

A Fair Start for Better Health:

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

MONTEREY COUNTY

TOO MANY CALIFORNIA CHILDREN ARE OVERWEIGHT—EVEN BEFORE THEY TURN SIX.

- Despite increased awareness of the health risks linked to overweight, increasing numbers—in fact, hundreds of thousands—of California children are either overweight or obese.¹⁻³
- California's low-income children under six years old are even more likely to be overweight—including more than 19 percent of low-income Hispanic and low-income Native American children and 13 percent of low-income white and low-income African American children.³
- Breastfeeding is a low-tech, low-cost health intervention that can reduce and prevent childhood obesity and related problems, such as type 2 diabetes, heart disease and hypertension, saving millions of dollars.^{4,5}

Exclusive Breastfeeding:

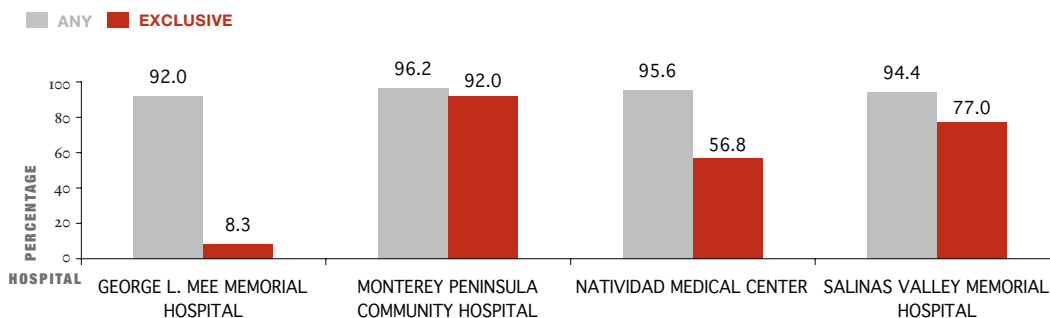
The infant receives only breast milk, no other food or fluid.

BREASTFEEDING: THE FIRST STEP IN REDUCING HEALTH DISPARITIES.

- The American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Breastfeeding Medicine, and World Health Organization all recommend exclusive breastfeeding for the first six months of life.
- More than 86 percent of California mothers breast-feed or provide breast milk for their infants during the hospital stay. Unfortunately, only half of these babies—43 percent of all California infants—are breastfed exclusively; that is, breast milk is their only food.⁶
- **CALIFORNIA HOSPITALS MUST HELP MORE LOW-INCOME WOMEN OF COLOR BREASTFEED EXCLUSIVELY.**
- Hospital practices have an enormous impact on which method a mother decides to use to feed her infant. Assistance in the hospital may be the only help low-income women receive.⁷⁻¹³
- Evidence-based policies, and a commitment to cultural competence at all levels of hospital practice, can better ensure that California hospitals provide all mothers with an equal opportunity to breastfeed their babies.

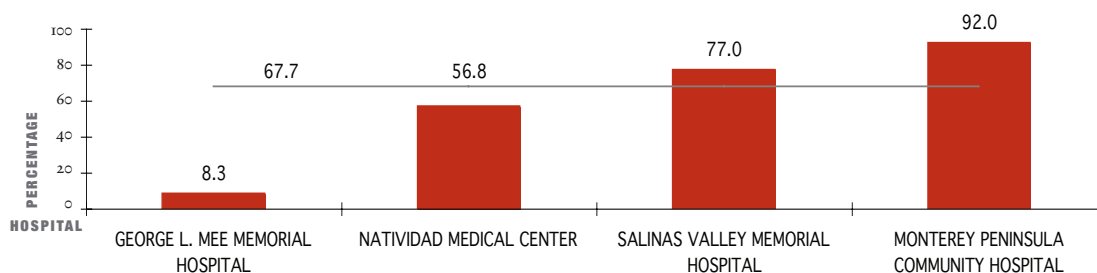
The UC Davis Human Lactation Center used data from the California Department of Public Health Genetic Disease Screening Program to create the following charts showing in-hospital breastfeeding rates.

Monterey County In-Hospital Breastfeeding Rates, 2006



Monterey County In-Hospital Exclusive Breastfeeding Rates, 2006

■ HOSPITAL RATES — COUNTY AVERAGE



Monterey County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
Any – 94.8% Exclusive – 67.7%
- Ranked 17th in the state for exclusive breastfeeding
- One hospital is among the 15 highest-scoring in the state for breastfeeding scores:
Monterey Peninsula Community Hospital

Exclusive Breastfeeding by Ethnicity

Ethnicity	% Exclusive	State Average
African American	65.8	34.2
American Indian	*	54.3
Asian	84.7	44.5
Multiple Race	88.8	54.7
Pacific Islander	*	40.6
Other	*	44.2
White	89.1	64.0
Hispanic	59.9	32.1
Missing	*	*
TOTAL	67.7	42.8

Data Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2006.
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. *The Growing Epidemic: California Overweight Rates on the Rise in California Assembly Districts*. Center for Public Health Advocacy, 2005.
2. State of California, Department of Finance. *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, May 2004.
3. Pediatric Nutrition Surveillance System, 2005, California Data. Centers for Disease Control and Prevention, Atlanta Georgia.
4. Finkelstein EA, Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obes Res*. 2004;12:18-24.
5. Weiss R, Spiro S. The metabolic consequences of childhood obesity. *Best Pract Res Clin Endocrinol Metab*. 2005;19:405-419.
6. California In-hospital Breastfeeding Rates. Statewide, County, and Hospital of Occurrence by Race/Ethnicity, 2006. <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>
7. Gagnon AJ, et al. In-hospital formula supplementation of healthy breastfeeding newborns. *J Hum Lact*. 2005;21:397-405.
8. Forster DA, McLachlan HL. Breastfeeding initiation and birth setting practices: A review of the literature. *J Midwifery Womens Health*. 2007;52:273-280.
9. Kuan LW, Britto M, Decolongon J, Schoettker PJ, Atherton HD, Kotagal UR. Health system factors contributing to breastfeeding success. *Pediatrics*. 1999 Sep;104(3):e28.
10. Merewood A, et al. Breastfeeding rates in US Baby-Friendly Hospitals: Results of a national survey. *Pediatrics*. 2005;116:628-634.
11. Kramer MS, et al. Promotion of breastfeeding intervention trial (PROBIT): A randomized trial in the Republic of Belarus. *JAMA*. 2001;285:413-420.
12. Murray EK, Ricketts S, Dellaport, J. Hospital practices that increase breastfeeding duration: Results from a population-based study. *Birth*. 2007;34:202-211.
13. Lu MC, Lange L, Slusser W, Hamilton J, Halfon N. Provider encouragement of breastfeeding: Evidence from a national survey. *Obstet Gyn*. 2007;97:290-295.

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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/MainPageofBreastfeedingToolkit.aspx>


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