

DEPENDS ON WHERE YOU ARE BORN:

California Hospitals Must Close the Gap in Exclusive Breastfeeding Rates

A Policy Update on California Breastfeeding and Hospital Performance

Produced by California WIC Association and the UC Davis Human Lactation Center

KINGS COUNTY

BREASTFEEDING: A CRUCIAL FIRST STEP TOWARD BETTER HEALTH.

- Breastfeeding is a well-established, low-cost and low-tech preventive intervention with far-reaching benefits for mothers and babies and significant cost savings for health providers and employers.¹⁻⁵
- Increasing breastfeeding among low-income women is a key strategy for preventing childhood obesity.
- Intensified efforts are needed to change policies around breastfeeding in the institutions serving low-income communities.

EXCLUSIVE BREASTFEEDING IN THE HOSPITAL INCREASES EXCLUSIVE BREASTFEEDING AT HOME.

- The greatest benefits accrue from breastfeeding babies exclusively for the first six months of life — that is, breast milk is the baby's only food.³
- Exclusive breastfeeding during the hospital stay is a critical factor in how long babies are breastfed exclusively after discharge.⁶⁻⁹

- Hospitals that have implemented Baby-Friendly policies achieve higher exclusive breastfeeding rates among women of all races and ethnicities—no matter where they are located.

It all starts in the hospital during the first hour of life.

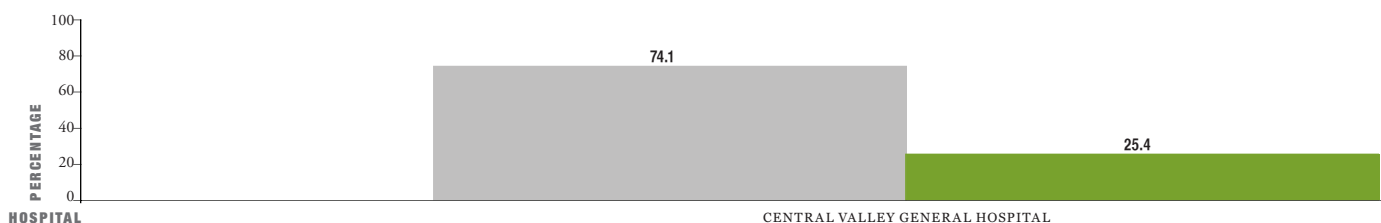
POOR HOSPITAL POLICIES UNDERMINE EXCLUSIVE BREASTFEEDING.

- Assistance with breastfeeding in the hospital may be the only help low-income women receive.
- Practices such as separating mothers and babies, delaying first feeding, and giving formula to every mother undermine exclusive breastfeeding.
- Hospital administrators, health plans, and policy makers need to question why more effort is not being made in hospitals with the lowest rates of exclusive breastfeeding.

The UC Davis Human Lactation Center used data from the California Department of Public Health Genetic Disease Screening Program to create the following charts showing in-hospital breastfeeding rates.

Kings County In-Hospital Breastfeeding Rates, 2007

■ ANY ■ EXCLUSIVE



Kings County In-Hospital *Exclusive* Breastfeeding Rates, Hospital and County, 2007

■ HOSPITAL RATES — COUNTY AVERAGE



Kings County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
Any – 74.1% Exclusive – 25.4%
- Ranked 44th in the state for exclusive breastfeeding

Exclusive Breastfeeding by Ethnicity

Ethnicity	% Exclusive	State Average
African American	*	33.1
American Indian	*	56.6
Asian	*	43.8
Multiple Race	*	55.8
Pacific Islander	*	36.3
Other	*	44.3
White	50.4	63.6
Hispanic	18.0	32.4
Missing	*	*
TOTAL	25.4	42.7

Data Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2007.
Prepared by: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Program.

NOTES

- All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories to describe "all feedings since birth" (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hyperal and (5) Other.
- The numerator for "Exclusive Breastfeeding" includes records marked "Breast Only." The numerator for "Any Breastfeeding" includes records marked as either "Breast Only" or "Breast and Formula." The denominator excludes cases with unknown method of feeding and cases marked as TPN/Hyperal or Other. Statewide, approximately 5.1% of cases have missing feeding information, 1.2% are coded as TPN/Hyperal and 1.3% are coded as Other.
- Facilities with fewer than 50 total births with known type of feeding are not shown. Exact percent data are not shown for hospitals with fewer than 10 events in the numerator in order to prevent disclosure of individual infant feeding choices.

REFERENCES

1. Gartner LM, Morton J, Lawrence RA, et al. Breastfeeding and the use of human milk. *Pediatrics*. 2005;115:496-506.
2. Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. *The CDC Guide to Breastfeeding Interventions*. Atlanta: Centers for Disease Control and Prevention, 2005.
3. Ip S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Evidence Report/Technology Assessment No 153. AHRQ Publication 07-E007. Rockville, MD: Agency for Health Care Research and Quality, April 2007.
4. Ball TM, Bennett DM. The economic impact of breastfeeding. *Pediatric Clinics of North America*. 2001;48:253-262.
5. Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics*. 1999;103:870-876.
6. Kramer MS, Chalmers B, Hodnett ED, et al. Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus. *JAMA*. 2001;285:413-420.
7. Murray EK, Ricketts S, Dellaport J. Hospital practices that increase breastfeeding duration: results from a population-based study. *Birth* 2007;34:202-211.
8. Semenic S, Loiselle C, Gottlieb L. Predictors of the duration of exclusive breastfeeding among first-time mothers. *Research in Nursing & Health (published online)*. Mar 6 2008.
9. Szajewska H, Horvath A, Koletzko B, Kalisz M. Effects of brief exposure to water, breast-milk substitutes, or other liquids on the success and duration of breastfeeding: a systematic review. *Acta Paediatr*. 2006;95:145-152.

SEPTEMBER 2008

For information on ways to eliminate barriers to breastfeeding, refer to the Model Hospital Policy Recommendations, June 2005 Toolkit:
<http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/MainPageofBreastfeeding/Toolkit.aspx>



1107 9th Street
Suite 625
Sacramento, California 95814
(916) 448-2280
www.calwic.org

UCDAVIS

UC Davis Human Lactation Center
One Shields Avenue
Davis, California 95616
(530) 754-5364
<http://lactation.ucdavis.edu>

This project was supported by Kaiser Permanente's
Healthy Eating Active Living Program.