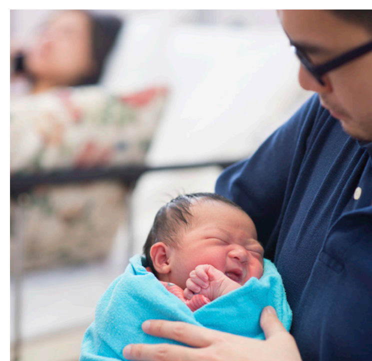
Using Data to Drive Change:

California Continues to Increase In-hospital Exclusive Breastfeeding Rates

A Policy Update on California Breastfeeding and Hospital Performance

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

Santa Cruz County: 2015 Data



Exclusive breastfeedng protects mothers' and babies' health

- Breast milk provides all the nutrients infants need as well as specific factors needed to build a strong immune system.[1]
- In-hospital support is crucial to breastfeeding mothers' success.[2-4] The greatest health benefits are seen when exclusive breastfeeding continues for 6 months. It is estimated that $3.0 billion in medical costs would be saved if all U.S. infants were fed according to the current guidelines.[5]
- Hospitals that have instituted Baby-Friendly policies have high rates of breastfeeding, no matter where they are located or what populations they serve.[4,6] As more California hospitals have adopted these evidence-based reforms, in-hospital exclusive breastfeeding has increased since 2010 from 56.6% to 68.6%.[7]

California's success is driven by evidence

- For more than 15 years, decision-makers and advocates in California have used hospital-level surveillance data to coordinate and monitor efforts to improve the quality of perinatal care.
- Data show that mothers who experience more supportive practices (such as early breastfeeding initiation and limited supplementation) are more likely to breastfeed exclusively in the hospital and beyond.[6]
- California has the most Baby-Friendly Hospitals in the nation and legislation requiring that all maternity hospitals adopt these or similar policies by 2025. (SB402, 2013) Improved policies and practices have increased breastfeeding among all California mothers.[7]

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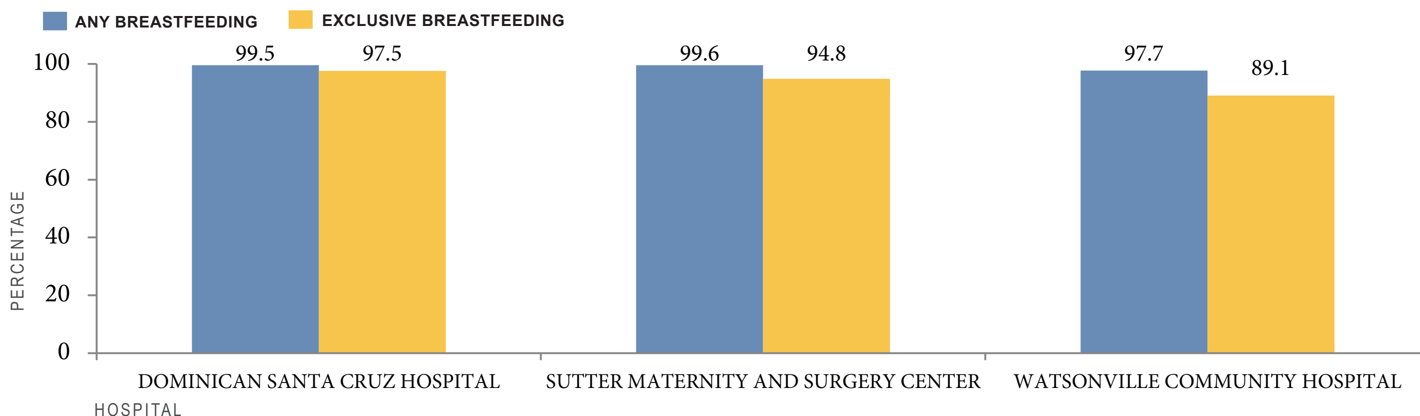
The UC Davis Human Lactation Center used data reported by the California Department of Public Health Maternal, Child and Adolescent Health Program to create the following charts showing in-hospital breastfeeding rates.

Santa Cruz County In-Hospital Breastfeeding Rates, 2015



Data are needed to improve breastfeeding rates after discharge

- The Centers for Disease Control and Prevention (CDC) monitor hospital practices at the state and national level. Since 2009, the state's average quality score has risen from 73 to 83 points and California hospitals are now ranked 7th in the nation. However, scores for discharge care remain relatively low.[8]
- Data related to infant-feeding practices after hospital discharge are limited and often not comparable because of differences in collection methods. Without consistent, comparable data, policy makers cannot coordinate and evaluate quality improvement efforts effectively, nor can they use collective impact methodology that has been successful in guiding and monitoring multisector efforts to prevent childhood obesity.[9]

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- With the increase in electronic health records and recent requirements for more research groups to share data,[10] there is greater opportunity to evaluate the collective impact of local and regional efforts to increase breastfeeding duration.
- With common goals and outcomes, researchers and evaluators can build on the momentum acheived in improving in-hospital breastfeeding rates and identify important factors influencing mothers' abilities to reach their breastfeeding goals.

Santa Cruz County Breastfeeding and Hospital Performance

- County average breastfeeding rates: Any – 98.8% Exclusive – 93.3%
- County ranked 1st in the state for exclusive breastfeeding
- Two hospitals among the 15 highest-scoring in the state: Dominican Santa Cruz Hospital, Sutter Maternity and Surgery Center
- Highest performing hospital in county: Dominican Santa Cruz Hospital
- Two Baby-Friendly hospital: Dominican Santa Cruz Hospital, Sutter Maternity and Surgery Center

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 a 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.

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