

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

California Fact Sheet: 2013 Data



EXCLUSIVE BREASTFEEDING PROVIDES LIFELONG HEALTH ADVANTAGES

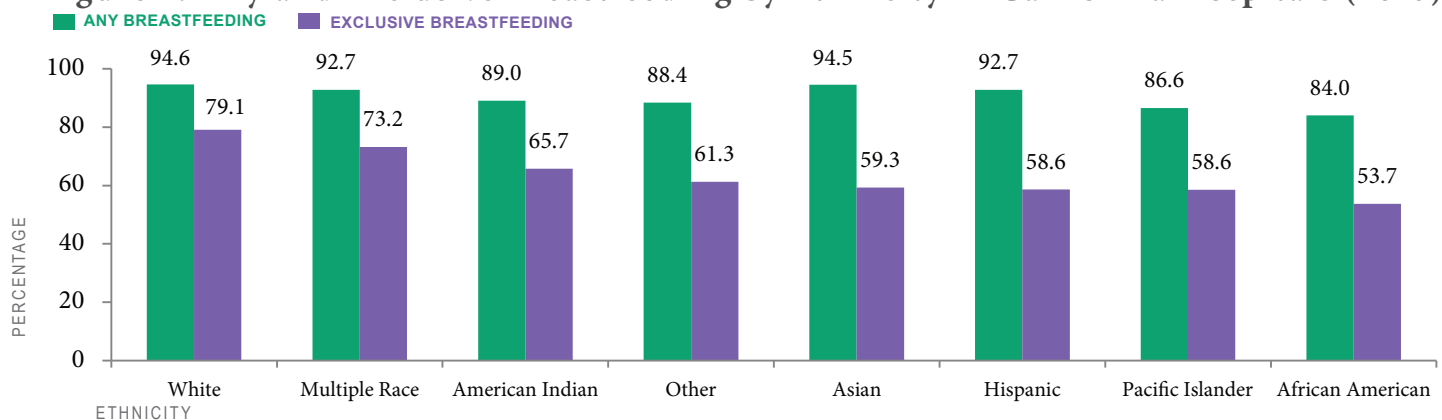
- Breastfeeding is a crucial first step in protecting the health of mothers and infants, nourishing infants and building a foundation for a healthy immune system.¹
- Hospital practices have an enormous impact on infant-feeding success.²⁻⁴ Mothers who receive in-hospital support to breastfeed exclusively, 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.⁵⁻⁶ As more California hospitals have adopted these evidence-based reforms, in-hospital exclusive breastfeeding has increased since 2010 from 56.6% to 64.6%.⁷

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.⁸⁻⁹
- 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. *Continued on page 2*

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

Figure 1. Any and Exclusive Breastfeeding by Ethnicity in California Hospitals (2013)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2013.

BREASTFEEDING IN CALIFORNIA HOSPITALS

- The California Department of Public Health Maternal, Child and Adolescent Health Program (MCAH) collects infant-feeding data for all maternity hospitals in the state.⁷ 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.
- Nearly 93% of mothers begin breastfeeding, but 30% of their infants receive formula supplementation during the hospital stay.⁷ **Ongoing efforts to improve hospital policies have resulted in an 8% increase in exclusive breastfeeding among all women since 2010, with even higher increases among women of color.** However, differences in breastfeeding rates persist, with the highest rates for exclusive breastfeeding found in the Northern California and the lowest rates occurring in the Central Valley and Southern California (Table 1).

DIFFERENCES IN HOSPITAL PERFORMANCE

- The UC Davis Human Lactation Center has compiled lists of the 15 hospitals with the lowest breastfeeding scores (Table 2) and the 15 hospitals with the highest breastfeeding scores (Table 3) in the state. The scores represent the rates of exclusive breastfeeding in each hospital and the disparity between the hospital’s “any” and “exclusive” breastfeeding rates across ethnic groups.
- 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.
- The data in Tables 2 and 3 demonstrate the enormous disparity that exists in breastfeeding rates within California hospitals. The lowest-performing hospitals are also those that serve large numbers of low-income women of color.

Table 1. California Counties: In-Hospital Any and Exclusive Breastfeeding Rates, Lowest to Highest by Exclusive Rate (2013)

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
	CALIFORNIA	426,773	92.9	64.6
50	IMPERIAL	2,655	89.1	29.3
49	COLUSA	138	84.8	30.4
48	SUTTER	1,845	88.8	37.0
47	KINGS	1,894	81.5	42.5
46	SAN BENITO	410	93.9	46.8
45	TULARE	6,182	87.7	47.7
44	FRESNO	14,919	85.9	53.0
43	LOS ANGELES	118,005	92.8	53.3
42	MADERA	1,459	91.0	53.6
41	KERN	11,625	87.6	54.0
40	SANTA BARBARA	4,953	94.8	55.5
39	SAN JOAQUIN	6,792	87.7	55.7
38	SAN BERNARDINO	22,770	87.7	59.9
37	TUOLUMNE	451	96.5	62.3
36	MERCED	3,161	90.7	62.4
35	VENTURA	8,464	95.6	62.6
34	ORANGE	35,892	93.9	63.8
33	LAKE	443	91.2	64.1
32	RIVERSIDE	21,857	91.2	67.3
31	STANISLAUS	8,674	89.3	68.7
30	SACRAMENTO	14,675	91.0	69.0
29	MONTEREY	5,314	96.4	70.9
28	DEL NORTE	321	89.7	71.7
27	LASSEN	242	94.2	73.1

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
26	MENDOCINO	880	94.5	74.7
25	HUMBOLDT	1,398	92.7	75.9
24	TEHAMA	608	93.8	76.0
23	SANTA CLARA	23,795	96.6	76.7
22	SAN DIEGO	34,549	95.6	76.7
21	SOLANO	3,841	94.1	79.0
20	CONTRA COSTA	10,162	95.8	79.1
19	BUTTE	2,608	93.0	79.8
18	PLACER	7,085	95.7	81.2
17	SAN FRANCISCO	10,246	97.0	81.7
16	SAN MATEO	5,049	97.4	82.0
15	SISKIYOU	310	92.6	82.3
14	ALAMEDA	15,734	96.9	82.3
13	SAN LUIS OBISPO	2,276	97.5	82.7
12	EL DORADO	714	96.1	84.3
11	MONO	98	96.9	84.7
10	SONOMA	4,497	97.6	85.3
9	SANTA CRUZ	2,550	97.9	85.7
8	AMADOR	276	96.0	86.2
7	SHASTA	1,844	94.6	86.9
6	INYO	203	97.5	87.2
5	NAPA	857	97.5	87.4
4	MARIN	1,173	98.9	87.8
3	NEVADA	777	97.2	87.9
2	YOLO	2,042	97.1	88.4
1	PLUMAS	58	98.3	89.7

Note: Eight counties had too few births with known feeding to report: Alpine, Calaveras, Glenn, Mariposa, Modoc, Sierra, Trinity, Yuba.

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2013.

Table 2. California’s Lowest-Scoring Hospitals, by Exclusive Breastfeeding Rate (2013)

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	GARFIELD MEDICAL CENTER	LOS ANGELES	3,754	97.5	11.4	39.8
2	COLLEGE MEDICAL CENTER	LOS ANGELES	477	73.8	13.6	95.4
3	WESTERN MEDICAL CENTER	ORANGE	1,916	84.8	14.0	91.7
4	FOUNTAIN REGIONAL MEDICAL CENTER	ORANGE	2,537	90.3	18.5	62.0
5	EL CENTRO REGIONAL MEDICAL CENTER	IMPERIAL	994	88.3	20.3	41.0
6	VICTOR VALLEY COMMUNITY HOSPITAL	SAN BERNARDINO	1,148	74.8	23.6	77.9
7	DOWNEY REGIONAL MEDICAL CENTER	LOS ANGELES	1,172	85.4	27.5	47.1
8	MEMORIAL HOSPITAL OF GARDENA	LOS ANGELES	1,031	84.4	30.3	94.7
9	GOOD SAMARITAN HOSPITAL	LOS ANGELES	3,405	94.7	30.8	65.1
10	WHITTIER HOSPITAL	LOS ANGELES	2,591	91.9	34.5	56.7
11	ST. FRANCIS HOSPITAL	LOS ANGELES	4,533	83.7	36.1	89.8
12	KERN MEDICAL CENTER	KERN	2,645	83.5	36.2	96.0
13	CALIFORNIA HOSPITAL MEDICAL CENTER	LOS ANGELES	3,709	90.5	36.5	95.9
14	FREMONT MEDICAL CENTER	SUTTER	1,845	88.8	37.0	62.9
15	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	LOS ANGELES	1,691	94.0	37.2	22.0

Table 3. California’s Highest-Scoring Hospitals, by Exclusive Breastfeeding Rate (2013)

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	DOMINICAN SANTA CRUZ HOSPITAL*	SANTA CRUZ	623	98.7	94.7	38.5
2	WOODLAND MEMORIAL HOSPITAL*	YOLO	688	98.1	94.3	57.0
3	KAISER OAKLAND HOSPITAL	ALAMEDA	2,045	99.0	94.1	7.2
4	KAISER WALNUT CREEK HOSPITAL*	CONTRA COSTA	3,213	97.5	94.0	2.8
5	SAN FRANCISCO KAISER HOSPITAL	SAN FRANCISCO	2,422	99.0	93.9	3.1
6	SUTTER MATERNITY AND SURGERY CENTER*	SANTA CRUZ	840	99.2	93.1	25.6
7	UC SAN FRANCISCO HOSPITAL/MOFFITT	SAN FRANCISCO	1,536	97.7	92.1	27.3
8	POMERADO HOSPITAL	SAN DIEGO	1,164	96.8	90.0	24.5
9	MONTEREY PENINSULA COMMUNITY HOSPITAL*	MONTEREY	1,013	98.0	89.5	11.9
10	SIERRA NEVADA MEMORIAL HOSPITAL	NEVADA	446	96.4	89.2	55.9
11	SANTA ROSA KAISER	SONOMA	1,787	98.2	88.9	7.2
12	ALTA BATES COMMUNITY HOSPITAL	ALAMEDA	5,997	97.7	88.9	54.8
13	SCRIPPS MERCY HOSPITAL	SAN DIEGO	1,483	96.7	87.7	57.8
14	MERCY MEDICAL CENTER REDDING	SHASTA	1,797	94.7	87.4	59.2
15	KAISER FRESNO MEDICAL CENTER	FRESNO	964	94.1	87.2	0.9

* Baby-Friendly Hospital

Notes: Estimated Medi-Cal birth rates are included as a way to approximate the levels of service to low-income women.

Selection Criteria: Only operating hospitals with at least 20 infants with known feeding data in three or more ethnicities were eligible for listing. Ranking was based on three criteria: 1) exclusive breastfeeding rate; 2) the “any” breastfeeding rate; and 3) the difference between the “any” breastfeeding and exclusive breastfeeding rates. Hospitals with the 15 lowest and highest scores are listed above.

Terminology: “Any Breastfeeding” includes those exclusively breastfeeding and those supplementing with formula. “Exclusive Breastfeeding” includes those who breastfeed only.

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2013.

Table 4. California’s Baby-Friendly Hospitals, July 2014

Hospital	County	Hospital	County
ALAMEDA COUNTY MEDICAL CENTER - HIGHLAND HOSPITAL	ALAMEDA	MISSION HOSPITAL REGIONAL MEDICAL CENTER	ORANGE
ARROWHEAD REGIONAL MEDICAL CENTER	SAN BERNARDINO	MONTEREY PENINSULA COMMUNITY HOSPITAL	MONTEREY
BARSTOW COMMUNITY HOSPITAL	SAN BERNARDINO	NATIVIDAD MEDICAL CENTER	MONTEREY
COMMUNITY HOSPITAL OF SAN BERNARDINO	SAN BERNARDINO	OLIVE VIEW -UCLA MEDICAL CENTER	LOS ANGELES
CORONA REGIONAL MEDICAL CENTER	RIVERSIDE	PARKVIEW COMMUNITY MEDICAL CENTER	RIVERSIDE
DESERT REGIONAL MEDICAL CENTER	RIVERSIDE	POMONA VALLEY HOSPITAL MEDICAL CENTER	LOS ANGELES
DOMINICAN HOSPITAL	SANTA CRUZ	PROVIDENCE HOLY CROSS MEDICAL CENTER	LOS ANGELES
ENLOE MEDICAL CENTER	BUTTE	REDLANDS COMMUNITY HOSPITAL	SAN BERNARDINO
FEATHER RIVER HOSPITAL	BUTTE	RIVERSIDE COMMUNITY HOSPITAL	RIVERSIDE
FRENCH HOSPITAL	SAN LUIS OBISPO	ROBERT E. BUSH NAVAL HOSPITAL	SAN BERNARDINO
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	LOS ANGELES	SALINAS VALLEY MEMORIAL HOSPITAL	MONTEREY
HARBOR-UCLA MEDICAL CENTER	LOS ANGELES	SAN ANTONIO COMMUNITY HOSPITAL	SAN BERNARDINO
HENRY MAYO NEWHALL MEMORIAL	LOS ANGELES	SAN GABRIEL VALLEY MEDICAL CENTER	LOS ANGELES
HOAG MEMORIAL-PRESBYTERIAN HOSPITAL	ORANGE	SAN FRANCISCO GENERAL HOSPITAL	SAN FRANCISCO
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	LOS ANGELES	SANTA PAULA HOSPITAL	VENTURA
KAISER ANAHEIM	ORANGE	SCRIPPS MEMORIAL HOSPITAL ENCINITAS	SAN DIEGO
KAISER BALDWIN PARK	LOS ANGELES	ST. BERNARDINE MEDICAL CENTER	SAN BERNARDINO
KAISER DOWNEY	LOS ANGELES	ST. JOSEPH’S MEDICAL CENTER	SAN JOAQUIN
KAISER FONTANA	SAN BERNARDINO	ST. JOSEPH’S HOSPITAL	ORANGE
KAISER HAYWARD	ALAMEDA	ST. JUDE MEDICAL CENTER	ORANGE
KAISER IRVINE	ORANGE	ST. MARY REGIONAL MEDICAL CENTER	SAN BERNARDINO
KAISER LOS ANGELES	LOS ANGELES	SUTTER DAVIS HOSPITAL	YOLO
KAISER PANORAMA CITY	LOS ANGELES	SUTTER MATERNITY AND SURGERY CENTER	SANTA CRUZ
KAISER RIVERSIDE	RIVERSIDE	SUTTER MEMORIAL HOSPITAL	SACRAMENTO
KAISER SAN DIEGO	SAN DIEGO	TAHOE FOREST HOSPITAL	NEVADA
KAISER SOUTH SACRAMENTO	SACRAMENTO	UC SAN DIEGO MEDICAL CENTER	SAN DIEGO
KAISER SOUTH BAY	LOS ANGELES	VENTURA COUNTY MEDICAL CENTER	VENTURA
KAISER WEST LOS ANGELES	LOS ANGELES	WASHINGTON HOSPITAL	ALAMEDA
KAISER WOODLAND HILLS	LOS ANGELES	WEED ARMY COMMUNITY HOSPITAL	SAN BERNARDINO
LAC+USC MEDICAL CENTER	LOS ANGELES	WOMEN’S HEALTH & BIRTH CENTER	SONOMA
LOMA LINDA UNIVERSITY HOSPITAL	SAN BERNARDINO	WOODLAND MEMORIAL HOSPITAL	YOLO

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

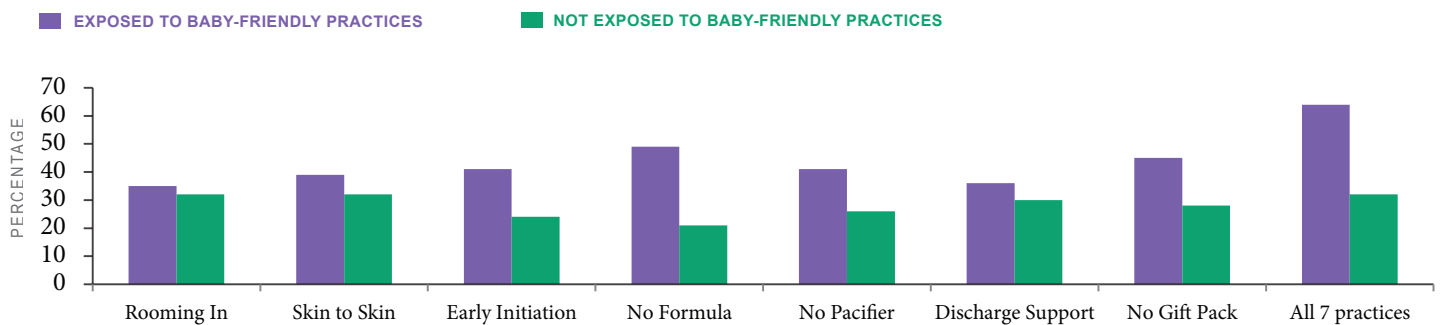
BABY-FRIENDLY HOSPITALS SUPPORT MOTHERS AND PROTECT BABIES

- The Baby-Friendly Hospital Initiative (BFHI) focuses on 10 specific hospital policies or “steps” that have been demonstrated to increase breastfeeding initiation, duration, and exclusivity.⁶
- The number of Baby-Friendly hospitals in California continues to increase, from only 12 in 2006 to 62 in 2014 (Table 4), yet this designation has been achieved by only one in four birthing hospitals in the state.
- Data from the 2011 California Maternal and Infant Health Assessment Survey (MIHA), administered by MCAH, indicate that a greater percentage of mothers who are exposed to the Baby-Friendly policies are exclusively breastfeeding three months after they leave the hospital, with the greatest improvement when all seven are in place (Figure 2).
- As greater numbers of hospitals improve their policies, exclusive breastfeeding has increased dramatically. **From 2010 to 2013, exclusive in-hospital breastfeeding rates increased among all California women by 8% (representing over 34,000 mothers). The highest increases occurred among Hispanic (10.3%), Pacific Islander (8.8%) and African-American (7.6%) mother^s (Figure 3).**

GOING HOME MAY MEAN GOING WITHOUT SUPPORT

- Unfortunately, the successes in many of California’s hospitals are not extended beyond discharge. According to most recent statewide Maternity Practices in Infant Nutrition and Care (mPINC) results (2011) only 28% of California hospitals provide appropriate discharge planning which includes outpatient breastfeeding support through specialized clinics, home visits, phone calls or by referrals to community resources including support groups, lactation consultants, and WIC.¹⁰ In some communities, referrals do not occur because hospital staff members are not aware of local resources. However, in others, these resources are quite limited or they do not exist.¹¹
- Once home, many breastfeeding women find they have common challenges with limited or no access to skilled support.¹¹ As a result, many California women abandon their goals early. In the MIHA survey,¹² more than 62% of mothers reported that they intended to breastfeed their babies exclusively, yet only 39% reported they were doing so at one month postpartum. By three months, only 23% of women reported they were exclusively breastfeeding.¹²

Figure 2. Mothers Reporting Exclusive Breastfeeding at 3 Months of Age, by Hospital Experience (2010)



Source: Maternal and Infant Health Assessment Survey, 2010 (www.cdph.ca.gov/MIHA)

Figure 3. Exclusive Breastfeeding by Ethnicity; Baby-Friendly Versus Non-Baby-Friendly Hospitals (2013)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2013.

NEW MOTHERS MUST COME HOME TO COMMUNITIES OF CARE

- Efforts must continue to make in-hospital breastfeeding support services for all families a top priority. Exclusive breastfeeding rates have improved among all groups, but disparities remain.
- Mothers need prompt and effective referrals to culturally and linguistically competent support services after hospital discharge.
- Comprehensive policies and practices that support breastfeeding are needed in community health centers and medical offices. In recognition of this need, CDPH will be releasing a set of guidelines for maternity and pediatric health care settings.
- Access to culturally competent, skilled support from health care professionals is needed for mothers with breastfeeding challenges and questions. Projects to improve access to professional care through localized training programs, specialized medical clinics and mobile contacts have shown promise.
- Peer counseling programs offer a cost effective, culturally competent approach to support mothers. These programs increase duration and exclusivity of breastfeeding among low-income women.
- Access to WIC breastfeeding support could be improved by better integration of WIC services into community clinics and medical offices.
- Many women worry about their milk supply, misinterpreting healthy infant behaviors as incessant signs of hunger. Successful programs to improve parents' knowledge about infant behavior and development include the California WIC Baby Behavior Campaign and Early Head Start.
- Advocacy for working mothers has led to supportive changes in state labor laws and the development of guidance for employers. Employer education is needed to translate these gains into benefits for all working families.
- California child care licensing regulations include language supportive of breastfeeding. Training is needed to ensure that providers have the practical skills needed to support exclusive breast milk feeding for the children in their care.

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 reported.

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