



## Background Information Supporting Breast Pump Rate Increase:

### **Breastfeeding Initiation:**

As a result of collaborative public and private efforts by units within California Department of Public Health, hospitals, and stakeholder groups at the state and local levels, policy improvements for maternity care have become more widespread. This year, California leads the nation with nearly 265 hospitals being designated Baby Friendly, on the path to becoming Baby Friendly or having adopted comprehensive model policies. Since 2010 the percent of births in Baby Friendly hospitals has increased from 14% to 38% of births in 2015. Hospitals serving low-income women have been among the ones to make these important improvements. Black mothers are more likely than white mothers to deliver in a Baby Friendly hospital, at a rate of 46% to 33% in 2015, having been nearly equal in 2010 at 15% and 14%, respectively. [Hospital breastfeeding rates](#) reflect these improvements, with since 2010, during the hospital stay, any breastfeeding increasing from 91-94%. Greater improvements have been seen for exclusive breastfeeding, with increases from 57% to 69%, and formula supplementation decreasing from 34% to 25%.

### **Breastfeeding Duration and Exclusivity:**

After a mother leaves the hospital, lactation is established over the next few weeks, and in some cases, months. Mothers work through normal transitions, and in some cases challenges, to establish a milk supply, assist her infant in learning to feed, and adjust to the changing needs of a rapidly growing infant. With a majority of mothers working or in school, mothers begin to plan to return either full or part-time, and express milk for their infants. To meet the [Healthy People 2020 breastfeeding goals](#), especially for duration, more progress is needed. One 2020 benchmark is for 46% of infants to be exclusively breastfed at 3 months. In 2013-14, results of the [Maternal and Infant Health Assessment \(MIHA\)](#) survey, reported 27% of California mothers exclusively breastfeeding at 3 months, with only white mothers reaching 42%, and much lower rates for Hispanic: 20%, Black: 25%, and Asian/Pacific Islander: 20%, for mothers and infants. Worksite support, for both [lactation accommodation](#) and [family leave](#), are two areas where California has made much progress in establishing supportive family laws. Mothers must be provided a time and place to pump and cannot be discriminated against for breastfeeding or pumping milk. More employers need to be aware of, follow and offer, and employees need to also be aware of and use, these family supports. Work is being done by many groups to make these supports more common and widely available.

### **Barriers to Access to Quality Breast Pumps and Supplies:**

Medi-Cal was always supposed to be the first level of support for breastfeeding needs, including pumps. In reality though, low-income mothers have not gotten the support they need through their health plan and medical provider, especially for a time-sensitive medical need such as breastfeeding, and have turned to WIC. WIC has and will continue to provide outstanding breastfeeding support, but this should be a shared responsibility.

### **Contacts:**

Karen Farley, Executive Director CA WIC Association (916) 572-0700 [Kfarley@calwic.org](mailto:Kfarley@calwic.org)

Sarah Diaz, Policy and Media Coordinator, CA WIC Association (916) 572-0700 [sdiaz@calwic.org](mailto:sdiaz@calwic.org)

Terri Cowger Hill, CWA Legislative Advocate (916) 952-3431 [terricowger@aol.com](mailto:terricowger@aol.com)