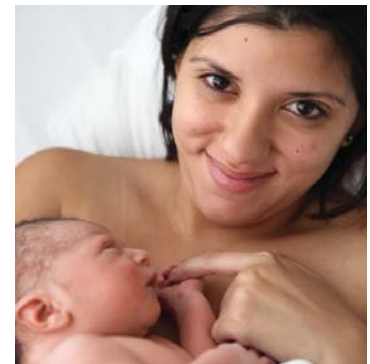


Collaboration Counts

Improving Hospital Breastfeeding Policies

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

California Fact Sheet: 2011 Data



BREASTFEEDING CAN REDUCE HEALTH DISPARITIES

- Breastfeeding is a crucial first step in protecting the health of mothers and infants; hospital policies and practices have an enormous impact on infant-feeding success.¹⁻³
- Many of the hospitals with the lowest exclusive breastfeeding rates serve low-income women of color and, statewide, disparities in breastfeeding rates by ethnicity persist (Figure 1). Hospitals that have instituted Baby-Friendly practices have high rates of breastfeeding no matter what populations they serve.⁴⁻⁶
- With growing state and federal emphasis on achieving health equity, outdated institutional policies that create disparities in health care are no longer acceptable.

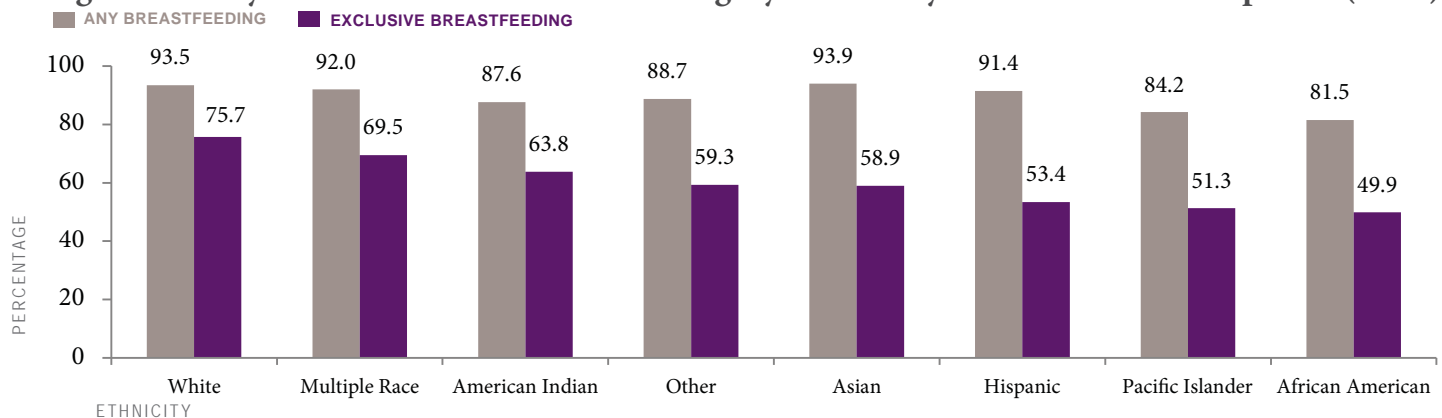
COLLABORATION AND COMMITMENT RESULTS IN MORE BABY-FRIENDLY HOSPITALS

- Collaborations among hospitals have been shown to improve breastfeeding support and care.^{7,8} Working together, staff from hospitals, medical centers, and public health agencies address common barriers by sharing information, pooling resources, and creating and implementing common quality improvement procedures.
- Recently, local, regional, and statewide collaboratives have formed throughout California in response to disparities in breastfeeding rates. Successful hospital consortia in Riverside, San Bernardino, Los Angeles, and San Joaquin counties demonstrate the effectiveness of this approach.

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.⁹

Figure 1. Any and Exclusive Breastfeeding by Ethnicity in California Hospitals (2011)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2011.

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.
- Nearly 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 (2011)

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
	CALIFORNIA	437,579	91.7	60.4
50	COLUSA	154	83.8	14.3
49	IMPERIAL	2,771	89.3	20.8
48	SAN BENITO	355	96.9	34.9
47	KINGS	1,804	78.1	37.0
46	TULARE	6,580	84.7	39.7
45	SUTTER	1,958	85.6	42.3
44	KERN	11,876	85.1	45.7
43	LOS ANGELES	120,729	90.9	46.8
42	FRESNO	15,734	83.5	48.8
41	SAN JOAQUIN	7,122	85.5	49.8
40	MADERA	1,571	89.3	53.4
39	SANTA BARBARA	4,909	95.3	54.6
38	MERCED	3,230	88.8	54.9
37	DEL NORTE	322	88.2	55.9
36	VENTURA	8,831	94.5	59.1
35	SAN BERNARDINO	22,710	86.1	59.3
34	ORANGE	37,296	93.2	59.8
33	STANISLAUS	8,806	87.5	62.8
32	LASSEN	251	92.4	66.1
31	SACRAMENTO	15,315	90.0	66.4
30	TUOLUMNE	442	96.8	67.4
29	RIVERSIDE	22,889	91.1	67.6
28	MONO	106	96.2	67.9
27	SOLANO	3,931	93.2	68.4

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
26	LAKE	430	90.2	68.8
25	SAN DIEGO	35,627	94.8	70.4
24	TEHAMA	651	91.4	71.0
23	HUMBOLDT	1,324	93.7	74.2
22	AMADOR	294	92.2	74.5
21	MONTEREY	5,662	96.4	74.5
20	SANTA CRUZ	2,840	98.1	74.5
19	SAN FRANCISCO	10,511	96.7	75.0
18	MENDOCINO	941	95.3	75.9
17	EL DORADO	871	94.1	76.5
16	BUTTE	2,579	91.0	77.2
15	SAN LUIS OBISPO	2,493	97.0	77.6
14	CONTRA COSTA	9,656	95.8	78.3
13	SONOMA	4,684	96.5	78.4
12	SANTA CLARA	24,087	96.2	78.7
11	SAN MATEO	4,846	96.7	79.5
10	PLACER	7,256	94.8	80.1
9	MARIN	1,162	98.6	81.9
8	ALAMEDA	15,985	96.2	82.1
7	PLUMAS	63	96.8	82.5
6	SISKIYOU	327	92.7	82.6
5	NAPA	970	96.8	82.9
4	YOLO	1,911	96.1	83.6
3	NEVADA	735	97.1	84.5
2	INYO	181	95.6	86.7
1	SHASTA	1,798	93.0	87.5

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, 2011.

Table 2. California’s Lowest-Scoring Hospitals, by Exclusive Breastfeeding Rate (2011)

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	GARFIELD MEDICAL CENTER	LOS ANGELES	3,135	96.7	5.7	49.8
2	SAN GABRIEL VALLEY MEDICAL CENTER	LOS ANGELES	1932	91.3	14.5	47.4
3	EL CENTRO REGIONAL MEDICAL CENTER	IMPERIAL	1,088	86.1	15.4	41.6
4	WESTERN MEDICAL CENTER	ORANGE	2,136	85.6	16.0	71.8
5	VALLEY PRESBYTERIAN HOSPITAL	LOS ANGELES	3,767	92.9	22.4	64.2
6	BELLFLOWER MEDICAL CENTER	LOS ANGELES	1,400	81.6	15.8	70.0
7	ST. FRANCIS HOSPITAL LYNWOOD	LOS ANGELES	4,895	71.2	10.6	88.8
8	PACIFIC HOSPITAL	LOS ANGELES	754	75.9	14.3	97.5
9	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	LOS ANGELES	1,568	90.8	24.4	27.5
10	GOOD SAMARITAN HOSPITAL	LOS ANGELES	3,982	95.8	29.2	60.5
11	PROVIDENCE LITTLE COMPANY OF MARY SAN PEDRO	LOS ANGELES	644	84.3	22.7	78.0
12	FOUNTAIN REGIONAL HOSPITAL AND MEDICAL CENTER	ORANGE	2,726	88.0	27.1	65.2
13	PARADISE VALLEY HOSPITAL	SAN DIEGO	1,080	95.6	33.0	29.8
14	KERN MEDICAL CENTER	KERN	3,076	82.9	24.6	95.7
15	MONTCLAIR HOSPITAL MEDICAL CENTER	SAN BERNARDINO	845	79.1	23.7	93.1

Table 3. California’s Highest-Scoring Hospitals, by Exclusive Breastfeeding Rate (2011)

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	EL CAMINO HOSPITAL	SANTA CLARA	3,772	98.9	97.4	7.7
2	KAISER OAKLAND	ALAMEDA	1,996	98.2	95.1	8.2
3	KAISER WALNUT CREEK	CONTRA COSTA	2,913	98.7	94.7	3.2
4	UC SAN FRANCISCO HOSPITAL/MOFFITT	SAN FRANCISCO	1,354	97.9	93.3	30.6
5	WASHINGTON HOSPITAL	ALAMEDA	1,622	99.0	93.6	11.7
6	POMERADO HOSPITAL	SAN DIEGO	1,106	95.9	91.3	26.8
7	KAISER HAYWARD*	ALAMEDA	2,183	98.4	92.8	7.1
8	SUTTER MATERNITY AND SURGERY CENTER*	SANTA CRUZ	918	98.7	91.7	29.8
9	MERCY MEDICAL CENTER REDDING	SHASTA	1,738	93.2	87.7	58.9
10	FEATHER RIVER HOSPITAL	BUTTE	918	93.4	87.4	56.8
11	DOMINICAN HOSPITAL*	SANTA CRUZ	678	98.8	91.0	40.9
12	NORTHERN INYO HOSPITAL	INYO	181	95.6	86.0	6.7
13	KAISER ROSEVILLE WOMEN AND CHILDREN’S CENTER	PLACER	4,533	95.5	86.7	6.7
14	SAN FRANCISCO GENERAL HOSPITAL*	SAN FRANCISCO	906	95.0	85.7	87.9
15	SCRIPPS MERCY HOSPITAL	SAN DIEGO	1,686	95.6	85.1	64.8

* 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 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.

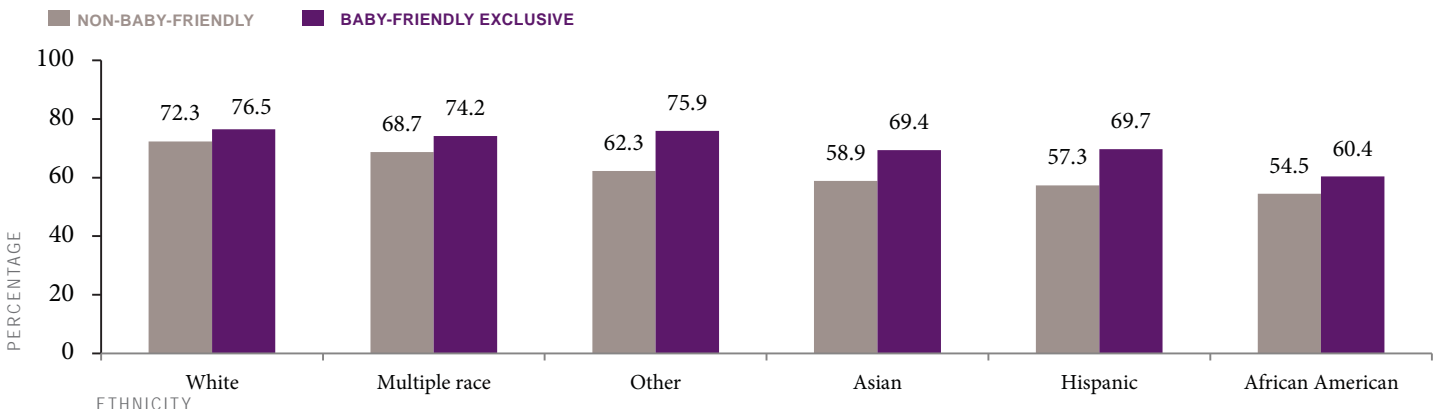
Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2011.

Table 4. California’s Baby-Friendly Hospitals, July 2012

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

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

Figure 2. Exclusive Breastfeeding by Ethnicity; Non-Baby-Friendly Versus Only Baby-Friendly Hospitals (2011)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2011.

BABY-FRIENDLY HOSPITALS 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.¹⁰
- The number of Baby-Friendly hospitals in California has increased dramatically, from only 12 in 2006 to 56 in July 2012 (Table 4), yet only about 21 percent of the hospitals in the state are certified as Baby-Friendly.
- In the past, providers have mistakenly believed that the disparities in breastfeeding rates are driven by cultural practices, but the data show that these disparities are significantly reduced in Baby-Friendly hospitals (Figure 2).
- If California’s children are to have the best chance for good health from birth, all of California’s hospitals need to implement policies that support breastfeeding mothers.
- 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).

HIGH-QUALITY MATERNITY CARE IS A HEALTH CARE PRIORITY

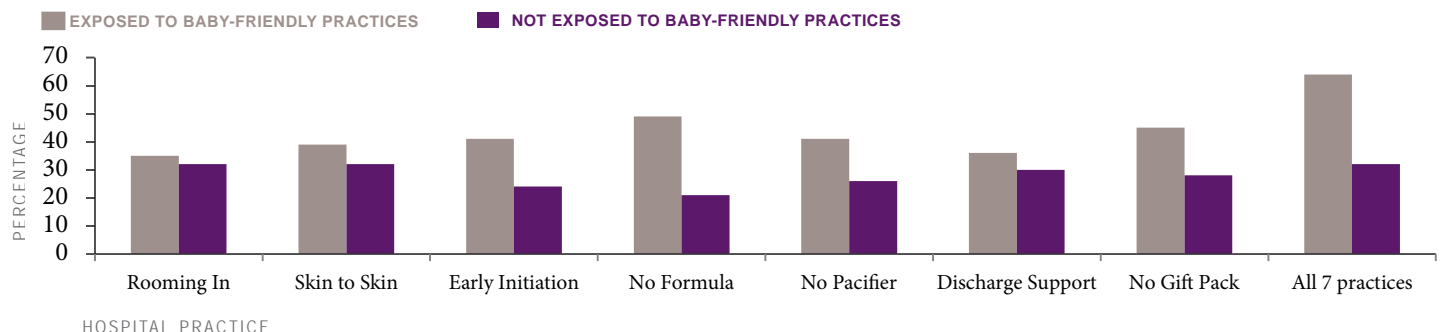
- In today’s challenging economy, health care decision makers are seeking ways to use policy reforms to reduce unnecessary spending and improve the quality of care for new families.
- The California Department of Public Health Maternal Child and Adolescent Health Program (MCAH) monitors and reports infant-feeding data, including the hospital-level data in this report. The MCAH program also works with other public and professional groups to improve the quality of maternity practices, including reducing early elective obstetrical procedures.
- The Joint Commission (the accreditation organization for hospitals) Perinatal Care Core Measures now include exclusive breast milk feeding,¹¹ an important step in validating optimal infant feeding an indicator of quality care.
- The Centers for Disease Control and Prevention have stepped up their monitoring of hospital policies at the state and national level with the Maternity Practices in Infant Nutrition and Care (mPINC) survey.¹² Statewide data from this survey of policies that support breastfeeding are reported to assist policy makers in identifying areas of concern (Table 5).

Table 5. Maternity Practices in Infant Nutrition and Care in California, Strengths and Areas for Improvement (mPINC, 2009)

mPINC Indicators	Percent of California Hospitals
STRENGTHS	
Staff provide breastfeeding advice and instructions to patients	88
Mother-infant pairs room-in at night	89
Breastfeeding is included in prenatal patient education	91
Infant feeding decision is documented in patient charts	95
AREAS FOR IMPROVEMENT	
Infant procedures, assessment, and care are in the patient room	12
New staff receive appropriate breastfeeding education	18
Supplemental feedings to breastfeeding infants are rare	21

Note: Percent of hospitals with the ideal response to mPINC survey questions. A Complete list of mPINC indicators is available at www.cdc.gov/breastfeeding/pdf/mPINC/states/mPINC_2009_California.pdf.

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)

MATERNITY CARE SHOULD NOT PUT MOTHERS AND BABIES AT RISK

- While evidence-based hospital policies are essential for the support of exclusive breastfeeding, policies must be in place to ensure that delivery procedures do not put mothers and babies at unnecessary risk for poor outcomes.
- Organizations like the California Department of Public Health Maternal, Child and Adolescent Health Program, the California Maternal Quality Care Collaborative, and the March of Dimes have mounted an advocacy campaign against unnecessary and elective procedures (those performed without medical necessity) that have been on the rise over the last decade.
 - Between 1998 and 2008, the statewide rate of deliveries by cesarean section (c-section) has increased by fifty percent.¹³ While c-section can be a life-saving procedure, concerns have been raised by the wide geographic variation in elective c-section rates.¹⁴
- Induction of labor may be medically necessary for mothers with specific health problems. Physician groups recommend that induction only be performed under certain conditions. Unfortunately, elective inductions are common in some regions of the state, exceeding one in four deliveries in five California hospitals.¹⁴
- Early elective deliveries (at less than 39 weeks of pregnancy) are associated with significant risks to babies and no clear benefits to mothers. Deliveries between 37 and 38 weeks gestation rose forty-seven percent from 1990 to 2006.¹⁵
- Hospital policies and practices that do not directly support the health of mothers and babies are not only outdated, but fail to reflect what is now considered standard, high-quality care. With increasing public scrutiny of health care costs and inequities, hospitals will be held accountable for failures to protect their most vulnerable patients.

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 on both versions of the NBS form combined are not shown.

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