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STUDY SHOWS MATERNITY CARE MATTERS
IN BREASTFEEDING OUTCOMES

Sacramento, CA - Today’s report co-authored by the California WIC Association (CWA) and UC Davis Human Lactation Center highlights the exclusive breastfeeding “gap” which is greatest in hospitals serving low-income mothers and babies. But the report, "Maternity Care Matters: Overcoming Barriers to Breastfeeding," goes on to show that, by improving policies, hospitals can dramatically increase their breastfeeding rates.

A growing body of evidence indicates that early infant feeding practices can effect a child’s long term growth and development. Breastfeeding has long been proven to protect mothers and infants from chronic health problems such as infections, diabetes, and cancer. Children breastfed as babies are also less likely to become overweight. These protections are strongest when breastfeeding is exclusive—babies receive no foods or fluids other than breast milk—and when it continues at least for the first six months of life.

More than 90 percent of California mothers have made the decision to exclusively breastfeed their babies, yet nearly 40 percent of them are not breastfeeding exclusively during the short hospital stay. Breastfeeding success is dependant on the support of hospital staff and standards of care within the hospital during those first critical 24 to 72 hours. If exclusive breastfeeding is undermined in the hospital, it is much more challenging for mothers to sustain exclusive breastfeeding when they go home.

The "Maternity Care Matters: Overcoming Barriers to Breastfeeding” report’s findings support the action steps of the Surgeon General’s "Call to Action to Support Breastfeeding," urging a nationwide effort to remove barriers to breastfeeding. The Surgeon General strongly encourages hospitals and healthcare systems to adopt evidence-based practices as outlined in the “Baby-Friendly” hospital initiative. For the first time, the report also includes information about elective birth procedures, which the report indicates could compromise breastfeeding success.

“The vast majority of low-income mothers we serve in the WIC program are motivated and supported by WIC to breastfeed their newborns, but many of them are giving birth in hospitals with such poor policies and birth practices that breastfeeding is being systematically undermined,” says Laurie True, executive director of California WIC Association. She goes on to say, “This is not only a health equity issue, it’s a social justice issue.”

To achieve breastfeeding success for low-income mothers and babies, CWA is actively working to encourage more hospitals to become “Baby-Friendly” and assist mothers in breastfeeding their infants right after birth. Evidence shows that hospitals that have implemented model policies around infant feeding - such as the “Baby-Friendly” policies -- experience higher rates of exclusive breastfeeding among all income levels and ethnicities.
Jane Heinig, Ph.D., IBCLC and executive director of UC Davis Human Lactation Center states, “In California, nearly all mothers start breastfeeding during the hospital stay. While breastfeeding is a natural process, mothers need to have the right information and skilled help to make sure that they get off to the best start. For many California mothers, the hospital is the only place where they can get the help they need to follow up with their plans to breastfeed their babies. Supportive policies and maternity practices create hospital environments where mothers of all income levels and ethnicities have opportunities to learn about their babies, ask questions, and practice feeding while help is readily available.”

Over the last few years many hospitals in California have made the changes necessary to improve breastfeeding support for the mothers and infants in their care. "We are grateful that concerned members of our community, namely representatives of local WIC agencies and prenatal clinics, demanded that our hospital do a better job supporting breastfeeding. This jarred us out of complacency and started us on our path toward becoming a Baby Friendly Hospital," states Dr. Lynn Yonekura of California Hospital Medical Center.

Unfortunately not all hospitals have taken that initiative, including many that serve California’s poorest women and infants. Southern California hospitals dominate the list of the 15 lowest performing hospitals based on low exclusive breastfeeding rates, including Pacific Alliance Medical Center, Garfield Medical Center, Beverly Hospital, Centinela, Bellflower Medical Center, Monterey Park, Good Samaritan, San Gabriel Valley, Valley Presbyterian, Methodist and Hollywood Presbyterian, all located in Los Angeles. Other hospitals in the lowest scoring 15 are located in Kern and Orange Counties.

Santa Clara Valley Medical Center in Santa Clara County, Kaiser Walnut Creek Hospital in Contra Costa County and Kaiser Hayward Hospital in Alameda are among the top 15 hospitals in the state with high exclusive breastfeeding rates.

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Editor’s Note:
To view the report online, please go to: http://www.calwic.org/focus-areas/breastfeeding or contact Karen Farley kfarley@calwic.org 530-400-5842. Local spokespeople are available to discuss this issue throughout California, to receive a list of local spokespeople, please contact Sheri Madsen at 916-440-0980 or 916-916-743-4894.

Established in 1992, the California WIC Association (CWA) is a non-profit organization formed by directors of local WIC agencies. CWA represents all entities interested in the operation of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC.) California is the nation’s largest WIC program with 84 local agencies serving approximately 1.44 million participants at 650 local centers.