

# Meeting Challenges, Managing Change

## California Leads the Nation

**A Policy Update on California Breastfeeding and Hospital Performance**  
 Produced by California WIC Association and the UC Davis Human Lactation Center

### Kern County: 2014 Data



#### EXCLUSIVE BREASTFEEDING PROVIDES LIFELONG HEALTH ADVANTAGES

- Breastfeeding is a crucial first step in protecting the health of mothers and infants, nourishing infants and building a foundation for a healthy immune system.<sup>1</sup>
- Hospital practices have an enormous impact on infant-feeding success.<sup>2-4</sup> Mothers who receive in-hospital support to breastfeed exclusively often continue to do so after discharge.
- Hospitals that have instituted Baby-Friendly policies have high rates of breastfeeding, no matter where they are located or what populations they serve.<sup>5-6</sup> As more California hospitals have adopted these evidence-based reforms, in-hospital exclusive breastfeeding has increased since 2010 from 56.6% to 66.6%.<sup>7</sup>

#### HOSPITALS MUST MEET ONGOING CHALLENGES TO SUPPORT NEW MOTHERS

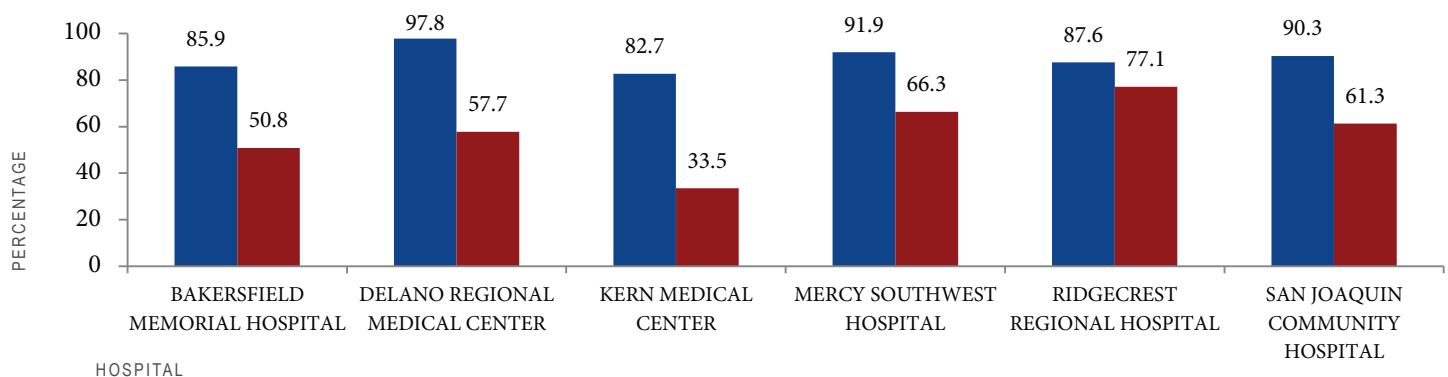
- Improved hospital policies and practices have led to increased breastfeeding among all California mothers. However, the lowest exclusive rates still are found in hospitals serving low-income women of color.<sup>7</sup>
- The number of credentialed staff to support new mothers continues to increase, but access to skilled support remains limited during off-hours and for women who don't speak English.<sup>5,6</sup>
- Mothers are inundated with conflicting and inaccurate information about breastfeeding. When mothers are unprepared or confused, they may give up on their breastfeeding goals too soon.<sup>8</sup>

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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.<sup>7</sup>

#### Kern County In-Hospital Breastfeeding Rates, 2014

■ ANY BREASTFEEDING ■ EXCLUSIVE BREASTFEEDING



## CALIFORNIA STEPS UP: MANAGING CHANGE ON MANY LEVELS

- Changes in California hospitals have been part of a long-term, statewide mission to support breastfeeding on many levels, from the passage of new laws to increased access to training for medical providers and public health staff.<sup>9</sup> Targeted efforts are needed to maintain this momentum toward improving the quality of perinatal care in hospitals.
- By funding strategic planning, sharing hospital infant-feeding data, establishing education and support interventions within state and local programs, creating regulations, and passing laws to support breastfeeding, public health officials and local advocacy groups have initiated and managed change to drive breastfeeding rates upward.

*Targeted efforts are needed to maintain momentum toward improving the quality of perinatal care in California hospitals.*

- Community advocates have worked with local and statewide coalitions to advocate for laws, cooperation, and media coverage, changing public perceptions of breastfeeding and its importance in public health.<sup>10</sup>
- Medical organizations and hospitals have worked together to improve hospital practices and overcome barriers to Baby-Friendly status.<sup>11</sup>
- State and academic institutions have enhanced training opportunities in an effort to expand both the number and diversity of skilled professionals supporting women in areas of greatest need.<sup>12</sup>

### Kern County Breastfeeding and Hospital Performance

- County average breastfeeding rates:  
Any – 88.5% Exclusive – 54.9%
- County ranked 44th in the state for exclusive breastfeeding
- Highest performing hospital in county: Ridgecrest Regional Hospital
- One hospital among the 15 lowest-scoring in the state: Kern Medical Center



#### 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 1.9% 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.

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