

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

Riverside 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.¹
- Hospital practices have an enormous impact on infant-feeding success.²⁻⁴ 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.⁵⁻⁶ As more California hospitals have adopted these evidence-based reforms, in-hospital exclusive breastfeeding has increased since 2010 from 56.6% to 66.6%.⁷

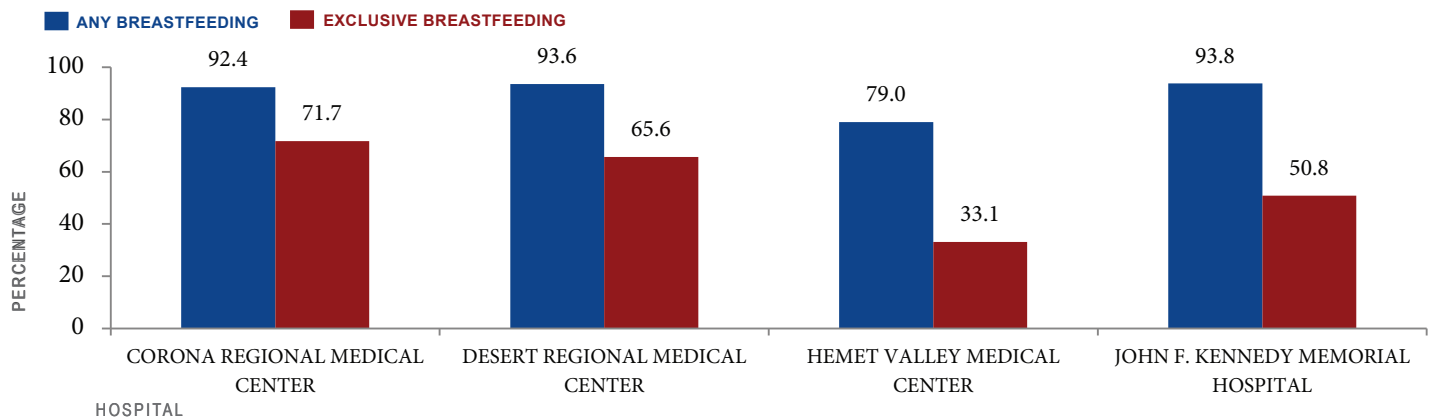
HOSPITALS MUST MEET ONGOING CHALLENGES TO SUPPORT NEW MOTHERS

- 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.⁷
- 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.^{5,6}
- 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.⁸

Continued on page 2

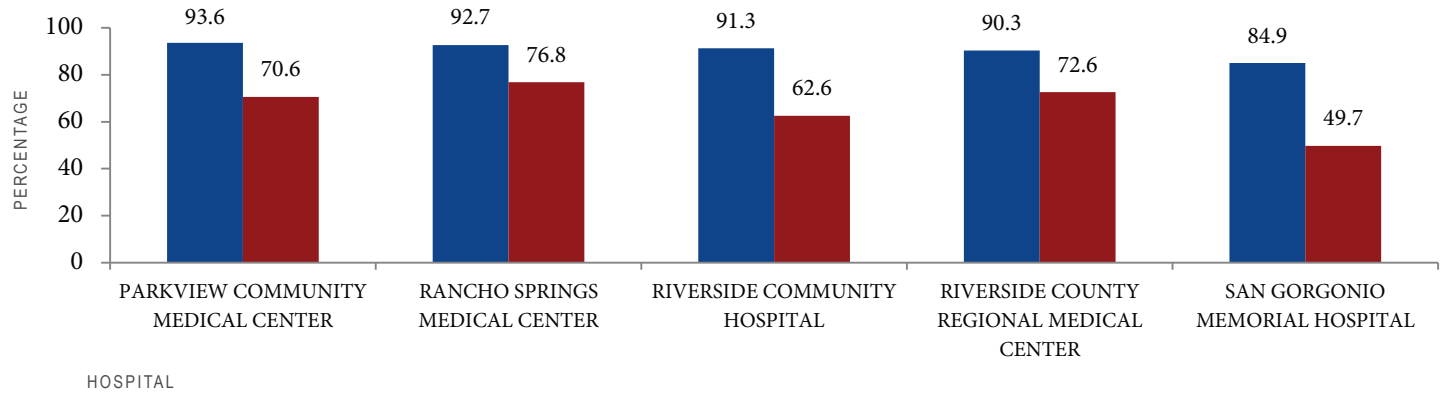
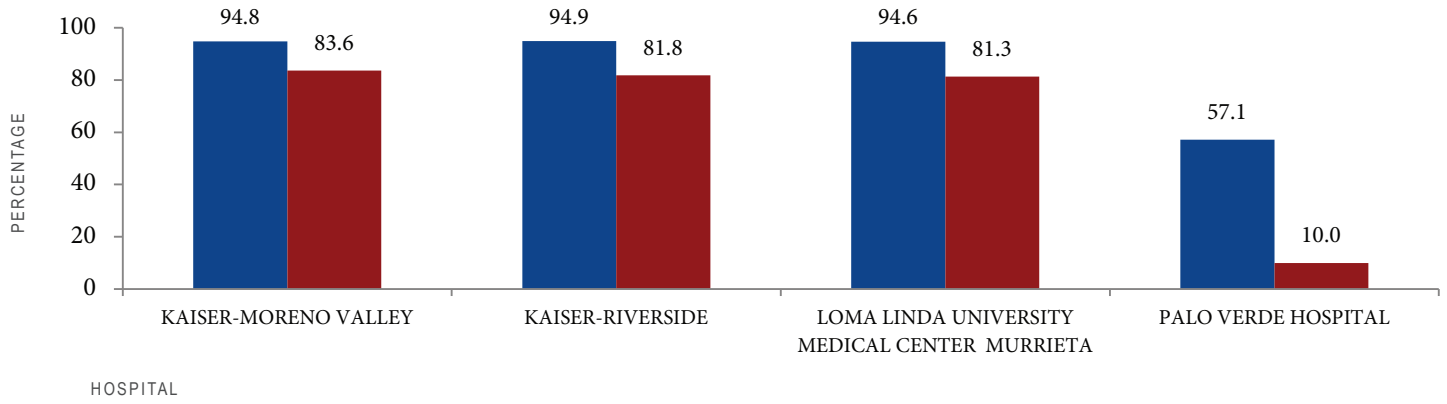
The UC Davis Human Lactation Center used data reported by the California Department of Public Health Maternal, Child and Adolescent Health Program to create the following charts showing in-hospital breastfeeding rates.⁷

Riverside County In-Hospital Breastfeeding Rates, 2014



Riverside 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.⁹ 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.¹⁰
- Medical organizations and hospitals have worked together to improve hospital practices and overcome barriers to Baby-Friendly status.¹¹
- 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.¹²

Riverside County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
Any – 92.0% Exclusive – 67.8%
- County ranked 34th in the state for exclusive breastfeeding
- One hospital among the 15 lowest-scoring in the state: Hemet Valley Medical Center
- Highest performing hospital in county: Kaiser-Moreno Valley
- Six Baby-Friendly hospitals: Corona Regional Medical Center, Desert Regional Medical Center, Kaiser Riverside, Parkview Community Medical Center, Riverside Community Hospital, Riverside County Regional 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 1.8% 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. Grummer-Strawn LM, et al. Maternity care practices that support breastfeeding: CDC efforts to encourage quality improvement. *J Womens Health (Larchmt)*. 2013 Feb;22:107-12.
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. California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2014. <http://www.cdph.ca.gov/data/statistics/Pages/InHospitalBreastfeedingInitiationData.aspx>
8. Dietrich, et al. "Be positive as well as realistic": a qualitative description analysis of information gaps experienced by breastfeeding mothers. *Int Breastfeed J*. 2015 Mar 7;10:10.
9. Breastfeeding: Investing in California's Future. <http://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-BreastfeedingFullDocument.pdf>
10. California Breastfeeding Coalition. <http://californiabreastfeeding.org/>
11. Semenic, et al. Barriers, facilitators, and recommendations related to implementing the Baby-Friendly Initiative (BFI): an integrative review. *J Hum Lact*. 2012 Aug;28(3):317-34.
12. Birth and Beyond California: Hospital Breastfeeding Quality Improvement and Staff Training Demonstration Project Report. http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Documents/BBCP_FinalReport2.17.2012.pdf.

December 2015

This project was supported by Kaiser Foundation Hospitals

Photograph Sources: www.istockphoto.com, United States Breastfeeding Coalition



UCDAVIS
HUMAN LACTATION CENTER

