

# Bringing Breastfeeding Home

## Building Communities of Care

### A Policy Update on California Breastfeeding and Hospital Performance

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

## Napa County: 2013 Data



### EXCLUSIVE BREASTFEEDING PROVIDES LIFELONG HEALTH ADVANTAGES

- Breastfeeding is a crucial first step in protecting the health of mothers and infants, nourishing infants and building a foundation for a healthy immune system.<sup>1</sup>
- Hospital practices have an enormous impact on infant-feeding success.<sup>2-4</sup> Mothers who receive in-hospital support to breastfeed exclusively, often continue to do so after discharge.
- Hospitals that have instituted Baby-Friendly policies have high rates of breastfeeding, no matter where they are located or what populations they serve.<sup>5-6</sup> As more California hospitals have adopted these evidence-based reforms, in-hospital exclusive breastfeeding has increased since 2010 from 56.6% to 64.6%.<sup>7</sup>

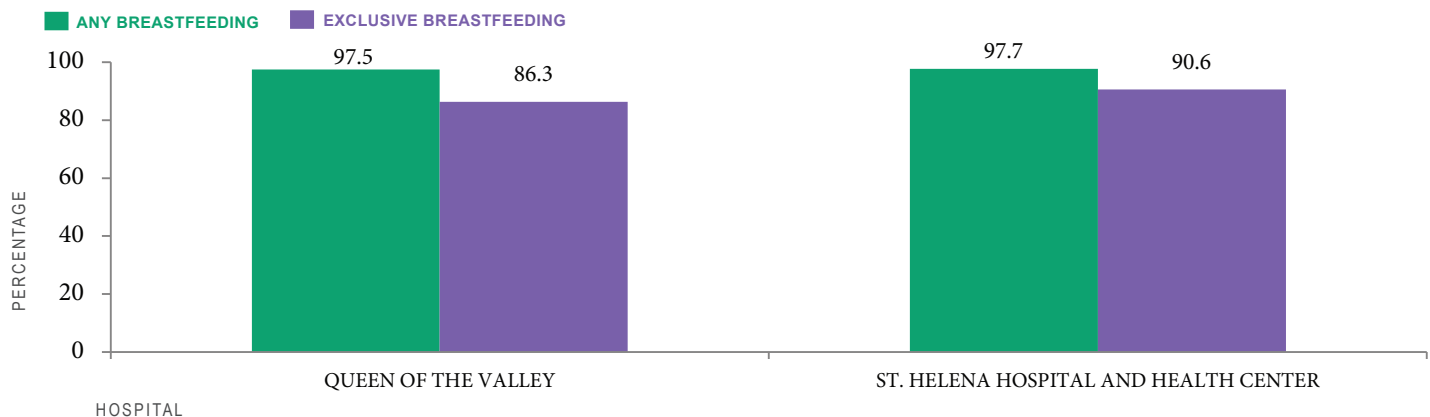
### ONGOING SUPPORT IS ESSENTIAL TO QUALITY PERINATAL CARE

- The Joint Commission and government agencies are monitoring breastfeeding rates in California hospitals. Breastfeeding support aligns with the quality improvement and cost-saving strategies of the Triple Aim and Health Care Reform.<sup>8-9</sup>
- Working together, staff from hospitals, clinics, medical offices, and public health agencies address common barriers by sharing information, pooling resources, and creating and implementing common quality improvement procedures.
- Breastfeeding support should not stop at hospital discharge. All mothers deserve access to skilled support after they bring their babies home. Collaborative efforts are needed to establish communities of care.

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The UC Davis Human Lactation Center used data reported by the California Department of Public Health Maternal, Child and Adolescent Health Program to create the following charts showing in-hospital breastfeeding rates.<sup>7</sup>

### Napa County In-Hospital Breastfeeding Rates, 2013



## MANY MOTHERS DO NOT GET THE HELP THEY NEED TO MEET THEIR BREASTFEEDING GOALS

- Nearly 93% of California mothers start breastfeeding, but 30% of their infants receive formula supplementation during the hospital stay.<sup>7</sup>
- The number of Baby-Friendly hospitals in California continues to increase, from only 12 in 2006 to 62 in July 2014. With all California hospitals required to have this designation, or adopt comprehensive policies by 2025,<sup>10</sup> prompt actions are needed to ensure all hospitals are providing the best care to mothers and babies.
- Changes in hospital policies and practices have made an important difference for California mothers. However, this early support may be the only help that mothers receive. Because milk supply is not

*Progress in improving breastfeeding rates has been achieved through collaboration.*

established during the hospital stay, but over the first few weeks, mothers need better preparation and help after hospital discharge to overcome early challenges.<sup>1,11</sup>

- Too many California mothers give up on their breastfeeding goals; nearly two-thirds of women plan to exclusively breastfeed, but less than 40 percent are doing so at one month postpartum.<sup>12</sup> Hospitals, health care providers, public health agencies, and support groups must work together to ensure all mothers have the needed resources to breastfeed in the hospital and at home.

### Napa County Breastfeeding and Hospital Performance

- County average breastfeeding rates:  
Any – 97.5% Exclusive – 87.4%
- Ranked 5th in the state for exclusive breastfeeding



#### NOTES:

- All nonmilitary hospitals providing maternity services are required to complete the Newborn Screening Test Form [Version NBS-I(D) (12/08)].
- 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 1.8% 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.
- Data for counties include information for all births occurring in a 'Regular' or 'Kaiser' facility providing maternity services in that county. Counties and facilities with fewer than 50 births with known type of feeding are not shown.

#### REFERENCES:

1. U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011. (<http://www.surgeongeneral.gov>)
2. Perrine CG, et al. Baby-friendly hospital practices and meeting exclusive breastfeeding intention. *Pediatrics*. 2012 Jul; 130(1):54-60.
3. Grummer-Strawn LM, et al. Maternity care practices that support breastfeeding: CDC efforts to encourage quality improvement. *J Womens Health (Larchmt)*. 2013 Feb;22:107-12.
4. Cramton R, Zain-UI-Abideen M, Whalen, B. Optimizing successful breastfeeding in the newborn. *Curr Opin Pediatr* 2009;21:386-396.
5. Bartick M, et al. Closing the quality gap: promoting evidence-based breastfeeding care in the hospital. *Pediatrics* 2009;124:e793-e802.
6. Ahluwalia IB, et al. Maternity care practices and breastfeeding experiences of women in different racial and ethnic groups: pregnancy risk assessment and monitoring system (PRAMS). *Matern Child Health J*. 2012 Nov;16(8):1672-8.
7. California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2013. <http://www.cdph.ca.gov/data/statistics/Pages/InHospitalBreastfeedingInitiationData.aspx>
8. Joint Commission Perinatal Care Core Measures. [http://www.jointcommission.org/perinatal\\_care/](http://www.jointcommission.org/perinatal_care/)
9. Institute for Health Care Improvement. <http://www.ihc.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
10. SB 502 (De León and Pavley) The Hospital Infant Feeding Act, 2011.
11. Chung M et al. Interventions in primary care to promote breastfeeding: an evidence review for the U.S. Preventative Services Task Force. *Ann Intern Med*. 2008 Oct; 149: 565-82.
12. Maternal, Child and Health Adolescent Health Program, Center for Family Health, California Department of Public Health. Maternal and Infant Health Assessment (MIHA) Survey. [www.cdph.ca.gov/miha](http://www.cdph.ca.gov/miha).

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