Breastfeeding: A Health Equity Priority

Breastfeeding provides short- and long-term health benefits that reduce global health care costs. Breast milk provides infants with all the nutrients they need and other components that promote optimal growth, development, and immune function. For mothers, breastfeeding promotes a more rapid recovery from childbirth and reduces risk for some cancers and chronic diseases. These benefits are greatest when breast milk is fed exclusively.

To breastfeed successfully, most mothers need support during the hospital stay. Hospital practices strongly influence mothers’ abilities to achieve their breastfeeding goals. Mothers who experience supportive practices in the hospital are more likely to breastfeed exclusively than those who do not.

Ongoing efforts have improved the quality of maternity care in many hospitals and increased breastfeeding rates and the number of Baby-Friendly hospitals statewide.

Building on the Foundation of Baby-Friendly Practices

Improvements in hospital policies have resulted in increases in breastfeeding rates. From 2010 to 2018, California exclusive in-hospital breastfeeding rates rose from 56.6% to 70.4%, and population differences were reduced significantly.

Recent data show that progress has slowed, and smaller but important disparities persist. While Baby-Friendly and similar policies improve maternity care, not all California women experience these policies and practices the same way.

To achieve breastfeeding equity in California hospitals, we must build on the foundation created by widespread adoption of Baby-Friendly policies. Resources, quality improvement processes, and community partnerships are needed to ensure equitable structures and approaches are in place to meet the needs of California’s diverse families.
Achieving Breastfeeding Equity

To regain momentum and further increase in-hospital exclusive breastfeeding, advocates and administrators must ensure that 1) Baby-Friendly and similar optimal policies are adopted by all California hospitals providing maternity care and 2) equitable structures and approaches are integrated throughout medical systems to work synergistically with those policies.

The California Department of Public Health must provide clear guidance and associated metrics or benchmarks to be used for implementation of SB-402 so that hospital systems can prepare for surveillance beginning in 2025.

Administrators and policy-makers must provide resources to remove current barriers to breastfeeding equity. Targeted and sustainable changes will be needed to eliminate persistent disparities and ensure that all mothers in California are able to meet their breastfeeding goals.

Amador County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
  - Any – 95.7%
  - Exclusive – 86.2%
- County ranked 6th in the state for exclusive breastfeeding
- One Baby-Friendly hospital: Sutter Amador Hospital

Amador County County Exclusive Breastfeeding Rates by Race/Ethnicity, 2018

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<th>Percentage</th>
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<th>Multiple Race</th>
<th>Hispanic</th>
<th>African American</th>
<th>American Indian</th>
<th>Asian</th>
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Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2018.

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Photograph Sources: California WIC Association, Bill McLeod, www.istockphoto.com