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

San Diego 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 insitututed 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state and federal agencies are monitoring breastfeeding rates and perinatal medical practices in California hospitals; outdated institutional policies that create disparities in health care are no longer acceptable.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)

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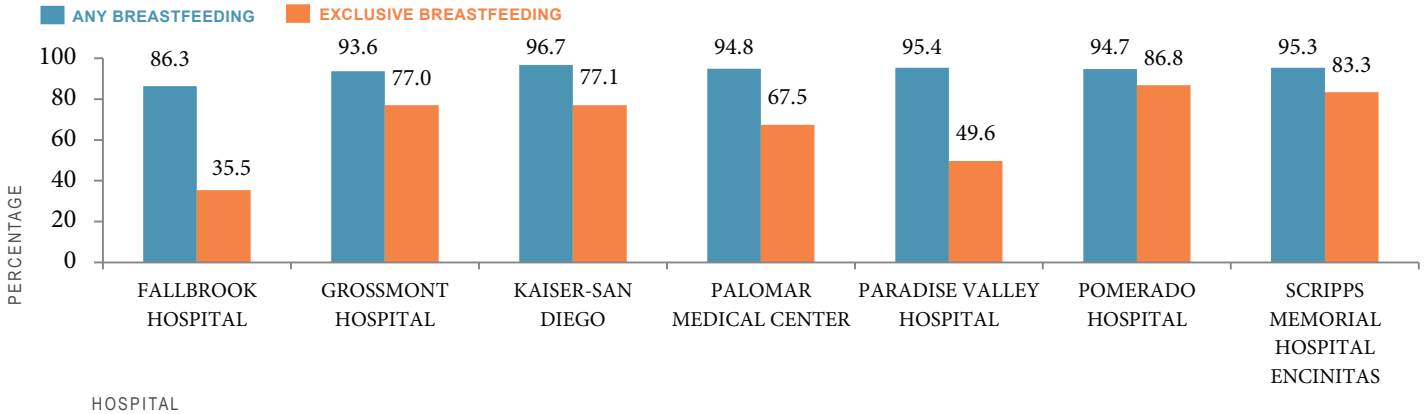
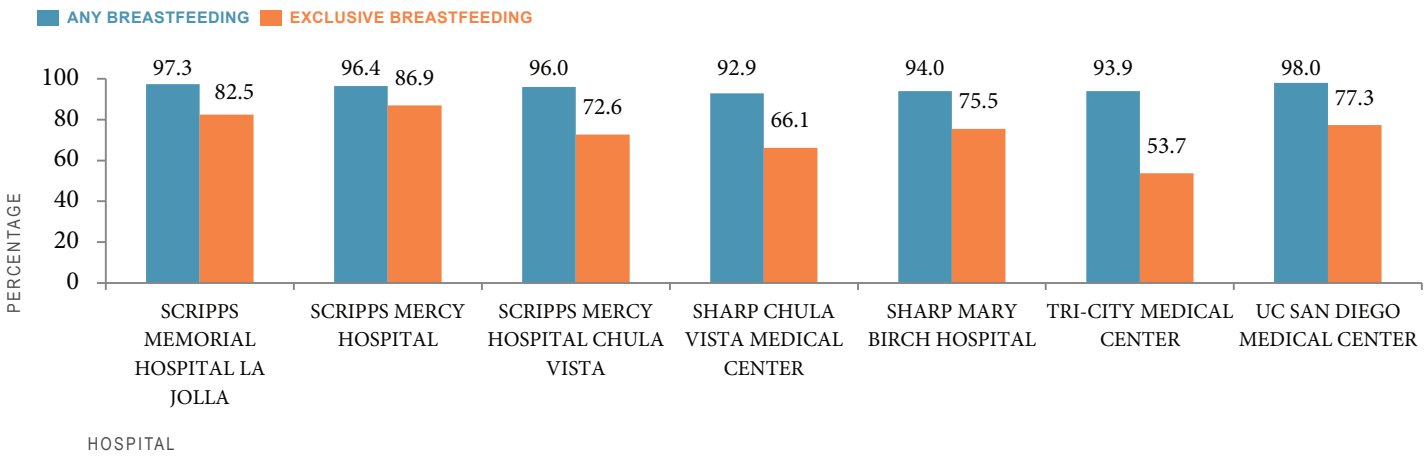
The UC Davis Human Lactation Center used data reported by the California Department of Public Health Maternal, Child and Adolescent Health Program to create the following charts showing in-hospital breastfeeding rates.[9]

San Diego County In-Hospital Breastfeeding Rates, 2012



San Diego County In-Hospital Breastfeeding Rates, 2012



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.

San Diego County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
  Any – 95.1% Exclusive – 73.7%
- Ranked 25th in the state for exclusive breastfeeding
- Three Baby-Friendly hospitals: Kaiser San Diego, Scripps Memorial Hospital Encinitas, UC San Diego Medical Center

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 ina '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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