

Charting a New Course to Improve the Quality of Perinatal Care

California Hospitals Lead the Nation in Breastfeeding Support

A Policy Update on California Breastfeeding and Hospital Performance

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

Mono County: 2016 Data



EXCLUSIVE BREASTFEEDING 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.¹⁻² Breastfeeding saves lives everywhere in the world.³ It is estimated that \$3 billion in medical costs would be saved if all U.S. infants were fed according to the current guidelines.⁴
- In-hospital support is crucial to breastfeeding mothers' success.⁵⁻⁶ Mothers who experience supportive practices are more likely to breastfeed exclusively during and after the hospital stay.⁶
- Hospitals that have instituted supportive policies have high rates of breastfeeding, no matter where they are located or what populations they serve.⁷ As more California hospitals have made these quality improvements, in-hospital exclusive breastfeeding has increased since 2010 from 56.6% to 69.4%.⁸

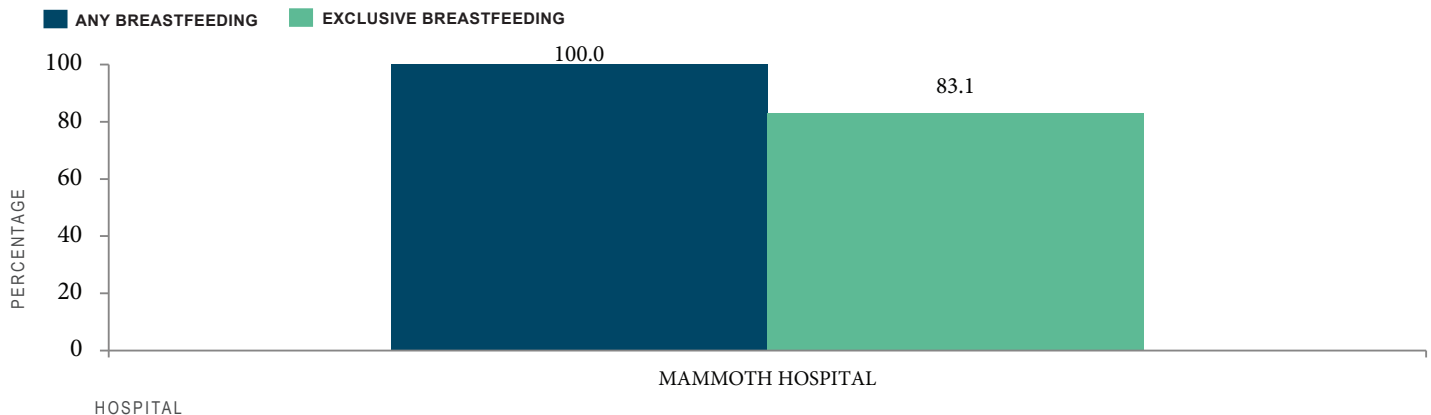
BABY-FRIENDLY POLICIES: A FOCUS FOR IMPROVEMENT

- For many years, California advocates and policy-makers have used hospital-level surveillance data to promote and monitor systems change to improve the quality of perinatal care. This work has shown that uniformity in policies and practices is possible across more than 200 maternity hospitals in our large and diverse state.⁸
- The WHO Baby-Friendly Hospital Initiative, through its evidence-based policies and guidelines, has provided the focus and structure for this ongoing effort to ensure that all mothers and babies receive the highest quality of care.⁹
- Today, California leads the nation with nearly 100 Baby-Friendly hospitals¹⁰ and legislation requiring that all maternity hospitals adopt these or similar policies by 2025 (SB402, 2013).¹¹

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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.⁸

Mono County In-Hospital Breastfeeding Rates, 2016



CHARTING A NEW COURSE TO IMPROVE PERINATAL CARE

- Recently, the WHO completed a comprehensive review of the research related to each component of the BFHI.¹² While the evidence reaffirmed the life-saving benefits of breastfeeding and supportive hospital practices, an expert group developed 15 recommendations that may be used to update the initiative.¹²
- The expert committee based their recommendations on evidence from 22 systematic reviews that followed standardized methods.¹²
- While most of the recommendations do not differ from current guidelines, differences included recommendations specifically related to the care of preterm infants, requirements for staff to have specific knowledge, skills,

and competencies rather than attendance for a specific number of hours of training, and options for the use of pacifiers and artificial nipples for soothing and feeding some infants.

- While the final revision of the WHO guidance has not been approved or released,¹³ California's law (SB 402)¹¹ is not affected by the proposed changes. As California moves closer to full implementation of SB 402, administrators and policy-makers can use the latest evidence and recommendations from WHO to update and improve hospital policies and practices. Through ongoing improvements in the quality of perinatal care, California can build on the existing momentum toward expanding support for new mothers and babies, while ensuring that none of the past gains are lost.

Mono County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
Any – 100.0% Exclusive – 83.1%
- County ranked 11th 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 2.2% 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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December 2017



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This project was supported by Kaiser Foundation Hospitals and the California Breastfeeding Coalition
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