

One Hospital at a Time

Overcoming Barriers to Breastfeeding

A Policy Update on California Breastfeeding and Hospital Performance

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

ORANGE COUNTY



BREASTFEEDING CAN REDUCE HEALTH DISPARITIES AND SAVE MILLIONS OF DOLLARS

- Breastfeeding is a crucial first step in protecting the health of mothers and infants; hospital policies have an enormous impact on infant-feeding success.¹
- Hospitals that have instituted Baby-Friendly practices have the highest rates of breastfeeding.^{2,3} These evidence-based reforms must reach 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- With growing state and federal emphasis on achieving health equity, outdated institutional policies that create disparities in health care are no longer acceptable.

BABY-FRIENDLY HOSPITALS SUPPORT MOTHERS AND PROTECT BABIES

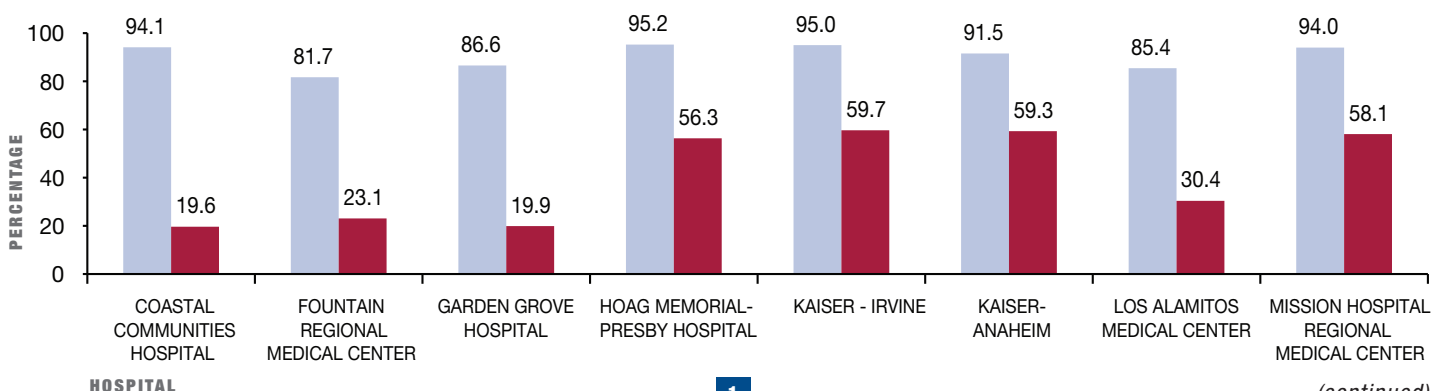
- Although nearly 90 percent of California mothers enter the hospital intending to breastfeed,⁴ hospital practices can discourage or prevent mothers from carrying out that decision by:⁵⁻⁹
 - Failing to provide skilled support
 - Separating mothers from their babies
 - Delaying the first feeding
 - Routinely providing formula supplementation, even for infants whose mothers intended to breastfeed exclusively
- All California hospitals need to implement the Baby-Friendly Hospital Initiative policies or California's Model Hospital policies to support breastfeeding.

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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. **Only hospitals reporting more than 50% of births using the Newborn Screening Test Form Version NBS-I(D) (12/08) are reported here (see notes on page 3).**

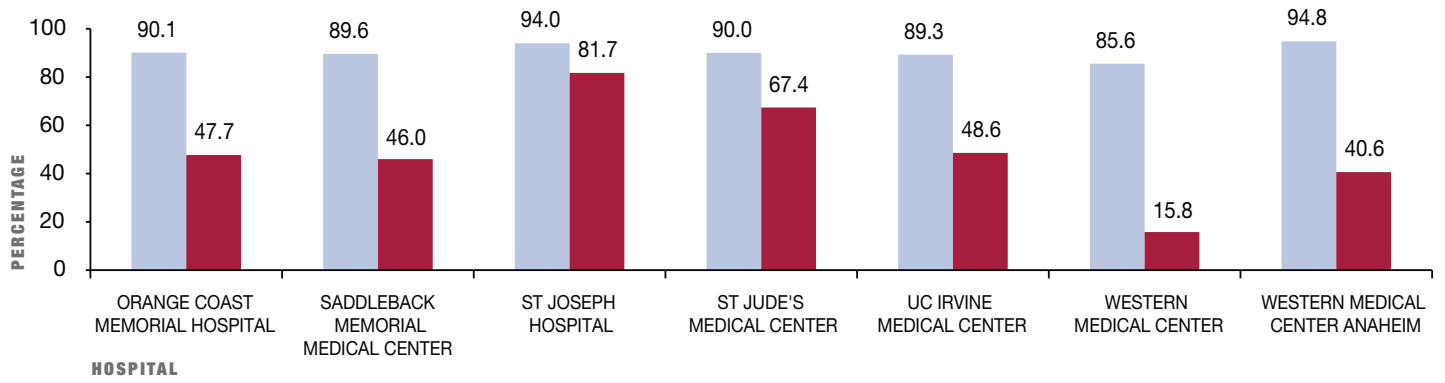
Orange County In-Hospital Breastfeeding Rates, 2009 (>50% reported on Form D)

■ ANY BREASTFEEDING ■ EXCLUSIVE BREASTFEEDING



Orange County In-Hospital Breastfeeding Rates, 2010 (>50% reported on Form D)

■ ANY BREASTFEEDING ■ EXCLUSIVE BREASTFEEDING



BARRIERS TO POLICY IMPROVEMENT CAN BE OVERCOME

- Recent state and federal policy developments confirm growing public expectation that hospital environments should fully support breastfeeding.
- Hospital administrators who understand that instituting Baby-Friendly policies produces better breastfeeding rates and health outcomes can ensure that policy changes occur.
- 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.
- The Baby-Friendly Hospital Initiative focuses on ten hospital policies, or “steps,” designed

Hospitals that have instituted Baby-Friendly practices have the highest rates of breastfeeding.

to reduce barriers to exclusive breastfeeding (www.babyfriendlyusa.org).

- The California Department of Public Health’s Model Policies, including a practical toolkit and technical assistance, are available online (<http://cdph.ca.gov/CAHospitalBFToolkit>).
- Hospital policies that do not directly support exclusive breastfeeding are not only outdated, but fail to reflect what is now considered standard, high-quality care.

Orange County Breastfeeding and Hospital Performance

- **County average breastfeeding rates:**
Any – 90.9% Exclusive – 48.3%
- **Ranked 37th in the state for exclusive breastfeeding**
- **One hospital among the 20 highest-scoring in the state for exclusive breastfeeding rates:**
St. Joseph Hospital



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

NOTES:

- All nonmilitary hospitals providing maternity services are required to complete the Newborn Screening Test Form. Analysis limited to cases reported on the Newborn Screening Test Form [Version NBS-I(D) (12/08)], representing approximately 73% of all cases. Infant-feeding data presented in this report include “all feedings since birth” to time of specimen collection, usually 24 to 48 hours since birth. Upon completing the form, staff must select from the following three categories to describe ‘all feeding since birth’: (1) Only Human Milk; (2) Only Formula; (3) Human Milk & Formula.
- The numerator for “Exclusive Breastfeeding” includes records marked “Only Human Milk.” The numerator for “Any Breastfeeding” includes records marked “Only Human Milk” or “Human Milk & Formula.” The denominator excludes cases with unknown method of feeding and those receiving TPN at time of specimen collection. Statewide, approximately 3.0% of cases have missing feeding information and/or are on TPN at time of specimen collection.
- Excludes data for infants who were in an Neonatal Intensive Care Unit (NICU) nursery at the time of specimen collection.
- Excludes cases that were not collected by facilities listed as “Kaiser” and/or “Regular” maternity hospitals in the newborn screening database.

REFERENCES

1. Centers for Disease Control and Prevention. Breastfeeding trends and updated national health objectives for exclusive breastfeeding—United States, birth years 2000-2004. *MMWR* 2007;56:760-763.
2. Bartick M, Stuebe A, Shealy KR, et al. Closing the quality gap: promoting evidence-based breastfeeding care in the hospital. *Pediatrics* 2009;124:e793-e802.
3. Forster DA, McLachlan HL. Breastfeeding initiation and birth setting practices: a review of the literature. *JMWH* 2007;52:273-280.
4. California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data (Form D), 2009.
5. Murray EK, Ricketts S, Dellaport J. Hospital practices that increase breastfeeding duration: results from a population-based study. *Birth* 2007;34:202-211.
6. Howard CR, Howard FM, Lanphear B, et al. Randomized clinical trial of pacifier use and bottlefeeding or cupfeeding and their effect on breastfeeding. *Pediatrics* 2003;111:511-518.
7. Gagnon AJ, Leduc G, Waghorn K, 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. *JMWH* 2007;52:273-280.
9. DiGirolamo AM, Manninen DL, Cohen JH, et al. Breastfeeding-related maternity practices at hospitals and birth centers—United States, 2007. *MMWR* 2008;57:621-625.

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