

Policies, Promises, & Practice

Supporting Breastfeeding Across the Continuum of Care

A Policy Update on California Breastfeeding and Hospital Performance

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

Madera County: 2012 Data



BREASTFEEDING HOLDS THE PROMISE OF HEALTH FOR ALL BABIES

- Breastfeeding is a crucial first step in protecting the health of mothers and infants; the nutritional, immunological, and biological components in human milk nourish infants and build a foundation for life-long health advantages.¹
- Hospital policies have an enormous impact on infant-feeding success.²⁻⁴ Although breastfeeding is a natural process, a mother's experience in the hospital has a powerful influence on her ability to follow through with her decision to breastfeed her baby.
- Hospitals that have instituted Baby-Friendly practices have high rates of breastfeeding, no matter where they are located or what populations they serve.⁵⁻⁶ These evidence-based reforms must reach hospitals serving the state's poorest families.

PRACTICES THAT SUPPORT BREASTFEEDING ARE ESSENTIAL TO QUALITY HEALTH CARE

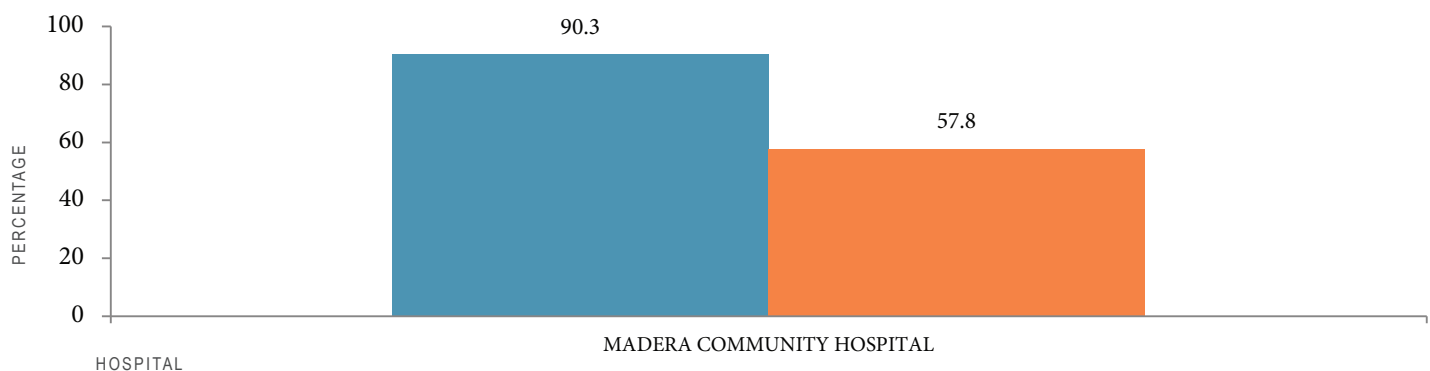
- The Joint Commission and state and federal agencies are monitoring breastfeeding rates and perinatal medical practices in California hospitals; outdated institutional policies that create disparities in health care are no longer acceptable.
- Collaboration has been shown to improve breastfeeding support and care.⁷ Working together, common barriers can be addressed by sharing information, pooling resources, and implementing quality improvement procedures.
- Hospital breastfeeding support aligns with the preventative and cost savings strategies of Health Care Reform. (www.hhs.gov/healthcare/facts/timeline/index.html)

Continued on page 2

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.⁹

Madera County In-Hospital Breastfeeding Rates, 2012

■ ANY BREASTFEEDING ■ EXCLUSIVE BREASTFEEDING



BARRIERS TO POLICY IMPROVEMENT CAN BE OVERCOME

- Recent state and federal policy benchmarks confirm growing public expectation that hospital environments should fully support breastfeeding.⁸
- The number of Baby-Friendly hospitals in California continues to increase, from only 12 in 2006 to 59 in August 2013, yet this designation has been achieved by only a fraction of the birthing hospitals in the state. More work is needed to ensure that all hospitals are providing the best possible care to mothers and babies.
- The foundation of best practice is spelled out in 10 well-defined evidence-based “steps” (www.babyfriendlyusa.org) which have been shown to reduce barriers to exclusive breastfeeding.

Baby-Friendly hospitals have high breastfeeding rates no matter what populations they serve.

- The Joint Commission, an organization that accredits and certifies hospitals, adopted 5 Perinatal Care Core Measures in 2010. This set of objectives includes rates of exclusive breastfeeding, as well as elective deliveries and cesarean sections, which may affect in-hospital breastfeeding rates (www.jointcommission.org/perinatal_care/).
- Hospital policies that do not directly support exclusive breastfeeding are not only outdated, but fail to reflect what is now considered standard, high-quality care.

Madera County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
Any – 90.3% Exclusive – 57.8%
- Ranked 38th in the state for exclusive breastfeeding



DATA SOURCE: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2012.

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 2.6% 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. DiGirolamo AM, et al. Breastfeeding-related maternity practices at hospitals and birth centers—United States, 2007. MMWR 2008;57:621-625.
4. Cramton R, Zain-Ul-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.
8. Mercier CE, et al. Improving newborn preventative services at the birth hospitalization: a collaborative, hospital-based quality -improvement project. Pediatrics.2007;120(3):481-488.
8. Grummer-Strawn LM, et al. Maternity care practices that support breastfeeding: CDC efforts to encourage quality improvement. J Womens Health (Larchmt). 2013 Feb;22(2):107-12.
9. California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2012. www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx.

August 2013



1450 Drew Avenue
Suite 150
Davis, CA 95618
(530) 750-2280
www.calwic.org

UC DAVIS

UC Davis Human Lactation Center
One Shields Avenue
Davis, CA 95616
(530) 754-5364
<http://lactation.ucdavis.edu>

This project was supported by Kaiser Foundation Hospitals and The California Endowment

Photograph Sources: www.istockphoto.com and WICWorks Resource System