Baby-friendly policies: a focus for improvement

For many years, California advocates and policymakers 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.

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.

Today, California leads the nation with nearly 100 Baby-Friendly hospitals and legislation requiring that all maternity hospitals adopt these or similar policies by 2025 (SB402, 2013).

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. Breastfeeding saves lives everywhere in the world. It is estimated that $3 billion in medical costs would be saved if all U.S. infants were fed according to the current guidelines.

- In-hospital support is crucial to breastfeeding mothers’ success. Mothers who experience supportive practices are more likely to breastfeed exclusively during and after the hospital stay.

- Hospitals that have instituted supportive policies have high rates of breastfeeding, no matter where they are located or what populations they serve. As more California hospitals have made these quality improvements, in-hospital exclusive breastfeeding has increased since 2010 from 56.6% to 69.4%.

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San Bernardino County: 2016 Data

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.

San Bernardino County In-Hospital Breastfeeding Rates, 2016

- EXCLUSIVE BREASTFEEDING
- ANY BREASTFEEDING

<table>
<thead>
<tr>
<th>Hospital</th>
<th>ANY BREASTFEEDING</th>
<th>EXCLUSIVE BREASTFEEDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARROWHEAD REGIONAL MEDICAL CENTER</td>
<td>88.1</td>
<td>77.5</td>
</tr>
<tr>
<td>BARSTOW COMMUNITY HOSPITAL</td>
<td>80.9</td>
<td>60.9</td>
</tr>
<tr>
<td>COMMUNITY HOSPITAL OF SAN BERNARDINO</td>
<td>83.3</td>
<td>47.9</td>
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<tr>
<td>DESERT VALLEY HOSPITAL</td>
<td>84.9</td>
<td>46.1</td>
</tr>
<tr>
<td>HI-DESERT MEDICAL CENTER</td>
<td>80.5</td>
<td>47.9</td>
</tr>
</tbody>
</table>
San Bernardino County In-Hospital Breastfeeding Rates, 2016

**San Bernardino Baby-Friendly Hospitals**
- Ten Baby-Friendly hospitals: Arrowhead Regional Medical Center, Barstow Community Hospital, Community Hospital of San Bernardino, Kaiser Fontana, Redlands Community Hospital, Robert E. Bush Naval Hospital, San Antonio Regional Hospital, St. Bernardine Medical Center, St. Mary Medical Center, Weed Army Community Hospital
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 cases that were not collected by facilities listed as “Kaiser” and/or “Regular” maternity hospitals in the newborn screening database.

• Excludes data for infants who were in a Neonatal Intensive Care Unit (NICU) nursery at the time of specimen collection.

• 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:


8. California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2016. (https://www.cdph.ca.gov/Programs/CFH/DMCAH/ Pages/Topics/In-Hospital-Breastfeeding-Initiation-Data.aspx)


