

One Hospital at a Time

Overcoming Barriers to Breastfeeding



Breastfeeding is a crucial first step in protecting the health of mothers and infants, and hospital policies have an enormous impact on breastfeeding success. Hospitals that have instituted Baby-Friendly practices have the highest rates of breastfeeding. Although California has nearly tripled the number of Baby-Friendly Hospitals, these evidence-based reforms have not yet reached many hospitals serving the state's poorest families. With growing state and federal emphasis on achieving health equity, outdated institutional policies that create disparities in health are no longer acceptable.

A POLICY UPDATE ON CALIFORNIA BREASTFEEDING AND HOSPITAL PERFORMANCE
Produced by the California WIC Association and the UC Davis Human Lactation Center

January 2011

BREASTFEEDING CAN REDUCE HEALTH DISPARITIES AND SAVE MILLIONS OF DOLLARS



Breast milk provides all the nutrients and other factors that a newborn needs to grow, develop, and build a strong immune system.¹⁻⁴ Health care organizations and professionals around the world universally accept breastfeeding as one of the most important preventive care measures for children's health.⁵⁻⁸ Decades of research have confirmed that breastfeeding significantly reduces children's risk for infections and for chronic diseases such as diabetes, asthma, and obesity.^{4,8,9} Breastfeeding also reduces mothers' risk for type 2 diabetes and breast and ovarian cancers.^{4,10} Breastfed children require fewer visits to the doctor and take fewer medications than children who were formula fed.¹⁰

A recent Harvard study estimated that the United States would save \$13 billion per year if 90 percent of infants were breastfed exclusively for six months.¹⁰ With California accounting for 13 percent of US births,

increasing breastfeeding rates to meet the current medical recommendations could save many millions of dollars in unnecessary expenditures that burden our state.

In recognition of the contribution of breastfeeding to improving maternal and child health, the newly released Healthy People 2020 framework includes breastfeeding objectives in three new areas: increased worksite support, reduced hospital supplementation rates, and improved hospital practices. Targets for breastfeeding initiation, exclusivity, and duration have also been increased from the 2010 levels.¹¹



BABY-FRIENDLY HOSPITALS SUPPORT MOTHERS AND PROTECT BABIES



Please allow Mommy, Daddy, and me to spend the next hour by ourselves. We have worked very hard and want to spend some time getting to know each other. Please come back later. Thank you.

Nearly 90 percent of California mothers have made the decision to breastfeed.¹² While they and their infants are in the hospital—usually for the first 24 to 72 hours of the child's life—they have a critical window in which to practice breastfeeding while knowledgeable support is available. Hospital policies play a pivotal role in whether they are successful.^{13,14} For many women, especially low-income women, assistance in the hospital may be the only help they receive. Mothers can be discouraged or

Although only a small percentage of infants have medical situations requiring formula supplementation, 22 California hospitals provide supplementation to more than 75 percent of newborns.

prevented from carrying out their decision to breastfeed in the face of hospital practices such as failing to provide skilled support; separating mothers from their babies; delaying the first feeding; and routinely providing formula supplementation, even for infants whose mothers intended to breastfeed exclusively.¹⁵⁻¹⁹

Even women who plan to give both breast milk and formula after leaving the hospital should not give formula until their milk supply is established. Supplementing with formula so soon after birth will compromise successful breastfeeding. Although only a small percentage of infants have medical situations requiring formula supplementation, 22 California hospitals provide supplementation to more than 75 percent of newborns. The hospitals with the highest supplementation rates in the state are listed in Table 1 on page 3.

The Baby-Friendly Hospital initiative (BFHI) was launched in 1991 to address international concerns about marketing and medical practices that interfere with breastfeeding in hospital settings.^{20,21} The initiative focuses on 10 specific hospital policies or “steps” that are

Table 1. California Hospitals Where More Than 75 Percent of Breastfed Infants Receive Supplemental Formula

	Hospital	County	Total Births (Form D)	Percent Medi-Cal	Percent Any Breastfeeding	Percent Exclusive Breastfeeding	Percent Supplemental Formula
1	PACIFIC ALLIANCE MEDICAL CENTER, INC	LOS ANGELES	900	94	99.8	1.4	99
2	MONTEREY PARK HOSPITAL	LOS ANGELES	970	93	57.3	2.2	96
3	DELANO REGIONAL MEDICAL CENTER	KERN	549	84	96.4	4.0	96
4	GARFIELD MEDICAL CENTER	LOS ANGELES	2,881	64	95.3	4.4	95
5	CENTINELA HOSPITAL	LOS ANGELES	1,206	95	73.5	5.6	92
6	PIONEERS MEMORIAL HOSPITAL	IMPERIAL	1,071	66	90.3	7.3	92
7	BELLFLOWER MEDICAL CENTER	LOS ANGELES	824	78	90.0	7.4	92
8	MEMORIAL HOSPITAL OF GARDENA	LOS ANGELES	773	92	43.5	4.1	90
9	ST. MARY MEDICAL CENTER	LOS ANGELES	2,106	85	80.3	10.2	87
10	SAN GABRIEL VALLEY MEDICAL CENTER	LOS ANGELES	1,411	47	80.2	11.0	86
11	ST FRANCIS HOSPITAL LYNWOOD	LOS ANGELES	5,664	87	65.4	9.3	86
12	VALLEY PRESBYTERIAN HOSPITAL	LOS ANGELES	4,156	71	90.5	13.2	85
13	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	LOS ANGELES	4,301	86	78.5	12.6	84
14	EL CENTRO REGIONAL MEDICAL CENTER	IMPERIAL	650	49	88.6	15.7	82
15	WESTERN MEDICAL CENTER	ORANGE	1,698	76	85.6	15.8	82
16	COASTAL COMMUNITIES HOSPITAL	ORANGE	1,395	89	94.1	19.6	79
17	WHITE MEMORIAL MEDICAL CENTER	LOS ANGELES	2,174	82	90.6	19.2	79
18	GOOD SAMARITAN HOSPITAL	LOS ANGELES	3,599	53	94.4	20.7	78
19	SIERRA VIEW DISTRICT HOSPITAL	TULARE	1,014	83	70.8	15.6	78
20	KERN MEDICAL CENTER	KERN	3,425	95	85.3	19.0	78
21	GARDEN GROVE HOSPITAL	ORANGE	1,437	83	86.6	19.9	77
22	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	LOS ANGELES	1,043	30	91.3	21.6	76

Note: Hospitals were excluded if they did not use the newest data collection form (Form D) for at least half of the births. Estimated Medi-Cal birth rates are included as a way to approximate the levels of service to low-income women.

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2009.

designed to reduce barriers to exclusive breastfeeding (see Figure 1 on page 4). Dozens of research studies have examined the impact of the BFHI on breastfeeding initiation, duration, and exclusivity, as well as other indicators of maternal and child health; nearly all of the studies indicate that implementation of Baby-Friendly Hospital policies results in increased breastfeeding rates.^{14,15,18,19} Several states, including California, have produced model policies that may be used as an alternative or as a means to move toward BFHI's 10 Steps. The California Department of Public Health's Model Policies, including a practical toolkit and technical assistance, are available online to interested administrators and advocates (<http://cdph.ca.gov/CAHospitalBFToolkit>).

In California, the number of Baby-Friendly hospitals has risen dramatically, from 12 in 2006 to 34 active in 2010 (see Table 2 on page 4). Although not all of

the hospitals with the highest exclusive breastfeeding rates have become Baby-Friendly, hospitals with high rates of exclusive breastfeeding have adopted policies ensuring that all mothers are supported in their infant-feeding decisions. Hospitals with the highest exclusive breastfeeding rates are listed in Table 3 on page 5.

If California's children are to have the best chance for good health from birth, all of California's hospitals need to implement policies that support breastfeeding mothers.



Figure 1: The Ten Steps to Successful Breastfeeding

- 1 Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 Train all health care staff in skills necessary to implement this policy.
- 3 Inform all pregnant women about the benefits and management of breastfeeding.
- 4 Help mothers initiate breastfeeding within one hour of birth.
- 5 Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- 6 Give infants no food or drink other than breast milk, unless medically indicated.
- 7 Practice “rooming in” – allow mothers and infants to remain together 24 hours a day.
- 8 Encourage unrestricted breastfeeding.
- 9 Give no pacifiers or artificial nipples to breastfeeding infants.
- 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services, a Joint WHO/UNICEF Statement. Geneva, World Health Organization, 1989.

Table 2. California’s Baby-Friendly Hospitals, 2010

Hospital	County	Hospital	County
ARROWHEAD REGIONAL MEDICAL CENTER	SAN BERNARDINO	KAISER PERMANENTE MEDICAL CENTER, SAN DIEGO	SAN DIEGO
BARSTOW COMMUNITY HOSPITAL	SAN BERNARDINO	LOMA LINDA UNIVERSITY CHILDREN’S HOSPITAL	SAN BERNARDINO
COMMUNITY HOSPITAL OF SAN BERNARDINO	SAN BERNARDINO	PROVIDENCE HOLY CROSS MEDICAL CENTER	LOS ANGELES
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	MONTEREY	ROBERT E. BUSH NAVAL HOSPITAL	SAN BERNARDINO
CORONA REGIONAL MEDICAL CENTER	RIVERSIDE	ST. BERNARDINE MEDICAL CENTER	SAN BERNARDINO
DESERT REGIONAL MEDICAL CENTER	RIVERSIDE	ST. JOSEPH HOSPITAL	ORANGE
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	LOS ANGELES	ST. MARY MEDICAL CENTER	SAN BERNARDINO
HOAG MEMORIAL PRESBYTERIAN HOSPITAL	ORANGE	SAN ANTONIO COMMUNITY HOSPITAL	SAN BERNARDINO
INLAND MIDWIFE SERVICES—THE BIRTH CENTER	RIVERSIDE	SAN FRANCISCO GENERAL HOSPITAL	SAN FRANCISCO
KAISER PERMANENTE MEDICAL CENTER, DOWNEY	LOS ANGELES	SCRIPPS MEMORIAL HOSPITAL ENCINITAS	SAN DIEGO
KAISER PERMANENTE MEDICAL CENTER, FONTANA	SAN BERNARDINO	SUTTER DAVIS HOSPITAL	YOLO
KAISER PERMANENTE MEDICAL CENTER, HAYWARD	ALAMEDA	TAHOE FOREST HOSPITAL	NEVADA
KAISER PERMANENTE MEDICAL CENTER, LOS ANGELES	LOS ANGELES	THE BIRTH CENTER	SACRAMENTO
KAISER PERMANENTE MEDICAL CENTER, RIVERSIDE	RIVERSIDE	UNIVERSITY OF CALIFORNIA, SAN DIEGO, MEDICAL CENTER	SAN DIEGO
KAISER PERMANENTE MEDICAL CENTER, SOUTH SACRAMENTO	SACRAMENTO	VENTURA COUNTY MEDICAL CENTER	VENTURA
		VENTURA COUNTY MEDICAL CENTER SANTA PAULA	VENTURA
		WEED ARMY COMMUNITY HOSPITAL	SAN BERNARDINO
		WOMEN’S HEALTH & BIRTH CENTER	SONOMA
		WOODLAND MEMORIAL HOSPITAL	YOLO

Source: Baby-Friendly USA (www.babyfriendlyusa.org).

Table 3. Hospitals with the Highest Exclusive Breastfeeding Rates (2009)

Rank	Hospital	County	Total Births (Form D)	Percent Medi-Cal	Percent Exclusive Breastfeeding
1	EL CAMINO HOSPITAL	SANTA CLARA	3,467	7	97.4
2	KAISER WALNUT CREEK HOSPITAL	CONTRA COSTA	2,347	3	92.1
3	KAISER HAYWARD HOSPITAL*	ALAMEDA	1,310	7	90.8
4	UCSF HOSPITAL/MOFFITT	SAN FRANCISCO	830	30	88.7
5	MONTEREY PENINSULA COMMUNITY HOSPITAL*	MONTEREY	637	13	87.3
6	KAISER SAN FRANCISCO HOSPITAL	SAN FRANCISCO	1,602	2	87.3
7	DOMINICAN SANTA CRUZ HOSPITAL	SANTA CRUZ	518	41	87.3
8	POMERADO HOSPITAL	SAN DIEGO	854	27	87.1
9	ST. LUKES HOSPITAL	SAN FRANCISCO	412	66	85.9
10	MERCY MEDICAL CENTER REDDING	SHASTA	1,050	57	85.9
11	NORTHERN INYO HOSPITAL	INYO	111	60	85.6
12	SCRIPPS LA JOLLA	SAN DIEGO	3,315	2	85.4
13	MILLS PENINSULA HOSPITALS	SAN MATEO	765	19	85.0
14	SCRIPPS MEMORIAL HOSPITAL ENCINITAS*	SAN DIEGO	1,278	21	84.7
15	STANFORD/LUCILE S. PACKARD	SANTA CLARA	3,594	46	84.5
16	KAISER OAKLAND HOSPITAL	ALAMEDA	1,908	8	83.9
17	ALTA BATES COMMUNITY HOSPITAL	ALAMEDA	5,969	53	83.2
18	KAISER ROSEVILLE WOMEN & CHILDREN'S CTR	PLACER	4,218	7	82.7
19	ST. JOSEPH HOSPITAL*	ORANGE	4,403	40	81.7
20	SANTA CLARA VALLEY MEDICAL CENTER	SANTA CLARA	4,047	93	79.8

***Baby-Friendly Hospital**

Note: Hospitals were excluded if they did not use the newest data collection form (Form D) for at least half of the births. Estimated Medi-Cal birth rates are included as a way to approximate the levels of service to low-income women.

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2009.



EXPECTATIONS HAVE GROWN FOR HIGH-QUALITY BREASTFEEDING SUPPORT IN CALIFORNIA HOSPITALS



In the past, mothers bore the sole responsibility for infant-feeding practices. It was assumed that those who wanted to breastfeed their babies would seek out and obtain the support they needed and those who chose to supplement were making fully informed decisions. Hospitals were not held accountable for how infants were fed during the short time mothers and babies were in their care.

Now we know that these assumptions were false. The research indicates that a mother's decision to breastfeed her baby can be undermined by policies and practices that prevent her from getting the information, support, and skilled guidance she needs to be successful.¹⁴⁻¹⁹ Today, increasing numbers of administrators understand the relationship between hospital policies and breastfeeding rates, and healthcare decision makers are seeking ways to use policy reforms to increase the quality of care for new families. Recent policy developments confirm the trend of growing public expectation that hospital environments should fully support breastfeeding:

- ◆ The California Department of Public Health Maternal Child and Adolescent Health Program (MCAH) monitors and reports infant feeding data, including the hospital-level infant feeding data used in this report. Other states do not report hospital infant feeding data publicly with such detail.

- ◆ The state MCAH Program has also promulgated Model Hospital Policies designed to support and sustain quality breastfeeding services, and provides feedback and technical assistance for hospitals seeking to improve their breastfeeding rates through an online “toolkit.” (<http://cdph.ca.gov/CAHospitalBFToolkit>)

- ◆ More recently, the MCAH-funded program called Birth and Beyond California provided standardized training and technical assistance so that administrators and staff at the lowest-performing hospitals in the state could create quality improvement systems focused on best practices in maternity care. (<http://cdph.ca.gov/BBCProject>)

- ◆ In April 2010, for the first time, the Joint Commission (the accreditation organization for hospitals) included exclusive breast milk feeding rates as part of its Perinatal Care core measures set for performance evaluation of maternity hospitals. For the many hospitals seeking Joint Commission accreditation, this new measure will drive measurable improvements in clinical practice. (www.jointcommission.org)

- ◆ The Centers for Disease Control and Prevention have stepped up their monitoring of hospital policies at the state and national level, with the Maternity Practices in Infant Nutrition and Care (mPINC) program and the annual Statewide Breastfeeding Report Card (www.cdc.gov/breastfeeding/data/reportcard.htm). The mPINC, a national survey of hospital practices known to be associated with better breastfeeding rates, examines the areas of labor and delivery care, postpartum care, facility discharge care, staff training, and organizational factors. Hospitals are provided with benchmark reports to be used to identify and address areas of concern. Data are made available publicly at the state level. (www.cdc.gov/breastfeeding/data/mpinc/index.htm)

California's mPINC summary showed nearly universal prenatal breastfeeding education and documentation of mothers' infant-feeding decisions. However, the state is doing less well in other areas: the use of formula supplementation, the number of hospitals with policies supportive of breastfeeding, having enough trained staff, and effective support and referral after hospital discharge. Whereas mPINC benchmarks suggest that 10 percent or fewer of breastfeeding infants should receive supplemental formula, fewer than 10 percent of California hospitals reach that goal. In fact, in eight California hospitals, at least 90 percent of breastfed infants are given supplemental formula during the hospital stay (see Table 1 on page 3).

Collectively, these local, state, and national developments demonstrate a growing movement to assess and monitor institutional behaviors and publicize both positive outcomes and lack of progress. The message from all quarters is clear: hospital policies that do not directly support exclusive breastfeeding are not only outdated, but fail to offer what is now considered standard, high-quality care.

BREASTFEEDING IN CALIFORNIA HOSPITALS



For many years, the California Department of Public Health Genetic Disease Screening Program has asked staff to report types of infant feeding during the hospital stay for all families who have babies in California hospitals: whether since birth the baby has received only breast milk, breast milk and formula, only formula, or something else. When babies receive only breast milk, they are said to be “exclusively breastfed.” “Any breastfeeding” refers to babies who receive both breast milk and formula as well as those who are exclusively breastfed.

Using these data, the University of California, Davis Human Lactation Center has compiled fact sheets for several years for each county highlighting the “any” and “exclusive” breastfeeding rates for each hospital in that county. The disparity or “gap” between the “any” and “exclusive” breastfeeding rates indicates the proportion of women whose infants were given something other than breast milk in the hospital despite their decision to breastfeed. *It is important to note that data on breastfeeding rates collected for the hospitals in this report are not comparable to those of previous years because of*

*changes in information-gathering methods and exclusions.*²² Nonetheless, they present a clear picture of breastfeeding in hospitals throughout the state for 2009. Table 4 on page 8 lists 46 of the 58 California counties, ranked from lowest to highest by exclusive breastfeeding rates. While nearly 90 percent of new mothers in California breastfeed or give breast milk to their newborns during the hospital stay, only about 52 percent do so exclusively. Differences in breastfeeding rates persist in different parts of the state, with the highest exclusive breastfeeding rates found among hospitals in the northern part of the state, particularly in mountain and coastal communities. The lowest exclusive breastfeeding rates occur in the Central Valley and in Southern California.

Many of the hospitals with the lowest exclusive breastfeeding rates serve low-income women of color and, statewide, disparities in breastfeeding rates by ethnicity persist (see Figure 2 on page 8). In the past, providers may have mistakenly believed that the differences in rates are driven predominantly by cultural practices. However, the data show that for hospitals with supportive breastfeeding policies, such as those outlined in the Baby-Friendly Hospital Initiative, these disparities are significantly reduced (see Figure 3 on page 9).



Table 4. California Counties: In-Hospital Any and Exclusive Breastfeeding Rates, Lowest to Highest by Exclusive Rate (Data from Form D) (2009)

Rank	County	Total Births (Form D)	Percent Reported (Form D)	Percent Any Breastfeeding	Percent Exclusive Breastfeeding
(STATE)	CALIFORNIA	335,435	73.7	89.6	51.9
46	IMPERIAL	1,721	61.3	89.7	10.5
45	KINGS	1,213	62.9	75.3	29.7
44	KERN	9,550	76.8	83.9	31.7
43	LOS ANGELES	98,317	76.9	86.7	32.7
42	TULARE	5,316	79.6	81.4	35.7
41	SAN JOAQUIN	4,359	57.7	84.5	36.5
40	SUTTER	1,420	73.6	83.3	38.7
39	MADERA*	434	27.5	86.2	47.2
38	FRESNO	12,756	79.6	83.7	48.0
37	ORANGE	28,984	73.3	90.9	48.3
36	DEL NORTE	161	55.7	85.1	48.4
35	MERCED	1,929	63.2	86.2	49.0
34	STANISLAUS	6,893	79.2	84.8	54.1
33	VENTURA	6,132	65.2	93.3	55.5
32	SANTA BARBARA	2,875	56.5	95.7	56.7
31	SAN BERNARDINO	17,055	73.4	85.8	58.5
30	SACRAMENTO	12,854	82.0	87.4	58.7
29	SOLANO	2,549	62.4	90.3	60.2
28	RIVERSIDE	16,620	70.4	90.3	62.1
27	LAKE*	207	42.7	92.8	62.8
26	SAN DIEGO	30,286	82.1	93.4	64.0
25	TEHAMA	367	53.5	89.9	64.9
24	TUOLUMNE*	136	29.9	97.8	65.4

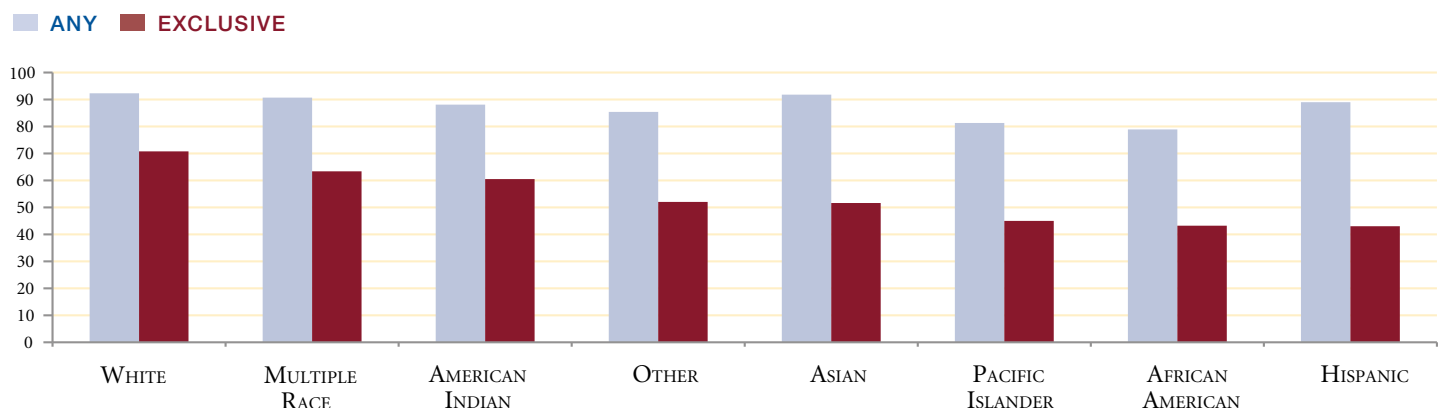
Rank	County	Total Births (Form D)	Percent Reported (Form D)	Percent Any Breastfeeding	Percent Exclusive Breastfeeding
23	MENDOCINO*	358	42.2	94.7	69.6
22	MONTEREY	3,230	56.6	96.0	69.9
21	LASSEN	68	52.7	91.2	70.6
20	SAN LUIS OBISPO*	987	40.5	95.4	71.8
19	SANTA CRUZ	1,527	51.7	97.2	71.9
18	HUMBOLDT*	392	27.8	93.9	72.2
17	SANTA CLARA	21,793	86.4	95.8	73.1
16	CONTRA COSTA	6,847	68.5	94.8	73.3
15	AMADOR*	106	33.2	92.5	73.6
14	SAN MATEO	2,893	62.0	96.5	73.7
13	PLACER	6,009	85.7	93.5	74.8
12	SONOMA	3,224	65.8	96.7	75.6
11	NAPA	644	65.3	95.8	76.2
10	SISKIYOU*	76	27.3	90.8	76.3
9	BUTTE*	1,173	42.9	91.8	76.8
8	SAN FRANCISCO	7,650	71.5	96.1	76.8
7	YOLO*	933	48.0	95.3	77.8
6	EL DORADO*	166	17.2	93.4	78.3
5	MARIN	824	63.1	98.3	79.5
4	ALAMEDA	12,738	76.0	95.0	80.3
3	SHASTA	1,092	64.0	93.8	85.2
2	INYO	111	52.6	97.3	85.6
1	NEVADA*	223	27.8	95.1	87.4

* Reported less than 50% of data on Form D, as noted in the table.

Note: Using only Form D, 12 counties had too few births with known feeding to report: Alpine, Calaveras, Colusa, Glenn, Mariposa, Mono, Modoc, Plumas, San Benito, Sierra, Trinity, Yuba.

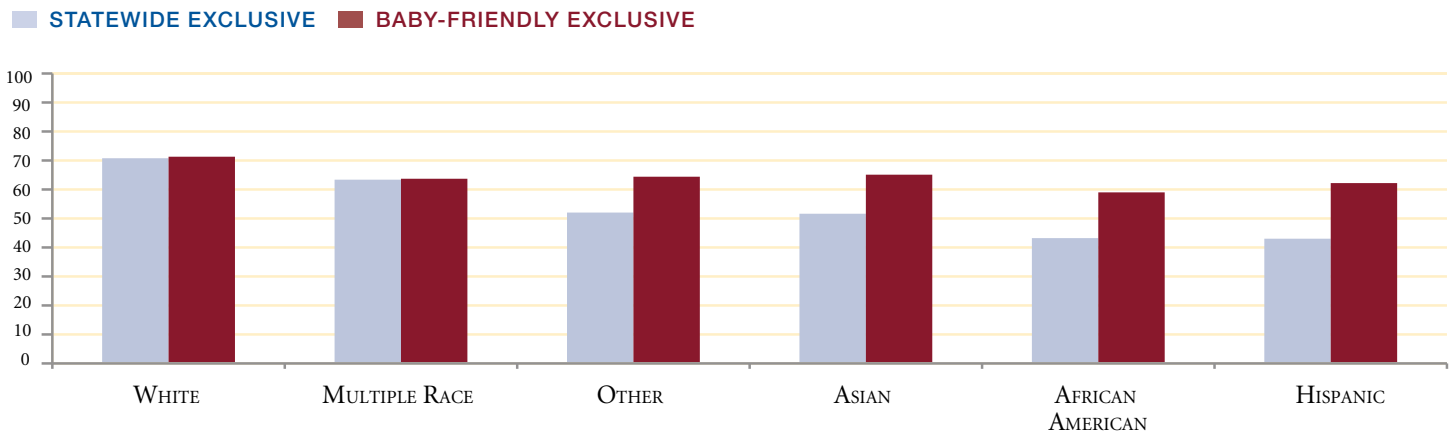
Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2009.

Figure 2. Any and Exclusive Breastfeeding by Ethnicity in California Hospitals (2009)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data (Form D), 2009.

Figure 3. Exclusive Breastfeeding by Ethnicity; All California Hospitals Versus Only Baby-Friendly Hospitals (2009)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data (Form D), 2009.

BARRIERS TO POLICY IMPROVEMENT CAN BE OVERCOME



The Baby-Friendly Hospital Initiative continues to gain momentum in California. However, even with the sweeping changes across the state, hospital administrators face challenges when they begin to make necessary modifications

within their institutions. Nationally, reported barriers include the strict limits on formula supplementation of breastfed babies, costs of staff training, and the requirement for rooming-in (meaning mothers and babies must stay together).¹³ Other hospitals are deterred by insufficient funding, inadequate staff ratios, and the need for staff training and infrastructure changes.^{13,14}

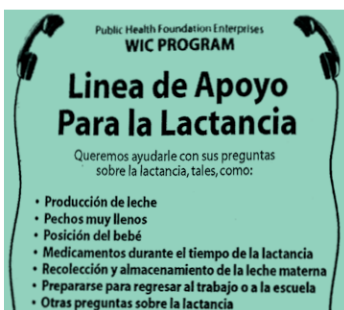
Although these barriers to improvement are present in many hospitals, they are also surmountable. In fact, nearly three dozen hospitals in California have found cost-effective and creative ways to make the quality improvements necessary to create hospital environments supportive of exclusive breastfeeding. Administrators who

understand that instituting Baby-Friendly policies results in better breastfeeding rates and health outcomes can ensure that policy changes occur.¹⁴ Steps to overcoming barriers include the following:

- ◆ Establishing explicit policies and training based on evidence-based practices, and instituting regular quality improvement meetings to review implementation and results

Although barriers to improvement are present in many hospitals, they are also surmountable.

- ◆ Making training possible within budgetary and time constraints by including training when developing budgets and scheduling training classes on staff overlap days
- ◆ Designing staffing in labor, delivery, and postpartum areas that prioritizes initiation of breastfeeding and early bonding
- ◆ Giving mothers-to-be the information they need and time to consider their infant-feeding decision, including during maternity tours, prenatal classes, and post-natal education
- ◆ Discontinuing routine stocking of formula in the nursery, not accepting free formula supplies, and emphasizing that acceptable medical reasons for supplementation are limited²³



Two California hospitals provide excellent examples of overcoming perceived barriers to improving hospital practices.

Tulare Regional Medical Center, Tulare



Spurred on by learning that they had the lowest breastfeeding rates in the county, staff and administrators at Tulare Regional Medical Center²⁴ worked tirelessly over the last two years to create systemic changes to improve breastfeeding support for the more than 1,000 mothers who deliver there every year. Their efforts succeeded. Last year, the hospital had the highest exclusive breastfeeding rates in the county.

As participants in the CDPH Birth and Beyond California Project and recipients of outside funding, the hospital ensured that all its nurses received the training. Moreover, a full-time Certified Lactation Educator (CLE) and a 70 percent-time International Board Certified Lactation Consultant (IBCLC) were added to the 25 percent IBCLC staff position already available. With increased availability of lactation expertise, the hospital was able to provide in-hospital lactation services six days per week, including five days covered by IBCLC support. Lactation professionals initiated telephone follow-up calls during the crucial first week and again at 10 days postpartum. Breastfeeding education was added to the monthly childbirth preparation classes offered by the hospital, and the website for expectant parents added information on lactation support.

Administrative changes were also put in place. Monthly quality improvement meetings focused on breastfeeding support were initiated and grew to include representation from nursing, administrative, and medical staff. New or revised protocols were implemented, including protocols related to breastfeeding assessment, supplementation, the use of pacifiers, and the practice

of placing mothers and infants skin-to-skin early in the postpartum period. The hospital has begun the process of applying for Baby-Friendly status.

Hospital leadership embraced the goal of improving breastfeeding rates. What we learned in training was supported by the development and implementation of new hospital breastfeeding policies.

– Jean Beck, RN, IBCLC, Tulare Regional Medical Center

California Hospital Medical Center, Los Angeles

California Hospital Medical Center (CHMC) is a large urban hospital serving a highly diverse, predominantly low-income population. In 2007, CHMC staff learned from community health providers that mothers delivering at the hospital received inadequate breastfeeding support and that the hospital's exclusive breastfeeding rates were consistently among the lowest in the state. A breastfeeding task force was created, and in less than one year CHMC had revised its breastfeeding policy and identified areas of need, including need for increased staff training and for availability of dedicated lactation support staff.

In 2008, CHMC participated in the Birth and Beyond California Project; in 2009, the hospital received support from First 5 LA for its efforts to become Baby-Friendly. More recently, CHMC has initiated breastfeeding classes, increased lactation support through partnerships with state and community organizations, adopted the Joint Commission Perinatal Care core measure set, and improved data collection. For the first time since reports of hospital breastfeeding rates began, CHMC no longer appears on the list of hospitals with the highest supplementation rates.

Becoming Baby-Friendly is especially important to California Hospital Medical Center in order to close the gap in health disparities in the population we serve. Our future designation as a Baby-Friendly Hospital will lead to healthier mothers and babies in a thriving community.

– Lily Morales, IBCLC, Baby-Friendly Project Coordinator, CHMC

Over the last few years, many hospitals in California have made the changes necessary to improve breastfeeding support for the mothers and infants in their care. Unfortunately, not all hospitals have taken that initiative, including many hospitals that serve California's poorest women and infants. It's time for them to address this important health inequity. By starting with a few small policy changes, working with state and community partners, and ensuring that mothers are making informed infant-feeding decisions, all hospitals in California can have a major impact on the health and welfare of our youngest residents. The following actions will increase the number of women successfully breastfeeding their babies exclusively during and beyond the hospital stay.

STATE-LEVEL ACTIONS:

- 1 The California Legislature should hold public hearings on the health inequities caused by poor hospital policies and practices in institutions serving low-income women of color.
- 2 The California Legislature should require all publicly funded California maternity hospitals to adopt and openly display evidence-based breastfeeding and infant-feeding policies, and ensure that all relevant hospital staff and patients are routinely informed about these policies.
- 3 The California Department of Public Health must continue to provide appropriately collected and accurately reported yearly hospital breastfeeding performance data so the public remains informed about this important maternity care issue.
- 4 The California Department of Public Health must continue to provide training and technical assistance to hospitals, strategically targeting institutions that serve California's poorest families.
- 5 Collaborative local partnerships comprised of state and local advocacy groups, state agencies, First 5 California and First 5 county commissions, local health departments, health care insurers, and medical professionals should convene to target and improve breastfeeding policies and practices in the lowest-performing regions and hospitals.
- 6 Policy makers and health insurers must make in-hospital breastfeeding support services for all families a top priority. Efforts should include streamlining regulations and reimbursing for breastfeeding-related services and supplies through Medi-Cal and federal health care reform.

- 7 The California WIC program should work with state and federal agencies, advocacy groups, and healthcare providers to seek environmental and policy changes that will strengthen community support for exclusive breastfeeding.

HOSPITAL ACTIONS:

- 8 All California hospitals should have up-to-date written breastfeeding policies that are communicated effectively to their staff and maternity patients.
- 9 All California hospitals should rid their environments of formula-marketing materials and end the practice of providing formula to healthy breastfeeding newborns.
- 10 All California hospitals offering maternity services should implement the Joint Commission Perinatal Care core measures on exclusive breast milk feeding.
- 11 All California hospitals must provide hospital staff with training to ensure that culturally and linguistically competent breastfeeding support is available to families who need it.
- 12 Medical providers must ensure that all pregnant women, regardless of income or racial/ethnic background, have the opportunity to make informed decisions about infant feeding during the hospital stay.
- 13 Hospitals serving WIC mothers should collaborate closely with California WIC Breastfeeding Peer Counseling programs, including co-locating Peer Counselors on hospital maternity floors.



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23. See also Turner-Maffei C, Cadwell K, eds. Overcoming barriers to implementing the Ten Steps to Successful Breastfeeding. Baby-Friendly USA 2004.
24. Tulare Regional Medical Center was formerly Tulare District Hospital.



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This project was supported by Kaiser Permanente's Healthy Eating Active Living Program and The California Endowment.

Design: Franca Bator, www.batorgraphicsgroup.com
Photography: Dina Marie Photography, William Mercer McLeod