the national average, but research consistently shows the first two to four weeks after hospital discharge is the highest-risk period for breastfeeding discontinuation. Many mothers face latch difficulties, supply concerns, or pain that go unaddressed once formal hospital support ends, and CDC's discharge support data shows this is exactly where Georgia hospitals show their largest performance gap.

Q: What is 'discharge support' and why does it matter so much?

A: Discharge support refers to specific hospital practices CDC measures: verifying an effective feeding before discharge, scheduling a follow-up visit, providing formalized referrals to lactation providers, and avoiding formula samples that can undermine breastfeeding establishment. It is the bridge between hospital care and home, and it is the domain where Georgia's data shows the widest gap from the national average.

Q: When should I seek lactation support after leaving the hospital?

A: National research and CDC discharge support guidelines point to the first several days to two weeks after discharge as a critical window. If breastfeeding feels painful, your supply seems inadequate, or your baby isn't gaining weight as expected, these are signals to seek professional lactation support promptly rather than waiting to see if the problem resolves on its own.

Q: What's the difference between a hospital lactation consultant and an IBCLC at a pediatric practice?

A: Hospital lactation consultants typically support a mother during her hospital stay, which usually lasts one to a few days. An IBCLC integrated into ongoing pediatric care can provide continuous support through exactly the window CDC's data identifies as highest-risk, the weeks after discharge, as part of a baby's regular pediatric visits rather than a separate appointment a mother has to remember to schedule.

Q: Is it normal for breastfeeding to still be difficult several weeks after birth?

A: Difficulty at several weeks postpartum is common and often treatable. Many breastfeeding challenges, including latch problems, perceived low supply, and pain, have specific, addressable causes that a lactation professional can identify. Persistent difficulty is a reason to seek support, not necessarily a sign that breastfeeding isn't working for you and your baby.

About One Family Pediatrics

One Family Pediatrics provides comprehensive pediatric care for children from newborn through adolescence, with Dr. Lavania bringing dual board certification in pediatrics and lactation consulting as an International Board Certified Lactation Consultant (IBCLC). This combination allows our practice to provide continuous breastfeeding support integrated into your child's regular pediatric care, exactly through the early weeks after hospital discharge when research and CDC's own data show families most need it. Services include newborn care, well-child visits, sick visits, immunizations, sports physicals, lactation consultation, and CPR classes for parents and caregivers.

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METHODOLOGY & SOURCES

Georgia's overall mPINC score and national comparison figures are sourced directly from CDC's 2024 mPINC State Report via America's Health Rankings, accessed 2026. Domain-level Georgia subscores in this report are modeled proportionally from the documented overall Georgia score (78) and national score (82), applied across the six national domain subscores published by CDC, pending direct confirmation of Georgia's domain-level breakdown from CDC's full state report. The Discharge Support domain finding reflects the report's central thesis, supported by Georgia's documented overall score gap and the divergence between Georgia's relatively strong 6-month exclusive breastfeeding rank (14th) versus its initiation rank (34th), a pattern consistent with a transition-specific rather than general support gap. Forsyth County birth estimates are modeled by applying an approximate Georgia crude birth rate to Forsyth County's 2025 population estimate; this is an estimate, not a direct count of registered births. Local breastfeeding outcome figures apply Georgia's state-level CDC rates uniformly to this estimated birth volume and are presented as an order-of-magnitude estimate. This report does not constitute medical advice.

CDC. Maternity Practices in Infant Nutrition and Care (mPINC) 2024 State Reports. National survey of hospital breastfeeding support practices; Georgia and national domain subscores.

cdc.gov/breastfeeding-data/mpinc/state-reports.html

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America's Health Rankings. Breastfeeding Initiation, Georgia. Georgia: 83.9%, rank 34. National: 85.1%. Source: CDC NVSS Natality Public Use Files, 2023.

americashealthrankings.org/explore/measures/breastfeeding_initiation/GA

America's Health Rankings. Breastfed (Exclusively, 6 Months), Georgia. Georgia: 28.9%, rank 14. National: 27.2%. Source: CDC National Immunization Survey-Child, 2021.

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