

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

California Fact Sheet: 2012 Data



BREASTFEEDING HOLDS THE PROMISE OF HEALTH FOR ALL BABIES

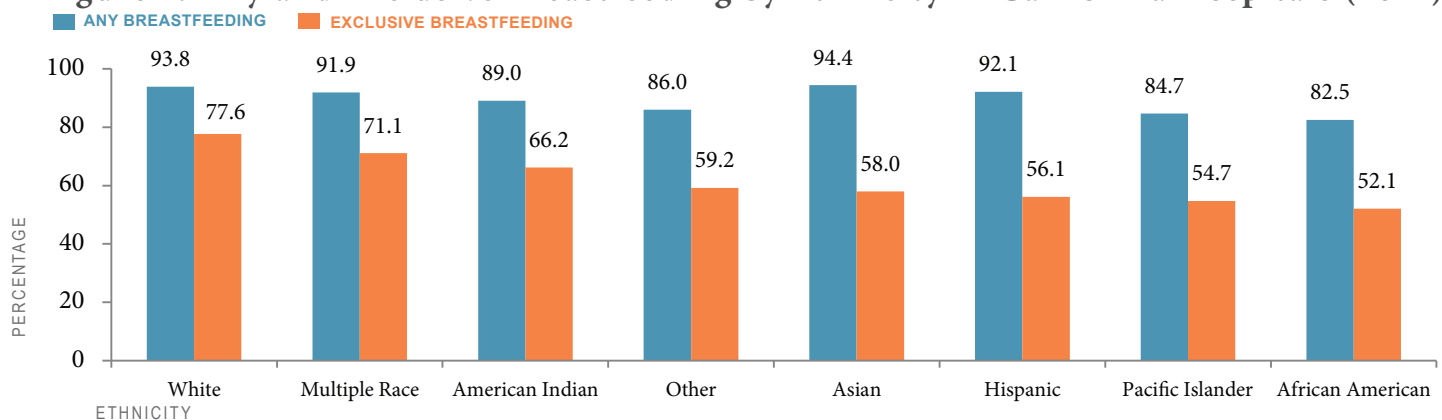
- Breastfeeding is a crucial first step in protecting the health of mothers and infants; the nutritional, immunological, and biological components in human milk nourish infants and build a foundation for life-long health advantages.¹
- Hospital policies have an enormous impact on infant-feeding success.²⁻⁴ 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state and federal agencies are monitoring breastfeeding rates and perinatal medical practices in California hospitals; outdated institutional policies that create disparities in health care are no longer acceptable.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, Center for Family Health, Maternal, Child and Adolescent Health Program to create the following charts showing in-hospital breastfeeding rates.⁹

Figure 1. Any and Exclusive Breastfeeding by Ethnicity in California Hospitals (2012)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2012.

THE DATA TELL THE STORY

- The California Department of Public Health Maternal, Child and Adolescent Health Program (MCAH) collects infant-feeding data for all maternity hospitals in the state.⁹ When babies receive only breast milk, they are said to be “exclusively breastfed.” “Any breastfeeding” refers to babies who receive both breast milk and formula, as well as those who are exclusively breastfed.
- Using these data, the University of California, Davis Human Lactation Center has compiled reports highlighting the “any” and “exclusive” breastfeeding rates for each hospital.
- More than 92 percent of mothers begin breastfeeding during their hospital stay.⁹ However, differences in breastfeeding rates persist, with the highest rates for exclusive breastfeeding found in the Northern California and the lowest rates occurring in the Central Valley and Southern California (Table 1).

DIFFERENCES IN HOSPITAL PERFORMANCE

- The UC Davis Human Lactation Center has compiled lists of the 15 hospitals with the lowest breastfeeding scores (Table 2) and the 15 hospitals with the highest breastfeeding scores (Table 3) in the state. The scores represent the rates of exclusive breastfeeding in each hospital and the disparity between the hospital’s “any” and “exclusive” breastfeeding rates across ethnic groups.
- The disparity or “gap” between the “any” and “exclusive” breastfeeding rates indicates the proportion of women whose infants were given something other than breast milk in the hospital despite their decision to breastfeed.
- The data in Tables 2 and 3 demonstrate the enormous disparity that exists in breastfeeding rates within California hospitals. The lowest-performing hospitals are also those that serve large numbers of low-income women of color.

Table 1. California Counties: In-Hospital Any and Exclusive Breastfeeding Rates, Lowest to Highest by Exclusive Rate (2012)

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
	CALIFORNIA	433,828	92.2	62.4
50	COLUSA	150	83.3	12.7
49	IMPERIAL	2,665	87.1	25.6
48	SUTTER	1,775	85.7	36.3
47	KINGS	1,892	79.7	40.5
46	TULARE	6,410	87.0	43.8
45	FRESNO	15,274	84.5	47.1
44	LOS ANGELES	121,300	91.9	49.3
43	KERN	11,871	86.1	50.1
42	SAN JOAQUIN	6,845	85.8	52.5
41	SANTA BARBARA	4,749	95.0	53.3
40	MERCED	3,214	89.2	56.7
39	SAN BENITO	383	95.0	57.4
38	MADERA	1,464	90.3	57.8
37	SAN BERNARDINO	22,679	86.9	59.0
36	VENTURA	8,575	95.3	62.4
35	TUOLUMNE	435	95.4	63.0
34	ORANGE	36,869	93.3	63.1
33	LASSEN	237	93.7	65.4
32	STANISLAUS	8,520	88.2	66.1
31	LAKE	455	89.2	66.8
30	RIVERSIDE	22,323	91.2	67.7
29	SACRAMENTO	14,801	90.1	68.0
28	TEHAMA	662	91.1	71.6
27	SOLANO	3,683	93.6	72.7

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
26	DEL NORTE	316	90.5	72.8
25	SAN DIEGO	35,846	95.1	73.7
24	MONTEREY	5,396	97.0	75.1
23	MENDOCINO	988	94.7	75.5
22	SISKIYOU	356	89.9	75.6
21	INYO	200	95.5	76.5
20	HUMBOLDT	1,392	93.8	76.9
19	SANTA CLARA	24,307	96.2	77.7
18	BUTTE	2,465	91.4	78.3
17	PLACER	6,873	95.2	79.2
16	MONO	103	95.1	79.6
15	SAN LUIS OBISPO	2,336	97.1	79.9
14	ALAMEDA	15,745	96.4	80.9
13	SAN FRANCISCO	10,520	96.5	80.9
12	MARIN	1,189	99.3	81.3
11	CONTRA COSTA	9,829	96.2	81.6
10	AMADOR	321	94.4	81.6
9	EL DORADO	766	96.3	82.8
8	SONOMA	4,579	97.5	83.0
7	SAN MATEO	5,010	96.9	83.2
6	NAPA	907	97.1	83.9
5	SANTA CRUZ	2,686	98.1	84.8
4	PLUMAS	58	91.4	86.2
3	SHASTA	1,768	93.8	86.7
2	YOLO	1,898	95.7	86.7
1	NEVADA	739	96.5	90.5

Note: Eight counties had too few births with known feeding to report: Alpine, Calaveras, Glenn, Mariposa, Modoc, Sierra, Trinity, Yuba.

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2012.

Table 2. California’s Lowest-Scoring Hospitals, by Exclusive Breastfeeding Rate (2012)

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	MEMORIAL HOSPITAL OF GARDENA	LOS ANGELES	1,141	69.9	11.4	93.2
2	WESTERN MEDICAL CENTER	ORANGE	2,013	82.9	14.7	70.6
3	PACIFIC HOSPITAL	LOS ANGELES	700	69.6	16.4	96.4
4	SAN GABRIEL VALLEY MEDICAL CENTER	LOS ANGELES	2,490	91.9	17.6	42.2
5	MONTCLAIR HOSPITAL MEDICAL CENTER	SAN BERNARDINO	737	76.0	19.4	94.1
6	ST. FRANCIS HOSPITAL LYNWOOD	LOS ANGELES	4,531	78.7	22.4	90.1
7	VICTOR VALLEY COMMUNITY HOSPITAL	SAN BERNARDINO	1,139	72.9	25.4	78.6
8	FOUNTAIN REGIONAL MEDICAL CENTER	ORANGE	2,689	89.1	25.7	67.4
9	GOOD SAMARITAN HOSPITAL	LOS ANGELES	3,535	96.3	27.9	59.1
10	ANAHEIM REGIONAL MEDICAL CENTER	ORANGE	1,644	88.7	28.2	63.1
11	KERN MEDICAL CENTER	KERN	2,898	83.7	30.2	95.5
12	PROVIDENCE LITTLE COMPANY OF MARY SAN PEDRO	LOS ANGELES	640	87.7	31.6	75.4
13	DOWNEY REGIONAL MEDICAL CENTER	LOS ANGELES	1,194	86.3	31.6	36.0
14	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	LOS ANGELES	1,698	92.8	34.0	23.5
15	VALLEY PRESBYTERIAN HOSPITAL	LOS ANGELES	3,968	93.9	35.9	2,719

Table 3. California’s Highest-Scoring Hospitals, by Exclusive Breastfeeding Rate (2012)

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	KAISER WALNUT CREEK	CONTRA COSTA	3,152	99.3	97.5	3.1
2	KAISER OAKLAND	ALAMEDA	2,068	99.0	95.0	7.1
3	DOMINICAN SANTA CRUZ HOSPITAL	SANTA CRUZ	678	99.0	94.8	41.4
4	SUTTER MATERNITY AND SURGERY CENTER*	SANTA CRUZ	881	98.5	94.3	25.4
5	UC SAN FRANCISCO HOSPITAL/MOFFITT	SAN FRANCISCO	1,335	97.3	93.4	30.6
6	PETALUMA VALLEY HOSPITAL	SONOMA	413	97.8	91.3	66.8
7	MONTEREY PENINSULA COMMUNITY HOSPITAL*	MONTEREY	1,004	97.7	90.2	14.8
8	KAISER SAN FRANCISCO	SAN FRANCISCO	2,599	97.7	90.2	2.7
9	WOODLAND MEMORIAL HOSPITAL*	YOLO	621	91.7	90.2	54.0
10	SAINT LOUISE REGIONAL HOSPITAL	SANTA CLARA	608	97.5	90.1	68.3
11	SIERRA NEVADA MEMORIAL HOSPITAL	NEVADA	411	95.6	89.8	54.8
12	KAISER FRESNO	FRESNO	943	95.1	89.4	0.6
13	KAISER VALLEJO	SOLANO	1,962	96.5	88.0	13.8
14	MILLS PENINSULA	SAN MATEO	1,715	97.0	87.9	21.1
15	MERCY MEDICAL CENTER REDDING	SHASTA	1,707	94.1	87.2	59.6

* Baby-Friendly Hospital

Notes: Estimated Medi-Cal birth rates are included as a way to approximate the levels of service to low-income women.

Selection Criteria: Only operating hospitals with at least 20 infants with known feeding data in three or more ethnicities were eligible for listing. Ranking was based on three criteria: 1) exclusive breastfeeding rate; 2) the “any” breastfeeding rate; and 3) the difference between the “any” breastfeeding and exclusive breastfeeding rates. Hospitals with the 15 lowest and highest scores are listed above.

Terminology: “Any Breastfeeding” includes those exclusively breastfeeding and those supplementing with formula. “Exclusive Breastfeeding” includes those who breastfeed only.

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2012.

Table 4. California’s Baby-Friendly Hospitals, August 2013

Hospital	County	Hospital	County
ALAMEDA COUNTY MEDICAL CENTER - HIGHLAND HOSPITAL	ALAMEDA	LOMA LINDA UNIVERSITY HOSPITAL	SAN BERNARDINO
ARROWHEAD REGIONAL MEDICAL CENTER	SAN BERNARDINO	MISSION HOSPITAL REGIONAL MEDICAL CENTER	ORANGE
BARSTOW COMMUNITY HOSPITAL	SAN BERNARDINO	MONTEREY PENINSULA COMMUNITY HOSPITAL	MONTEREY
COMMUNITY HOSPITAL OF SAN BERNARDINO	SAN BERNARDINO	NATIVIDAD MEDICAL CENTER	MONTEREY
CORONA REGIONAL MEDICAL CENTER	RIVERSIDE	OLIVE VIEW -UCLA MEDICAL CENTER	LOS ANGELES
DESERT REGIONAL MEDICAL CENTER	RIVERSIDE	PARKVIEW COMMUNITY MEDICAL CENTER	RIVERSIDE
DOMINICAN HOSPITAL	SANTA CRUZ	PROVIDENCE HOLY CROSS MEDICAL CENTER	LOS ANGELES
ENLOE MEDICAL CENTER	BUTTE	REDLANDS COMMUNITY HOSPITAL	SAN BERNARDINO
FRENCH HOSPITAL	SAN LUIS OBISPO	RIVERSIDE COMMUNITY HOSPITAL	RIVERSIDE
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	LOS ANGELES	ROBERT E. BUSH NAVAL HOSPITAL	SAN BERNARDINO
HARBOR-UCLA MEDICAL CENTER	LOS ANGELES	SALINAS VALLEY MEMORIAL HOSPITAL	MONTEREY
HENRY MAYO NEWHALL MEMORIAL	LOS ANGELES	SAN ANTONIO COMMUNITY HOSPITAL	SAN BERNARDINO
HOAG MEMORIAL-PRESBYTERIAN HOSPITAL	ORANGE	SAN FRANCISCO GENERAL HOSPITAL	SAN FRANCISCO
INLAND MIDWIFE SERVICE - THE BIRTH CENTER	SAN BERNARDINO	SANTA PAULA HOSPITAL	VENTURA
KAISER ANAHEIM	ORANGE	SCRIPPS MEMORIAL HOSPITAL ENCINITAS	SAN DIEGO
KAISER BALDWIN PARK	LOS ANGELES	ST. BERNARDINE MEDICAL CENTER	SAN BERNARDINO
KAISER DOWNEY	LOS ANGELES	ST. JOSEPH’S MEDICAL CENTER	SAN JOAQUIN
KAISER FONTANA	SAN BERNARDINO	ST. JOSEPH’S HOSPITAL	ORANGE
KAISER HAYWARD	ALAMEDA	ST. JUDE MEDICAL CENTER	ORANGE
KAISER IRVINE	ORANGE	ST. MARY REGIONAL MEDICAL CENTER	SAN BERNARDINO
KAISER LOS ANGELES	LOS ANGELES	SUTTER DAVIS HOSPITAL	YOLO
KAISER PANORAMA CITY	LOS ANGELES	SUTTER MATERNITY AND SURGERY CENTER	SANTA CRUZ
KAISER RIVERSIDE	RIVERSIDE	SUTTER MEMORIAL HOSPITAL	SACRAMENTO
KAISER SOUTH SACRAMENTO	SACRAMENTO	TAHOE FOREST HOSPITAL	NEVADA
KAISER SAN DIEGO	SAN DIEGO	THE BIRTH CENTER	SACRAMENTO
KAISER SOUTH BAY	LOS ANGELES	UC SAN DIEGO MEDICAL CENTER	SAN DIEGO
KAISER WEST LOS ANGELES	LOS ANGELES	VENTURA COUNTY MEDICAL CENTER	VENTURA
KAISER WOODLAND HILLS	LOS ANGELES	WEED ARMY COMMUNITY HOSPITAL	SAN BERNARDINO
LAC+USC MEDICAL CENTER	LOS ANGELES	WOMEN’S HEALTH & BIRTH CENTER	SONOMA
		WOODLAND MEMORIAL HOSPITAL	YOLO

Source: Baby-Friendly USA (www.babyfriendlyusa.org).

BABY-FRIENDLY HOSPITALS SUPPORT MOTHERS AND PROTECT BABIES

- Recent state and federal policy benchmarks confirm a growing public expectation that hospital environments should fully support breastfeeding.¹¹
- The Baby-Friendly Hospital Initiative (BFHI) focuses on 10 specific hospital policies or “steps” that have been demonstrated to increase breastfeeding initiation, duration, and exclusivity.¹⁰
- The number of Baby-Friendly hospitals in California has increased dramatically, from only 12 in 2006 to 59 in August 2013 (Table 4), yet this designation has been achieved by only a fraction of the birthing hospitals in the state.
- In the past, providers have mistakenly believed that the disparities in breastfeeding rates by ethnicity are driven by cultural practices, but the data show that these disparities are significantly reduced in Baby-Friendly hospitals (Figure 2).⁸

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

HIGH-QUALITY CARE: A PROMISE THAT MUST BE KEPT

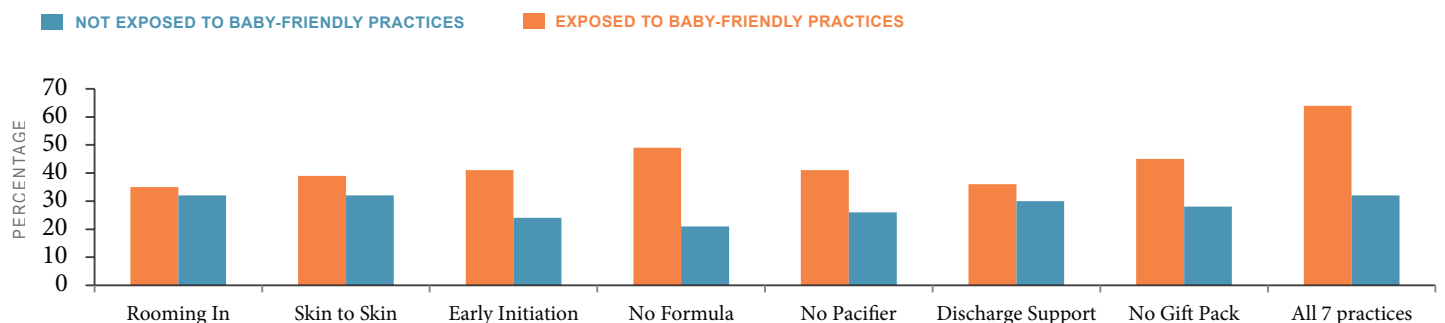
- Because breastfeeding may have a significant impact on maternal & child health as well as health care costs, this low-cost, low-tech intervention promises better outcomes for babies, families, medical organizations, health care plans, and policy makers. When policies and practices do not support mothers during the hospital stay, the opportunity to fulfill this promise may be lost.
- New mothers are highly vulnerable to inappropriate practices and inconsistent information.^{5,11} Medical professionals need training and skills to support informed infant-feeding decisions among patients in their care.
- Data from the California Maternal and Infant Health Assessment Survey, administered by MCAH, indicate that a greater percentage of mothers who are exposed to the Baby-Friendly policies are exclusively breastfeeding three months after they leave the hospital (Figure 3).
- If breastfeeding is not exclusive or only of very short duration, significant health care cost savings will not be achieved.¹²

Figure 2. Exclusive Breastfeeding by Ethnicity; Non-Baby-Friendly Versus Only Baby-Friendly Hospitals (2012)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2012.

Figure 3. Mothers Reporting Exclusive Breastfeeding at 3 Months of Age, by Hospital Experience (2010)



Source: Maternal and Infant Health Assessment Survey, 2010 (www.cdph.ca.gov/MIHA)

SUPPORT IS A PRIORITY ACROSS THE CONTINUUM OF CARE

- Policy makers and health organizations recognize that breastfeeding women need information and skilled support before, during, and after the hospital stay. Therefore, efforts are underway at both a local and national level to support breastfeeding women across the continuum of care.
- California hospitals will be required by January 2014 to have an infant-feeding policy that promotes breastfeeding. (Senate Bill 502 [2011])
- The California WIC program has expanded their breastfeeding support services to support low-income mothers' informed decisions throughout pregnancy and after hospital discharge.
- The Joint Commission, an organization that accredits and certifies hospitals, includes exclusive breastfeeding as part of their Perinatal Care Core Measures used to assess quality of maternity care practices (www.jointcommission.org/perinatal_care/).
- Maternity practices (such as elective cesarean section and induction of labor) may influence maternal health as well as breastfeeding outcomes. Organizations like the California Department of Public Health, the California Maternal Quality Care Collaborative, and the March of Dimes have mounted an advocacy campaign against unnecessary and costly procedures that have been on the rise.¹³⁻¹⁴
- The MCAH program reports infant-feeding data, including the hospital-level data in this report and outcomes from the Maternal Infant Health Assessment (MIHA). The program also works with other public and professional groups to improve the quality of perinatal health care across the state.
- The CDC has stepped up monitoring of hospital policies with the Maternity Practices in Infant Nutrition and Care (mPINC) survey. Statewide data from this survey of policies that support breastfeeding are reported to assist policy makers in identifying areas of concern.¹⁵

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 reported.

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-UI-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.
7. 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. 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
9. Grummer-Strawn LM. Surgeon General's Call to Action to Support Breastfeeding: significant actions in the first year. *Breastfeed Med*. 2012 Oct;7(5):332-3.
10. World Health Organization. The global strategy for infant and young child feeding. Geneva: World Health Organization. 2003.
11. Hauck Y, Hall WA, Jones C. Prevalence, self-efficacy and perceptions of conflicting advice and self-management: effects of a breastfeeding journal. *J Adv Nurs*. 2007 Feb;57(3):306-17.
12. Centers for Disease Control and Prevention. Maternity Practices in Infant Nutrition and Care (mPINC) 2009. <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>.
13. Main EK, et al. Cesarean deliveries, outcomes, and opportunities for changes in California: Toward a public agenda for maternity care safety and quality. Palo Alto, CA: California Maternity Care Collaborative. 2011.
14. Hurley V and Brownlee S. Elective childbirth procedures in California. California Health Care Foundation. 2011. www.chcf.org.
15. 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.

August 2013

 CALIFORNIA
W I C
ASSOCIATION
WORKING FOR BETTER HEALTH

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