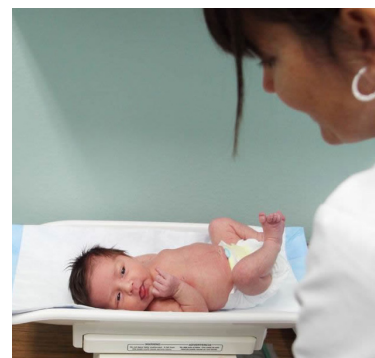


Meeting Challenges, Managing Change

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

California Fact Sheet: 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%, with even higher increases among women of color.⁷

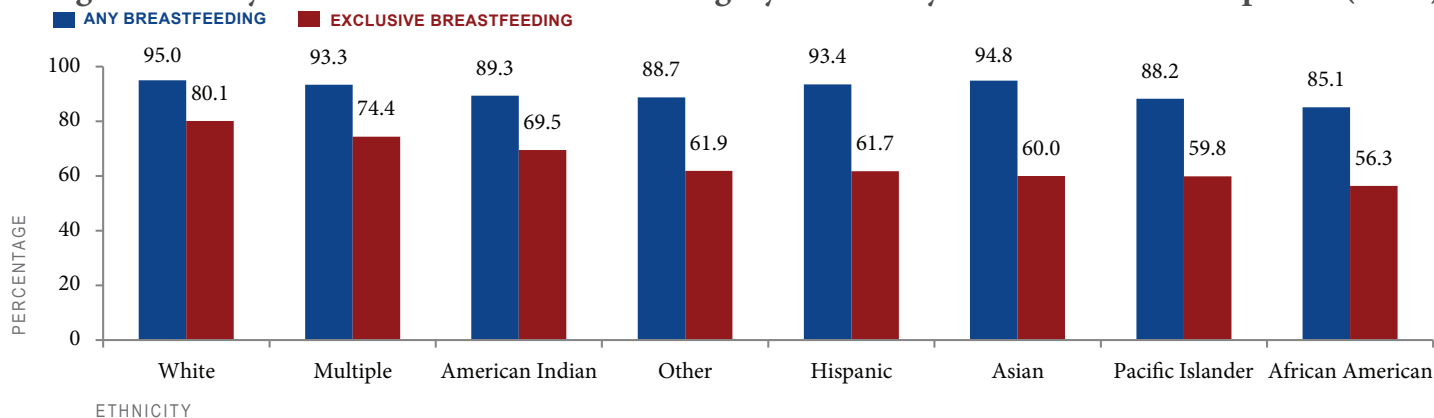
HOSPITALS MUST MEET ONGOING CHALLENGES TO SUPPORT NEW MOTHERS

- 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.⁷
- The number of credentialed staff to support new mothers continues to increase, but access to education and skilled assistance remains limited for women who don't speak English.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.⁴

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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.⁷

Figure 1. Any and Exclusive Breastfeeding by Ethnicity in California Hospitals (2014)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2014.

BREASTFEEDING IN CALIFORNIA HOSPITALS

- The California Department of Public Health Maternal, Child and Adolescent Health Program (MCAH) collects infant-feeding data for all maternity hospitals in the state.⁷ 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.
- 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.
- Nearly 94% of mothers begin breastfeeding, but 29% also feed their infants formula during the hospital stay. Gaps between any and exclusive breastfeeding rates have narrowed for all California women, but disparities remain (Figure 1).⁷
- Despite gains throughout the state, regional differences in breastfeeding rates persist, with the highest rates for exclusive breastfeeding found in Northern California and the lowest rates occurring in the Central Valley and Southern California (Table 1).
- The UC Davis Human Lactation Center has compiled separate lists of the 15 hospitals with the lowest (Table 2) and 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 hospitals’ “any” and “exclusive” breastfeeding rates across ethnic groups. Exclusive breastfeeding rates among lower performing hospitals exceed those in past reports. However, their rates remain 45% to 78% lower than those of this year’s highest performing 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 (2014)

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
	CALIFORNIA	435,692	93.5	66.6
50	IMPERIAL	2,748	93.2	28.4
49	COLUSA	150	92.0	40.7
48	SAN BENITO	387	93.8	41.9
47	SUTTER	1,779	89.7	43.1
46	KINGS	2,005	83.7	50.6
45	TULARE	6,203	88.0	51.9
44	KERN	11,773	88.5	54.9
43	FRESNO	14,958	87.7	56.1
42	LOS ANGELES	119,709	93.5	57.4
41	SANTA BARBARA	5,198	95.4	57.8
40	MADERA	4,953	89.6	60.1
39	SAN JOAQUIN	6,805	86.8	60.2
38	SAN BERNARDINO	23,965	88.0	61.3
37	MERCED	3,175	90.8	62.2
36	ORANGE	37,548	94.8	64.6
35	TUOLUMNE	468	94.0	67.3
34	RIVERSIDE	35,892	92.0	67.8
33	LASSEN	246	92.7	67.9
32	MONTEREY	5,280	96.9	67.9
31	VENTURA	8,615	95.8	68.6
30	LAKE	428	90.7	69.6
29	SACRAMENTO	14,623	91.0	70.2
28	STANISLAUS	8,737	89.7	70.7
27	DEL NORTE	274	89.4	71.5

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
26	HUMBOLDT	1,350	92.7	74.3
25	MENDOCINO	886	97.0	76.7
24	SANTA CLARA	24,026	96.8	77.2
23	TEHAMA	622	93.1	77.5
22	SAN DIEGO	35,560	95.9	77.7
21	BUTTE	2,730	92.5	78.3
20	SOLANO	4,124	94.6	78.8
19	SAN FRANCISCO	10,594	97.2	78.9
18	CONTRA COSTA	10,662	96.5	79.4
17	INYO	205	96.1	81.0
16	PLACER	7,401	95.4	81.3
15	SISKIYOU	285	94.0	81.4
14	EL DORADO	768	96.4	81.8
13	ALAMEDA	16,128	97.3	82.7
12	NAPA	910	96.5	82.9
11	SAN MATEO	5,420	97.2	83.5
10	AMADOR	291	96.2	84.5
9	SAN LUIS OBISPO	2,207	97.4	85.3
8	YOLO	2,118	97.2	85.8
7	SONOMA	4,617	97.3	86.5
6	MONO	88	98.9	87.5
5	SHASTA	1,812	95.2	87.9
4	NEVADA	732	97.7	88.3
3	SANTA CRUZ	2,731	98.7	89.4
2	MARIN	1,267	99.4	91.0
1	PLUMAS	59	100.0	91.5

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

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2014.

Table 2. California’s Lowest-Scoring Hospitals, by Exclusive Breastfeeding Rate (2014)

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	FOUNTAIN REGIONAL MEDICAL CENTER	ORANGE	3,262	91.9	19.4	42.6
2	MONTEREY PARK HOSPITAL	LOS ANGELES	1,677	87.2	21.2	72.5
3	GARFIELD MEDICAL CENTER	LOS ANGELES	3,811	95.9	23.0	37.2
4	PIH HEALTH	LOS ANGELES	971	85.1	24.7	48.1
5	VICTOR VALLEY COMMUNITY HOSPITAL	SAN BERNARDINO	1,083	76.8	26.3	69.3
6	MONTCLAIR HOSPITAL MEDICAL CENTER	SAN BERNARDINO	976	74.8	31.0	60.4
7	WHITTIER HOSPITAL	LOS ANGELES	3,248	92.1	31.7	46.2
8	WESTERN MEDICAL CENTER	ORANGE	1,855	88.5	32.6	80.8
9	HEMET VALLEY MEDICAL CENTER	RIVERSIDE	1,199	79.0	33.1	89.9
10	KERN MEDICAL CENTER	KERN	2,218	82.7	33.5	96.1
11	CALIFORNIA HOSPITAL MEDICAL CENTER	LOS ANGELES	3,475	89.0	37.4	95.4
12	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	LOS ANGELES	1,879	94.0	41.4	12.7
13	FREMONT MEDICAL CENTER	SUTTER	1,779	89.7	43.1	64.3
14	ANAHEIM REGIONAL MEDICAL CENTER	ORANGE	1,536	93.5	43.2	70.6
15	MEMORIAL HOSPITAL OF GARDENA	LOS ANGELES	861	91.9	43.9	93.4

Table 3. California’s Highest-Scoring Hospitals, by Exclusive Breastfeeding Rate (2014)

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	DOMINICAN SANTA CRUZ HOSPITAL*	SANTA CRUZ	655	98.8	97.4	40.3
2	KAISER WALNUT CREEK	CONTRA COSTA	3,158	98.5	96.7	3.6
3	KAISER OAKLAND HOSPITAL	ALAMEDA	2,223	99.3	96.0	7.2
4	SUTTER MATERNITY AND SURGERY CENTER*	SANTA CRUZ	969	99.4	93.5	25.8
5	WOODLAND MEMORIAL HOSPITAL*	YOLO	653	97.2	93.1	54.1
6	UC SAN FRANCISCO HOSPITAL/MOFFITT	SAN FRANCISCO	1,765	97.7	93.0	26.6
7	MARIN GENERAL HOSPITAL	MARIN	1,267	99.4	91.0	47.3
8	SAN FRANCISCO KAISER HOSPITAL	SAN FRANCISCO	2,650	98.7	90.5	3.0
9	EL CAMINO HOSPITAL	SANTA CLARA	3,725	99.2	90.3	6.4
10	POMERADO HOSPITAL	SAN DIEGO	1,379	97.0	90.2	22.4
11	SIERRA NEVADA MEMORIAL HOSPITAL	NEVADA	403	97.3	89.8	57.8
12	KAISER FRESNO MEDICAL CENTER	FRESNO	1,055	95.9	89.7	4.4
13	SANTA ROSA KAISER	SONOMA	1,894	98.3	89.5	7.6
14	ALTA BATES COMMUNITY HOSPITAL	ALAMEDA	5,501	98.1	89.4	55.0
15	MERCY MEDICAL CENTER REDDING	SHASTA	1,770	95.3	88.4	62.1

* 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, 2014.

Table 4. California's Baby-Friendly Hospitals, October 2015

Hospital	County	Hospital	County
ALAMEDA COUNTY MEDICAL CENTER - HIGHLAND HOSPITAL	ALAMEDA	LAC+USC MEDICAL CENTER	LOS ANGELES
ANTELOPE VALLEY HOSPITAL	LOS ANGELES	LODI MEMORIAL HOSPITAL	SAN JOAQUIN
ARROWHEAD REGIONAL MEDICAL CENTER	SAN BERNARDINO	LOMA LINDA UNIVERSITY HOSPITAL	SAN BERNARDINO
BARSTOW COMMUNITY HOSPITAL	SAN BERNARDINO	MARSHALL MEDICAL CENTER	EL DORADO
COMMUNITY HOSPITAL OF SAN BERNARDINO	SAN BERNARDINO	MISSION HOSPITAL REGIONAL MEDICAL CENTER	ORANGE
CORONA REGIONAL MEDICAL CENTER	RIVERSIDE	MONTEREY PENINSULA COMMUNITY HOSPITAL	MONTEREY
DESERT REGIONAL MEDICAL CENTER	RIVERSIDE	NATIVIDAD MEDICAL CENTER	MONTEREY
DOMINICAN HOSPITAL	SANTA CRUZ	NORTHBAY MEDICAL CENTER	SOLANO
EAST LOS ANGELES DOCTORS	LOS ANGELES	OLIVE VIEW -UCLA MEDICAL CENTER	LOS ANGELES
ENLOE MEDICAL CENTER	BUTTE	PACIFIC ALLIANCE MEDICAL CENTER	LOS ANGELES
FEATHER RIVER HOSPITAL	BUTTE	PARKVIEW COMMUNITY MEDICAL CENTER	RIVERSIDE
FRENCH HOSPITAL	SAN LUIS OBISPO	POMONA VALLEY HOSPITAL MEDICAL CENTER	LOS ANGELES
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	LOS ANGELES	PROVIDENCE HOLY CROSS MEDICAL CENTER	LOS ANGELES
GREATER EL MONTE HOSPITAL	LOS ANGELES	PROVIDENCE LITTLE COMPANY OF MARY SAN PEDRO	LOS ANGELES
HARBOR-UCLA MEDICAL CENTER	LOS ANGELES	PROVIDENCE LITTLE COMPANY OF MARY TORRANCE	LOS ANGELES
HENRY MAYO NEWHALL MEMORIAL	LOS ANGELES	PROVIDENCE ST. JOSEPH MEDICAL ENTER	LOS ANGELES
HOAG MEMORIAL-PRESBYTERIAN HOSPITAL	ORANGE	REDLANDS COMMUNITY HOSPITAL	SAN BERNARDINO
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	LOS ANGELES	RIVERSIDE COMMUNITY HOSPITAL	RIVERSIDE
KAISER ANAHEIM	ORANGE	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	RIVERSIDE
KAISER BALDWIN PARK	LOS ANGELES	ROBERT E. BUSH NAVAL HOSPITAL	SAN BERNARDINO
KAISER DOWNEY	LOS ANGELES	SALINAS VALLEY MEMORIAL HOSPITAL	MONTEREY
KAISER FONTANA	SAN BERNARDINO	SAN ANTONIO COMMUNITY HOSPITAL	SAN BERNARDINO
KAISER SAN LEANDRO	ALAMEDA	SAN FRANCISCO GENERAL HOSPITAL	SAN FRANCISCO
KAISER IRVINE	ORANGE	SAN GABRIEL VALLEY MEDICAL CENTER	LOS ANGELES
KAISER LOS ANGELES	LOS ANGELES	SANTA PAULA HOSPITAL	VENTURA
KAISER PANORAMA CITY	LOS ANGELES	SCRIPPS MEMORIAL HOSPITAL ENCINITAS	SAN DIEGO
KAISER RIVERSIDE	RIVERSIDE	SHARP MARY BIRCH HOSPITAL	SAN DIEGO
KAISER SAN DIEGO	SAN DIEGO	ST. BERNARDINE MEDICAL CENTER	SAN BERNARDINO
KAISER SOUTH SACRAMENTO	SACRAMENTO	ST. FRANCIS MEDICAL CENTER	LOS ANGELES
KAISER SOUTH BAY	LOS ANGELES	ST. JOSEPH HOSPITAL	ORANGE
KAISER WEST LOS ANGELES	LOS ANGELES	ST. JOSEPH'S MEDICAL CENTER	SAN JOAQUIN
KAISER WOODLAND HILLS	LOS ANGELES		

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

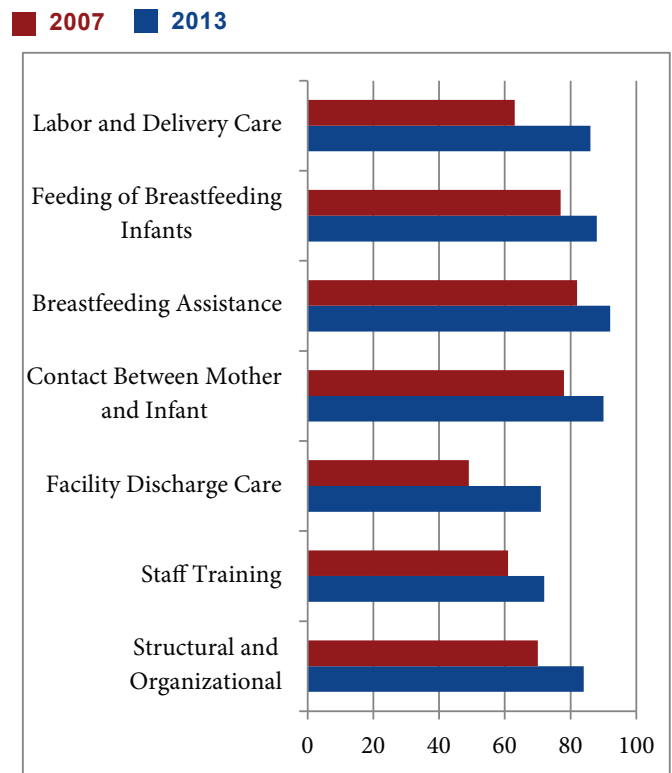
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Table 4 Continued

Hospital	County
ST. JUDE MEDICAL CENTER	ORANGE
ST. MARY MEDICAL CENTER	LOS ANGELES
ST. MARY REGIONAL MEDICAL CENTER	SAN BERNARDINO
SUTTER DAVIS HOSPITAL	YOLO
SUTTER MATERNITY AND SURGERY CENTER	SANTA CRUZ
SUTTER MEMORIAL HOSPITAL	SACRAMENTO
TAHOE FOREST HOSPITAL	NEVADA
TWIN CITIES COMMUNITY HOSPITAL	SAN LUIS OBISPO
UC SAN DIEGO MEDICAL CENTER	SAN DIEGO
VALLEY PRESBYTERIAN HOSPITAL	LOS ANGELES
VENTURA COUNTY MEDICAL CENTER	VENTURA
WASHINGTON HOSPITAL	ALAMEDA
WEED ARMY COMMUNITY HOSPITAL	SAN BERNARDINO
WHITE MEMORIAL MEDICAL CENTER	LOS ANGELES
WOODLAND MEMORIAL HOSPITAL	YOLO

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

Figure 2. Change in California Quality Practice Subscore by Dimension of Care* on mPINC Survey (2007 to 2013).⁶



*CDC surveys US hospitals every 2 years to monitor practices in 7 categories, called “dimensions of care.”⁶

IMPROVED HOSPITAL POLICIES SUPPORT MOTHERS AND PROTECT BABIES

- 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.⁸
- The number of Baby-Friendly hospitals in California continues to rise, from 12 in 2006 to 76 in November 2015 (Table 4), yet this designation has been given to less than 1/3 of birthing hospitals in the state.
- Since 2007, consistent progress has been made across all of the categories of quality assessed by the CDC Maternity Practices Infant Nutrition and Care (mPINC) survey (Figure 2).
- As hospitals have implemented supportive policies, breastfeeding rates have continued to improve. Since 2010, exclusive breastfeeding rates have risen 10% among all California women (representing over 43,500 mothers), and 13.4% among Hispanic/Latina women (representing over 28,000 mothers).
- Recent legislative efforts aim to maintain this progress. In January 2014, the Hospital Infant Feeding Act (SB 502, 2011) took effect, requiring that all hospitals providing perinatal care have an infant-feeding policy that promotes breastfeeding.⁹ By 2025, these hospitals must adopt Baby-Friendly or similar evidence-based policies (SB402, 2013).¹⁰

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.¹¹
- By funding strategic planning, sharing hospital infant-feeding data, establishing education and support within state and local programs, and administering supportive laws and regulations, public health officials and advocacy groups have managed change to drive breastfeeding rates upward.
- 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.¹²
- Medical organizations and hospitals have worked together to improve hospital practices and overcome barriers to Baby-Friendly status.^{6,13}
- 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.¹⁴

ONGOING EFFORTS ARE NEEDED TO MAINTAIN MOMENTUM

- California currently has the highest breastfeeding initiation rates in the nation.¹³ Ongoing efforts to expand and reinforce successful changes in policy and practices are needed to ensure the gains made over the last 5 years are protected and expanded.
- The California Department of Public Health (CDPH) must continue to monitor and report infant-feeding data, including the hospital-level data in this report.
- The California Department of Public Health (CDPH) should continue their successful efforts to improve maternity practices in the state by monitoring policy improvements, regional reporting of mPINC scores and providing ongoing technical support.¹⁴
- Comprehensive policies and practices that support breastfeeding are needed in health centers and medical offices. In recognition of this need, CDPH will be releasing a set of guidelines for community health center and outpatient care settings.
- Advocacy for working mothers has led to supportive changes in state labor laws and the development of guidance for employers.¹⁴ Local and regional coalitions should work with employers to translate these gains into benefits for all working families.
- In a recent survey of California hospitals, 89% of the 145 responding hospitals reported that they have a written infant-feeding policy that is communicated to staff. Policy improvements have resulted in increased in-hospital exclusive breastfeeding rates among all California mothers. Given this evidence, it is time for all California hospitals to adopt evidence-based reforms.
- Greater cooperation among public health and medical organizations is needed to ensure that mothers with breastfeeding challenges and questions have access to culturally competent, skilled support no matter where their babies are born.

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 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. Grummer-Strawn LM, Shealy KR, Perrine CG, MacGowan C, Grossniklaus DA, Scanlon KS, Murphy PE. Maternity care practices that support breastfeeding: CDC efforts to encourage quality improvement. *J Womens Health (Larchmt)*. 2013 Feb;22(2):107-12.
4. Bartick M, Stuebe A, Shealy KR, et al. Closing the quality gap: promoting evidence-based breastfeeding care in the hospital. *Pediatrics* 2009;124:e793-e802.
5. 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.
6. Centers for Disease Control and Prevention. Maternity Practices in Infant Nutrition and Care (mPINC) 2007 and 2013. <http://www.cdc.gov/breastfeeding/data/mpinc/reports.htm>
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. World Health Organization, United Nations Children's Fund. Protecting, promoting, and supporting breastfeeding: The special role of maternity services. Geneva: World Health Organization, 1990.
9. SB 502, Pavley. Hospital Infant Feeding Act. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SB502
10. SB 402, De León. Breastfeeding. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB402
11. Breastfeeding: Investing in California's Future. <http://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-BreastfeedingFullDocument.pdf>
12. California Breastfeeding Coalition. <http://californiabreastfeeding.org/>
13. Centers for Disease Control and Prevention. Breastfeeding Report Cards. <http://www.cdc.gov/breastfeeding/data/reportcard.htm>
14. California Department of Public Health. Breastfeeding & Healthy Living. <http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/MO-BFP-BreastfeedingHealthyLiving.aspx>

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



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