Maternity Care Matters

Overcoming Barriers to Breastfeeding

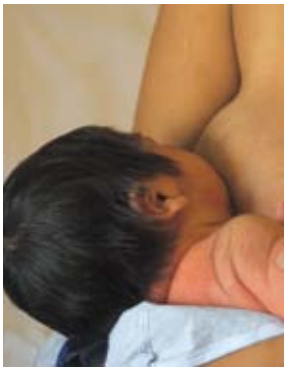
Breastfeeding is universally recognized as a low-cost intervention that protects the health of mothers and babies while reducing health care costs. Hospitals that have instituted Baby-Friendly policies have high rates of breastfeeding, but few hospitals in California have adopted these evidence-based reforms. State, federal, and accreditation agencies seeking to achieve health equity are looking for improvement from hospitals whose maternity practices unnecessarily put mothers and babies at risk for poor health outcomes – including, but not limited to, unwarranted formula supplementation. All babies deserve a healthy start in life and the chance to breastfeed.

A Policy Update on California Breastfeeding and Hospital Performance

Produced by the California WIC Association and the UC Davis Human Lactation Center

February 2012

Breastfeeding Reduces Health Disparities While Saving Health Care Dollars



Breast milk provides all the nutrients and other factors that a newborn needs to grow, develop, and build a strong immune system.[1-4] Health care organizations and professionals around the world universally accept breastfeeding as one of the most important preventive care measures for children's health.[5-8] Decades of research have confirmed that breastfeeding significantly reduces children's risk for infections and for chronic diseases such as diabetes, asthma, and obesity.[4,8] Breastfeeding also reduces mothers' risk for type 2 diabetes and breast and ovarian cancers.[4] Breastfed children require fewer visits to the doctor and take fewer medications than children who are formula fed.[9] The benefits are greatest when babies are breastfed exclusively – that is, breast milk is the baby's only food – for the first six months of life. Increasing exclusive breastfeeding rates to meet the current medical recommendations could save many millions of dollars in unnecessary expenditures across the health care spectrum that burden our state.[9]

In recognition of the contribution of breastfeeding to improving maternal and child health, the Healthy People 2020 framework includes targets for breastfeeding initiation, duration, and exclusivity as well as objectives in three supporting areas: increased worksite support for breastfeeding, reduced hospital supplementation rates, and improved hospital practices[10] (Figure 1). In 2011, the Surgeon General of the United States released "A Call to Action to Support Breastfeeding," detailing the steps needed to support mothers to reach their breastfeeding goals. Among the key steps was a call to improve maternity care practices.[11]

Studies show that exclusive breastfeeding during the hospital stay is one of the most important influences on how long babies are breastfed exclusively after discharge.[12-17] Babies who are fed breast milk exclusively in the hospital are more likely to receive only breast milk at home and to breastfeed for a longer period of time, increasing the benefits of breastfeeding. For decades, breastfeeding advocates sought recognition of exclusive breastfeeding rates as a hospital quality measure. In April of 2010, the Joint Commission (the accreditation organization for hospitals) included exclusive breastfeeding rates as part of its core perinatal measures for performance evaluation of maternity hospitals.[18]

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Figure 1: Healthy People 2020 Breastfeeding-Related Objectives

Breastfeeding Objectives	Process Objectives
• Increase ever breastfed to 81.9% • Increase any breastfeeding at six months to 60.5% • Increase any breastfeeding at one year to 34.1% • Increase exclusive breastfeeding at three months to 46.2% • Increase exclusive breastfeeding at six months to 25.5%	• Increase the proportion of employers that have worksite lactation-support programs to 38%. • Reduce the proportion of breastfed newborns who receive formula supplementation within the first two days of life to 14.2%. • Increase the proportion of live births that occur in facilities providing recommended care for lactating mothers and their babies to 8.1%.

Source: http://www.healthypeople.gov/2020/default.aspx

Breastfeeding Support Is an Essential Part of High-Quality Maternity Care

Nearly all mothers want to breastfeed. An impressive 90 percent of California mothers begin breastfeeding their infants during the hospital stay.[19] These first 24 to 72 hours of the child's life are a critical window in which to practice breastfeeding while knowledgeable support is available.[12] For many women, especially low-income women, assistance in the hospital may be the only help they receive. Mothers can be discouraged from continuing or prevented from carrying out their decision to breastfeed in the face of hospital practices such as failing to provide skilled support, separating mothers from their babies, delaying the first feeding, and routinely providing formula supplementation, even for infants whose mothers intended to breastfeed exclusively.[13-17]

Recognizing their responsibility to new mothers and their babies, policy makers in many California hospitals have made substantial changes in their facilities to provide better support for breastfeeding mothers. As a result, exclusive breastfeeding in these hospitals has increased dramatically. Unfortunately, not all hospital decision makers have taken on this important task. Where hospitals are resistant to change, rates remain stagnant. Sadly, virtually all of the hospitals with the lowest exclusive breastfeeding rates in the state serve low-income women and women of color – the very population at greatest risk for poor health outcomes.

Policies that Work: Baby Friendly Policies Increase Exclusive Breastfeeding Rates

The Baby-Friendly Hospital initiative (BFHI) was launched in 1991 by the World Health Organization and the United Nations Children's Fund to address international concerns about marketing and medical practices that interfere with breastfeeding in hospital settings.[20] The initiative focuses on 10 specific hospital policies or "steps" that are designed to reduce barriers to exclusive breastfeeding (Figure 2). Dozens of research studies have examined the impact of the BFHI on breastfeeding initiation, duration, and exclusivity, as well as on other indicators of maternal and child health; nearly all of the studies indicate that implementation of Baby-Friendly Hospital policies results in increased breastfeeding rates during and beyond the hospital

Figure 2: The Ten Steps to Successful Breastfeeding

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in"— allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services, a Joint WHO/UNICEF Statement. Geneva, World Health Organization, 1989.

stay.[12-14, 21] Recent data from California's Maternal and Infant Health Assessment Survey (MIHA) support the long-term influence of hospital practices. Results indicate that a greater percentage of mothers exposed to the Baby-Friendly policies are exclusively breastfeeding three months after they leave the hospital.[22]

The number of Baby-Friendly hospitals in California has increased dramatically, from only 12 in 2006 to 47 in early 2012, yet fewer than one in five California hospitals are certified as Baby-Friendly. Although not all of the California hospitals with high exclusive breastfeeding rates have become Baby-Friendly, hospitals with high rates of exclusive breastfeeding have adopted policies ensuring that all mothers are supported in their infant-feeding decisions. In the past, providers may have mistakenly believed that differences in breastfeeding rates are driven predominantly by cultural practices. However, the data show that for hospitals with policies such as those outlined in the BFHI that support breastfeeding, these disparities are significantly reduced.

Breastfeeding in California Hospitals

In 2010, 9 out of every 10 California babies began life breastfeeding, yet nearly 40 percent of those babies were given formula before they were discharged from the hospital, typically 24 to 48 hours after birth.[23] Although it is expected that some infants in each hospital will have medical conditions that require supplementation with formula, in some California hospitals virtually all breastfed infants are given supplements during the short hospital stay. In other hospitals, supplementation rates are quite low.

Differences in breastfeeding rates have persisted in different parts of the state, with the highest exclusive breastfeeding rates found among hospitals in the northern part of the state, particularly in mountain and coast communities. The lowest exclusive breastfeeding rates occur in the Central Valley and in southern California. Further, the lowest-performing hospitals for breastfeeding in 2010 are those that serve large numbers of low-income women of color. Statewide, disparities in breastfeeding rates by ethnicity persist. Conversely, many of the hospitals with the highest rates of exclusive breastfeeding are institutions where mothers with higher incomes and less ethnic diversity give birth.

Poor Maternity Care Means Poor Breastfeeding Outcomes

Maternity care practices are powerful determinants of breastfeeding success, both during and after the hospital stay. The Centers for Disease Control and Prevention (CDC) monitor hospital policies at the state and national level. Their program, Maternity Practices in Infant Nutrition and Care (mPINC)[24] and its Statewide Breastfeeding Report Card, are useful tools for policy makers interested in quality improvement.[25] The mPINC, a national survey of hospital practices known to be associated with better breastfeeding rates, examines the areas of labor and delivery care, postpartum care, facility discharge care, staff training, and organizational factors. Results from the most recent mPINC survey (2009) indicate that a high percentage of California hospitals provided prenatal breastfeeding education (91%) and postpartum breastfeeding advice and counseling (88%). However, a much lower proportion offered support after discharge (31%), reported that supplements were given "only rarely" to breastfed infants (22%), or reported that they had a comprehensive breastfeeding policy (21%). Starting in January 2014, each California hospital offering maternity care must have a comprehensive infant feeding policy that is communicated to staff and the public.[26]

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All Maternity Care Practices Must Be in the Best Interest of Mother and Baby

Hospital policies must also be in place to ensure that delivery procedures do not put mothers and babies at unnecessary risk. While few delivery procedures preclude breastfeeding, mothers with surgical or early delivery will need additional skilled lactation support if they are to breastfeed successfully. This level of support is unlikely to be available in many of California hospitals, increasing the likelihood that babies will receive supplemental formula.

Organizations such as the California Maternal Child and Adolescent Health Program (MCAH), the California Maternal Quality Care Collaborative (CMQCC), the California Health Care Foundation (CHCF), and the March of Dimes have mounted a policy and advocacy campaign to reduce the following elective procedures (those performed without medical necessity) that have been on the rise over the last decade. Breastfeeding experts and advocates support this campaign because these elective procedures, combined with inadequate lactation services, are likely to compromise exclusive breastfeeding in the critical first days of life.

Elective Labor Induction

Labor can be "induced" artificially by the administration of a synthetic version of the hormone that triggers labor. Physician groups recommend that induction of labor be performed only under certain conditions that make it medically necessary. Recently, the California Health Care Foundation examined hospital records from 2005 to 2009

and found that elective induction rates had startling variations based on the hospital location, called the health service area (HSA). For example, women in the Porterville HSA were ten times more likely to have an elective induction than those in the Red Bluff HSA; women in the Indio HSA were 5 times more likely to undergo the procedure than those in the Napa HSA.[27] Although the average rate from 2005 to 2009 was just over 8 percent of deliveries statewide, rates in five California hospitals exceeded 25 percent (Figure 3).

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Cesarean Section

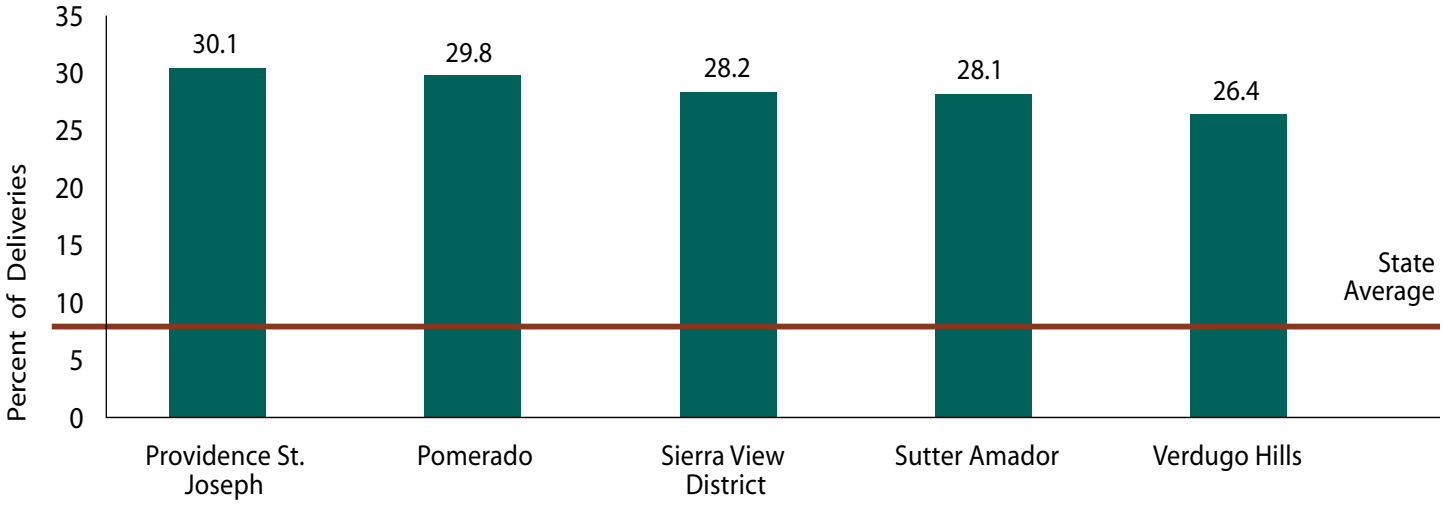
There is no question that cesarean section (surgical birth) can be a lifesaving procedure for mother and babies with serious medical concerns. However, between 1998 and 2008, the statewide rate of deliveries by cesarean section (CS) increased by 50 percent, likely outstripping the medical conditions that necessitate it. This costly procedure has not been associated with data showing any benefit for low-risk mothers and babies.[28] Just as in elective inductions, the likelihood for CS varies by where a mother gives birth. The HSAs of Coronado, Covina, El Centro, Glendora, South El Monte, and West Covina all had CS rates that were at least 40 percent higher than the state average 33 percent of births.[27] Among hospitals with low-risk first births, rates vary from 9 percent to more than half of all births.[28]

Early Elective Delivery

Deliveries of infants between 37 and 38 weeks' gestation rose 47 percent in California from 1990 to 2006.[29] Yet early elective deliveries (births of infants less than 39 weeks' gestation without medical indications) are associated with significant risks to babies and no clear benefits to mothers. Increased rates of respiratory disorders, infection, poor feeding, and readmission associated with early elective delivery have led many of the nations' largest medical organizations to recommend ending the practice. The CMQCC, collaborating with state partners and the March of Dimes, has developed a toolkit to assist administrators and medical staff wishing to reduce this hazardous practice.[29]

Hospital policies and practices – from elective procedures to formula supplementation – that do not directly support the health of mothers and babies are not only outdated, but they fail to reflect what is now considered standard, high-quality care. With increasing public scrutiny of health care costs and health care inequities, hospitals will be held accountable for failures to protect their most vulnerable patients.

Figure 3. Five Hospitals with the Highest Elective Induction Rates in California (2005-2009)



Source:OSHPD

Action Recommendations for California Hospitals

During 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. Unfortunately, not all hospitals have taken that initiative, including many hospitals that serve California's poorest women and infants. By starting with a few small policy changes, working with state and community partners, and ensuring that mothers are making informed decisions, all hospitals in California can have a major impact on the health and welfare of our youngest residents.

STATE-LEVEL ACTIONS

1. The California Legislature should hold public hearings on the health inequities caused by poor hospital policies and practices in institutions serving low-income women of color.

2. The California Department of Public Health must continue to provide appropriately collected and accurately reported yearly hospital breastfeeding performance data so that the public remains informed about this important maternity care issue.

3. Collaborative local partnerships comprised of state and local advocacy groups, state agencies, health care insurers, and medical professionals should convene to target and improve maternity practices in the lowest-performing regions and hospitals in the state.

4. Policy makers and health insurers must make in-hospital breastfeeding support services for all families a top priority. Value-based purchasing, as part of hospital reimbursement, should include provisions for breastfeeding policies and outcomes for exclusive breastfeeding.

5. The Affordable Care Act includes breastfeeding support as part of the Essential Health Benefits, Clinical Preventive Services. The health plans in the California Health Benefits Exchange and Medi-Cal must include substantive breastfeeding support with access to face-to-face visits, or in-person visits with IBCLCs and quality breast pumps.

6. The California WIC program should work with state and federal agencies, advocacy groups, and healthcare providers to seek environmental and policy changes that will strengthen community support for exclusive breastfeeding.

HOSPITAL ACTIONS

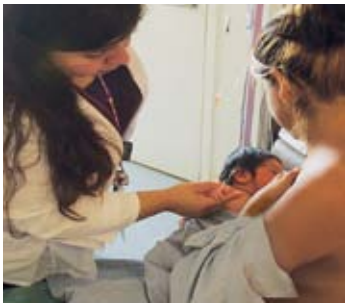
7. All California hospitals must have up-to-date written breastfeeding policies that are communicated effectively to their staff.

8. All California hospitals offering maternity services should adopt the Joint Commission Perinatal Core Measures.

9. All California hospitals must provide hospital staff with training to ensure that culturally and linguistically competent providers are available to families that need them.

10. Medical providers must ensure that all pregnant women, regardless of income or racial/ethnic background, have the opportunity to make informed decisions about their birth experience and infant feeding during the hospital stay.

11. Hospitals serving WIC mothers should collaborate closely with California WIC Breastfeeding Peer Counseling Programs, including co-locating Peer Counselors on hospital maternity floors.

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This project was supported by Kaiser Permanente's Healthy Eating Active Living Program and The California Endowment.

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