

Depends On Where You Are Born:

California Hospitals Must Close the Gap in Exclusive Breastfeeding Rates

It all starts in the hospital during the first hour of life.



Breastfeeding has been well established worldwide as a low-cost, low-tech preventive intervention with far-reaching benefits for mothers and babies and significant cost savings for health providers and employers.¹⁻⁶ Increasing breastfeeding rates among low-income women is therefore a key strategy for health improvement in general — and particularly for the prevention of childhood obesity.

In the face of intensified direct marketing of infant formula, inadequate infant-feeding policies in healthcare systems, and poor social supports, attempts to increase breastfeeding among low-income women will not be successful without a more comprehensive approach. Efforts to change policies and norms in low-income communities and the institutions serving them are badly needed. It all starts in hospitals during the first few hours of life.

This report shows how hospital policies directly influence breastfeeding behaviors. It shouldn't matter where you are born: every mother and her baby need and deserve 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

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BREASTFEEDING – A CRUCIAL FIRST STEP TOWARD BETTER HEALTH



Breast milk provides all the nutrients and other factors that a newborn needs to grow, develop, and build a strong immune system.¹ Scientific evidence continues to mount supporting the importance of breastfeeding for infants and their mothers. In a recent comprehensive review of the research, the U.S. Agency for Healthcare Research and Quality found that breastfeeding significantly reduces children's risk for infections and for chronic diseases such as diabetes, asthma, and obesity. Breastfeeding also reduces the mother's risk for type 2 diabetes and breast and ovarian cancers.³ Breastfed children have fewer visits to the doctor's office, fewer days of hospitalization, and take fewer medications than children who were formula-fed.⁴

A huge European randomized-controlled trial recently demonstrated that children who were born in Baby-Friendly hospitals breastfed longer as infants and scored higher on cognitive and IQ tests than did those born in control hospitals.⁵ These health and social benefits translate into significant cost savings for businesses, health care providers, and society as a whole.⁶

Despite the well-known benefits of breastfeeding, not all California mothers have an equal opportunity to breastfeed their newborns. Although breastfeeding is a strongly programmed, innate behavior and a natural process, a mother's experience in the hospital after giving birth has a powerful influence on her ability to follow through with her decision to breastfeed her baby.

Hospitals with policies that fully support breastfeeding mothers have the highest rates of exclusive breastfeeding; hospitals where such policies are absent or not enforced have the lowest rates of exclusive breastfeeding.^{7, 8}

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. Exclusive breastfeeding in these hospitals has increased dramatically.

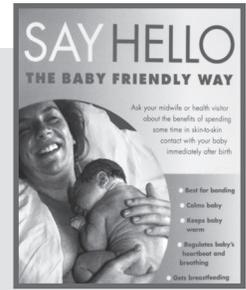
Unfortunately, not all hospital decision makers in California have taken on this important task. Where hospitals are resistant to change, rates remain stagnant. It is very troubling that virtually all of the hospitals with the lowest exclusive breastfeeding rates serve low-income and minority women — the very population most affected by poor health outcomes such as diabetes and obesity.



Breastfeeding should not depend on where you are born.

Figure 1: 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.

EXCLUSIVE BREASTFEEDING IN THE HOSPITAL INCREASES EXCLUSIVE BREASTFEEDING AT HOME



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.⁸⁻¹¹ 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,^{10,11} increasing the benefits of breastfeeding. 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.

Breastfeeding mothers need support and skilled assistance in the hospital to ensure that feeding gets off to a good start. For many women, the hospital may be the only source of breastfeeding support, and the window of opportunity is small: most new mothers are discharged within the first 48 hours after giving birth.

Hospital policies dictate how much support is available. Well-researched policies that support breastfeeding include the Baby-Friendly policies developed by WHO/UNICEF⁷ and the California model policies available on the California Department of Public Health’s Maternal, Child, and Adolescent Health website: <http://www.cdph.ca.gov/healthinfo/healthyliving/child-family/Pages/MainPageofBreastfeeding/Toolkit/asp>. These policies were developed to ensure that hospitals provide the best possible care for all mothers and their infants by following the “Ten Steps to Successful Breastfeeding” outlined by the World Health Organization and UNICEF (Figure 1).

Nineteen hospitals in California—more than twice as many as just four years ago—have achieved designation as Baby-Friendly Hospitals (see Table 5, page 10),¹² and many others have adopted the model policies. These policies can be used as a guide to increase breastfeeding rates statewide.

CHALLENGING CULTURAL ASSUMPTIONS

Breastfeeding rates vary widely by region and ethnicity, and health practitioners may assume that maternal feeding decisions are influenced by cultural or ethnic norms. However, the data clearly show that hospitals with policies that fully support breastfeeding have the highest rates *no matter where they are or who they serve*.

Although on average nearly 87 percent of new mothers in California breastfeed or provide any breast milk for their infants during their hospital stay, only about 43 percent of newborns are fed breast milk exclusively.¹³ In contrast, exclusive breastfeeding rates in California's Baby-Friendly Hospitals average 66.9 percent, nearly 25 percentage points higher than the state average.

Among all hospitals, the highest rates for exclusive breastfeeding tend to be in mountain and coastal counties, and the lowest rates tend to be in the Central Valley and Southern California (Table 1). However, hospitals that have implemented Baby-Friendly policies have higher exclusive breastfeeding rates no matter where they are located. For example, more than 61 percent of babies at Providence Holy Cross Medical Center in Los Angeles are exclusively breastfed, compared to only 24 percent of babies in Los Angeles County as a whole. In San Bernardino, despite the low county average for exclusive breastfeeding of only 38 percent, Community



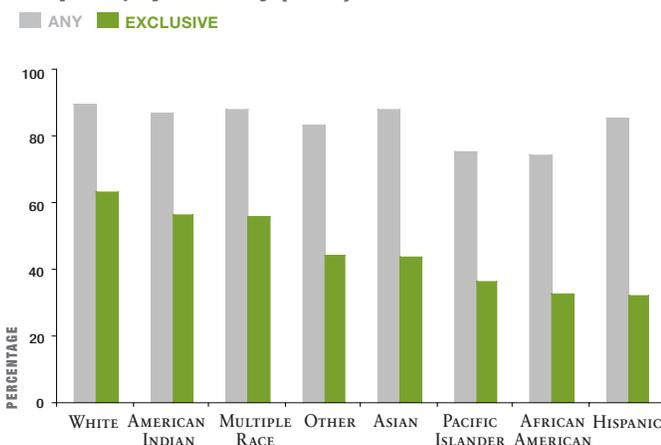
Hospital of San Bernardino has increased its rate from 19 percent to 58 percent since changing policies and becoming Baby Friendly in 2007.¹³

Several researchers have described differences in breastfeeding rates among cultural groups.¹⁴⁻¹⁶ As expected, exclusive breastfeeding rates in California vary widely by ethnicity: while more than two-thirds of women within all ethnic groups provide breast milk to their infants, the exclusive breastfeeding rate among white women (63.6%) is nearly twice that of African American (33.1%) and Hispanic (32.4%) women (Figure 2).

However, this disparity in exclusive breastfeeding rates disappears in California's Baby-Friendly facilities. In Baby-Friendly hospitals, 62 percent of African American women, 66 percent of Hispanic women, and 71 percent of white women provide only breast milk to their infants.¹³

It would seem, then, that hospital policies have far greater impact on exclusive breastfeeding rates in California than regional or ethnic differences that may exist. Hospital policies are powerful tools that can be used to ensure that care is based on need rather than on assumptions and generalizations and that resources are available for all women, whatever their income, ethnicity, or place of residence. Hospitals have a responsibility to challenge, rather than reinforce, cultural assumptions about breastfeeding.

Figure 2. Any and Exclusive Breastfeeding in California Hospitals, by Ethnicity (2007)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2007.

Table 1. California Counties: In-Hospital Any and Exclusive Breastfeeding Rates, Lowest to Highest by Exclusive Rate

RANK	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE
(STATE)	CALIFORNIA	506,442	86.6	42.7
50	Colusa	214	58.9	6.5
49	Imperial	2,852	88.0	9.7
48	San Benito	548	95.1	16.6
47	Los Angeles	143,553	82.8	24.1
46	Kern	13,003	81.3	24.4
45	Tulare	6,839	81.3	24.6
44	Kings	2,060	74.1	25.4
43	Merced	3,163	86.7	25.8
42	Orange	44,394	86.1	30.2
41	San Joaquin	9,042	82.6	34.3
40	Madera	2,170	76.4	35.2
39	Sutter	2,164	78.8	35.3
38	San Bernardino	25,261	84.0	38.4
37	Fresno	15,735	83.7	39.8
36	Lake	493	89.9	42.2
35	Stanislaus	9,369	81.5	42.3
34	Ventura	10,024	90.3	44.4
33	Riverside	25,755	83.5	45.0
32	Mono	115	93.0	50.4
31	Placer†	2,354	93.8	50.6
30	Solano	4,790	88.4	52.0
29	Sacramento	22,680	86.1	55.2
28	Santa Barbara	5,544	92.7	56.7
27	Del Norte	320	90.9	58.8
26	San Diego	40,757	90.6	59.1
25	Tuolumne	509	91.7	59.3
24	Tehama	632	88.3	59.8
23	Contra Costa	10,603	92.9	61.1
22	Santa Clara	27,246	93.0	64.6
21	Monterey	6,073	94.4	64.9
20	Humboldt	1,474	91.7	67.3
19	Santa Cruz	3,493	96.2	67.7
18	Lassen	200	93.5	68.5
17	Amador	329	87.8	69.0
16	El Dorado	983	93.2	70.1
15	Yolo	1,908	93.0	70.4
14	Napa	1,122	94.0	70.6
13	San Mateo	4,833	95.8	71.1
12	Butte	2,762	88.7	72.7
11	Nevada	951	96.4	72.8
10	San Luis Obispo	2,628	95.1	73.7
9	Marin	1,654	97.7	74.1
8	Sonoma	5,247	95.7	74.4
7	Alameda	19,756	94.2	74.4
6	Mendocino	989	93.0	75.4
5	San Francisco	11,752	94.1	76.0
4	Siskiyou	351	93.7	77.5
3	Inyo	99	91.9	77.8
2	Shasta	1,999	91.6	84.7
1	Plumas	85	96.5	84.7

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

†Between 20 and 29.9% of all births occurring in Placer County did not report infant feeding information on the Newborn Screening Test Form.

Data Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2007.

POOR HOSPITAL POLICIES UNDERMINE EXCLUSIVE BREASTFEEDING

New mothers face many important medical decisions, including how they will feed their babies. Hospital policies play a pivotal role in a mother’s infant-feeding decisions by either creating or removing barriers to exclusive breastfeeding.^{9,17-20} Without appropriate policies related to staff training and staff-to-patient ratios, hospitals will have inadequate numbers of skilled personnel to give mothers the help they need after giving birth.

Healthy mothers and babies need time to get breastfeeding started before babies are given anything else. Mothers need opportunities to practice feeding their infants while skilled support is available. Since low-income women are unlikely to be able to afford professional breastfeeding support once they leave the hospital, assistance in the hospital may be the only help they receive. Hospital practices that interfere with breastfeeding are particularly hard on these women.

Mothers can be discouraged or prevented from carrying out their decision to breastfeed in the face of hospital practices such as separating mothers from their babies, delaying the first feeding, and giving formula to every mother — even those who have told hospital staff that

they want to breastfeed.^{8,9,19} Even women who plan to give both breast milk and formula to their infants after leaving the hospital should not give formula until their milk supply is established. Giving formula too early can undermine a woman’s decision to include breastfeeding in her feeding plans.

In some California hospitals, formula is given to more than 90 percent of breastfed infants, even though only a small percentage of infants have medical situations that prompt a doctor to recommend supplementation. In these hospitals, it is likely that supplementation is a matter of routine or that policies are in place that prevent all women from having the opportunity to exclusively breastfeed their infants. If every mother receives education, attention, and support for exclusive breastfeeding, supplementation of breastfed infants can be minimized.

Every baby born deserves to receive the myriad health protections that only breast milk can provide. In order to ensure that fair chance, California hospitals must do a better job to implement institutional policies and practices that do not interfere with a mother’s decision to breastfeed.

DIFFERENCES IN HOSPITAL PERFORMANCE

The California Department of Public Health Genetic Disease Screening Program asks staff to report types of infant feeding during their hospital stay for all families who have babies in California hospitals: whether since birth the baby has received only breast milk, breast milk and formula, only formula, or something else. 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.

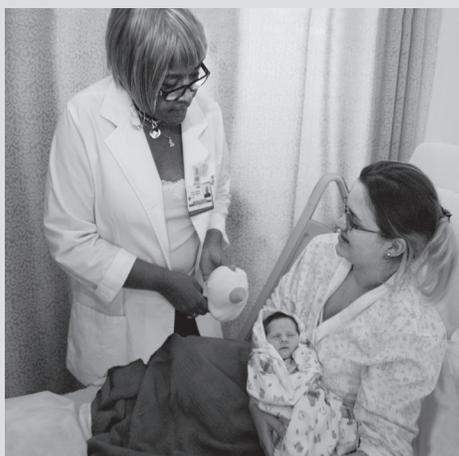
Using these data, the University of California, Davis Human Lactation Center has compiled a list of the 15 hospitals with the highest breastfeeding scores and the 15 hospitals with the lowest breastfeeding scores in the state. The scores represent the rates of exclusive breastfeeding in each hospital and the disparity between the hospital’s “any” and “exclusive” breastfeeding rates

across ethnic groups (see Notes to Tables 2 and 3 on page 7). 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 group of highest-scoring hospitals (Table 2) had the highest exclusive breastfeeding rates and the least disparity between the “any” and “exclusive” rates. The group of lowest-scoring hospitals (Table 3) had the lowest exclusive breastfeeding rates and the greatest disparity between the two rates.

Because the estimated feeding rates for many of these hospitals were too close together to distinguish them from each other statistically, the hospitals in each group are not “ranked” individually. Instead, the hospitals in both tables are listed in order of their exclusive breastfeeding rates. As a way to approximate the levels of service to low-income women in these hospitals, the tables also include estimated MediCal birth rates.

The data in Tables 2 and 3 clearly demonstrate the enormous disparity that exists in breastfeeding rates within California hospitals. Although it is expected that some infants in each hospital will have medical conditions that require supplementation, in some California hospitals virtually all breastfed infants are given something other than breast milk during their hospital stay. In other hospitals, supplementation rates are quite low.

As in previous reports in this series, the lowest-performing hospitals are those that serve large numbers of low-income women of color. Conversely, the hospitals with the highest rates of exclusive breastfeeding are institutions where mothers with higher incomes and less ethnic diversity give birth. However, at least 74 percent of all women in both the high-performing and low-performing hospitals have made the decision to breastfeed their infants. Yet only some of these mothers are supported to do so exclusively.



Hospital policies and practices should not interfere with a mother's decision to breastfeed.

Table 2. California's Highest-Scoring Hospitals, by Exclusive Breastfeeding Rates

HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	ESTIMATED % MEDI-CAL BIRTHS
El Camino Hospital	Santa Clara	4,167	98.5	95.0	5
Hayward Kaiser Hospital*	Alameda	2,948	97.4	93.0	0
French Hospital Medical Center	San Luis Obispo	803	96.6	91.2	45
Monterey Peninsula Community Hospital*	Monterey	1,248	95.8	90.9	8
Petaluma Valley Hospital	Sonoma	526	98.5	90.3	66
Sierra Nevada Memorial Hospital	Nevada	422	94.8	87.9	48
Scripps Memorial Hospital Encinitas*	San Diego	1,437	97.4	87.8	57
Sutter Maternity and Surgery Center	Santa Cruz	833	96.8	86.1	24
Mercy Medical Center Redding	Shasta	1,890	92.1	86.0	57
Alta Bates Community Hospital	Alameda	7,140	94.7	86.0	48
Stanford/Lucile S. Packard	Santa Clara	5,246	97.0	85.6	43
Pomerado Hospital	San Diego	1,080	93.5	84.7	21
San Francisco Kaiser Hospital	San Francisco	2,601	95.5	80.5	0
Santa Barbara Cottage Hospital	Santa Barbara	2,254	94.5	78.0	46
Saint Agnes Medical Center	Fresno	3,528	86.4	75.9	65

*Baby-Friendly Facilities

Table 3. California's Lowest-Scoring Hospitals, by Exclusive Breastfeeding Rates

HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	ESTIMATED % MEDI-CAL BIRTHS
Pacific Alliance Medical Center	Los Angeles	2,073	99.9	<1	99
Pacifica Hospital of the Valley	Los Angeles	973	96.8	<1	98
Bellflower Medical Center	Los Angeles	1,585	85.3	<1	93
Coastal Communities Hospital	Orange	2,206	88.4	2.4	91
Anaheim General Hospital	Orange	532	77.3	3.0	96
Los Angeles Metropolitan Medical Center	Los Angeles	1,014	85.6	3.3	88
Western Medical Center Anaheim	Orange	2,786	84.6	4.0	95
Garden Grove Hospital and Medical Center	Orange	2,811	83.0	4.2	83
Valley Presbyterian Hospital	Los Angeles	5,291	74.1	4.4	97
Beverly Hospital	Los Angeles	1,445	79.2	4.8	77
Saint Francis Medical Center	Los Angeles	6,655	81.4	5.2	66
Montclair Hospital Medical Center	San Bernardino	826	79.7	5.2	86
Garfield Medical Center	Los Angeles	3,616	94.5	6.8	62
Kern Medical Center	Kern	3,633	87.5	9.2	99
California Hospital Medical Center	Los Angeles	4,224	88.9	10.2	98

NOTES TO TABLES 2 AND 3:

Selection criteria: Hospitals were eligible for listing if they had less than 10% missing feeding data and included at least 20 births with known feeding information in three or more ethnicities. Scoring was based on two criteria: 1) exclusive breastfeeding rate, and 2) the difference between the “any” breastfeeding and “exclusive” breastfeeding rates. Hospital groups with the 15 highest and lowest scores are listed above in order of their exclusive breastfeeding rates rather than by score. Estimated breastfeeding rates for many of these hospitals were not statistically different from each other. Therefore, the hospitals within each group cannot be individually ranked.

Terminology: “Any breastfeeding” includes mothers exclusively breastfeeding and mothers supplementing breastfeeding with formula. “Exclusive breastfeeding” includes mothers who give breast milk only.

Data collection: The breastfeeding data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Screening Program. All nonmilitary hospitals are required to complete the Newborn Screening Test form prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories to describe “all feedings since birth” (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hyperal; (5) Other. Hospitals vary in how and when these data are collected and this variation may affect the outcomes. Percentages are calculated using only those whose feeding method is known. Only infants receiving oral feeds were included in this analysis. The estimated MediCal births are from the Automated Vital Statistics System, which is created using birth certificate forms required in all hospitals. Staff completing the forms list “expected form of payment” for each birth. These are not actual billing or payment data and are therefore subject to variation in how and when the data are collected and to errors in reporting.

Data Sources: Breastfeeding data from California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2007. Estimated MediCal births data from Automated Vital Statistics System (AVSS) Database, Center for Health Statistics, California Department of Public Health, 2007.

WHY DON'T ALL CALIFORNIA HOSPITALS IMPLEMENT SUPPORTIVE BREASTFEEDING POLICIES?

Despite dramatic increases in exclusive breastfeeding rates in many hospitals, the statewide exclusive breastfeeding rate has remained virtually unchanged over several years. This stagnation is because not enough hospitals have made the changes needed. With nearly 300 hospitals in California, changes in even 30 or 40 hospitals will not be enough to move forward on this important public health issue. Given the evidence from research studies and the successes of Baby-Friendly and model policies in California hospitals that have adopted them, it is of great concern that more hospitals have not dedicated the resources and taken the steps necessary to fully support breastfeeding mothers and that only one new hospital has achieved Baby-Friendly status in the last year.

Hospitals that have taken steps to improve their policies have made dramatic progress in exclusive breastfeeding since our last report. Twelve hospitals in California have been able to increase their exclusive breastfeeding rates by at least 50 percent since last year; five hospitals have more than doubled their rates (Table 4). For example, California Hospital Medical Center in Los Angeles will soon be off



Some hospitals have made dramatic progress in increasing exclusive breastfeeding.

the list of low-performing hospitals, thanks to implementing policies that have already resulted in a 219 percent increase in exclusive breastfeeding rates. During the last year, San Joaquin General Hospital in San Joaquin County has been part of a countywide effort to improve breastfeeding-related hospital practices, and exclusive breastfeeding rates have tripled in that facility.

Table 4. Greatest Change in Exclusive Breastfeeding Rates

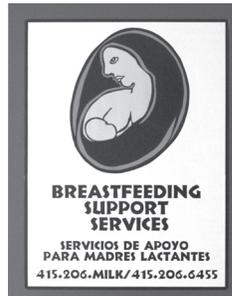
HOSPITAL	COUNTY	2006	2007	% INCREASE IN EXCLUSIVE BREASTFEEDING RATE
California Hospital Medical Center	Los Angeles	3.2	10.2	219
San Joaquin General Hospital	San Joaquin	5.9	17.8	201
Olive View Medical Center	Los Angeles	4.5	11.2	148
Arrowhead Regional Medical Center	San Bernardino	8.5	18.9	122
Emanuel Medical Center	Stanislaus	13	27.6	113
San Geronio Memorial Hospital	Riverside	15.1	26.4	75
Kern Medical Center	Kern	5.4	9.2	71
Kaiser Emanuel Medical Center	Stanislaus	26	44.3	70
Riverside County Regional Medical Center	Riverside	8.7	14.1	62
Coastal Communities Hospital	Orange	1.5	2.4	60
Lompoc District Hospital	Santa Barbara	12.3	19.6	60
Mercy General Hospital of Sacramento	Sacramento	26.2	40.3	54

Data Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2006 and 2007.

Baby Friendly Works at San Francisco General Hospital

San Francisco General Hospital (SFGH) has institutionalized policies that make breastfeeding a priority. “With our recent Initiative to become certified as a Baby-Friendly Hospital, we have improved our rates of sustained breastfeeding,” states neonatologist Dr. Colin Partridge. “Along with all the benefits of breastfeeding, the Initiative has led to a remarkable improvement in our support of family-centered, comprehensive care for mothers and children.”

SFGH’s Birthing Center is adorned with posters and pictures of babies, mothers, and breastfeeding. Moms and babies are together feeding and bonding—even in the NICU.



Lactation consultant Maya Vasquez, RN, IBCLC, explains, “The nurses do the bulk of the breastfeeding counseling and I assist with complex cases.” Staff discuss breastfeeding along with other newborn concerns.

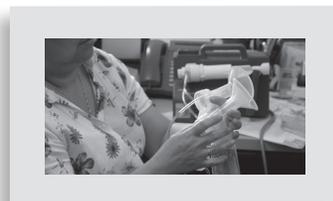


The Obstetrics–Pediatric staff include the IBCLC nurse.



Born at 31 weeks’ gestation at 4 lbs. 1 oz., Emily and her mom, Yadira, spent hours together in the NICU bonding and practicing breastfeeding. “I was so scared when Emily came early,” said Yadira. “The staff helped me alot.”

When Emily went home, Yadira borrowed a breast pump from WIC so she could continue working toward her goal of full breastfeeding.



SFGH is proof that place matters when it comes to breastfeeding support. Even though nearly all of the 1,266 mothers giving birth there in 2007 were on MediCal, the hospital’s exclusive breastfeeding rate was an impressive 88.9%.



Nurses Discuss Obstacles to Encouraging New Moms to Breastfeed

“The labor and delivery unit is so busy that the moms are moved from delivery to postpartum in less than an hour, and the babies are moved to the nursery within 30 minutes. They have no time to bond and initiate breastfeeding.”

Policies can ensure that mothers and babies are kept together throughout the hospital stay.



“Some doctors leave routine orders to give formula after every breastfeeding.”

Policies can ensure that infants are given no food or drink other than breast milk unless medically indicated.

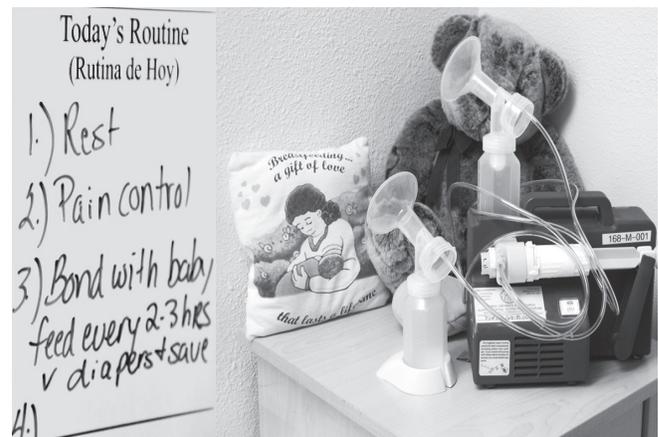


“Too often the mom’s room is crowded with visitors, leaving no privacy for skin-to-skin contact or breastfeeding. The baby is passed around and shuts down, then all night long wants to be on mom. She is exhausted and frustrated and asks for a bottle.”

Policies can set aside time for mothers and babies to get to know each other as well as provide time for visitors.

Table 5. California’s Baby-Friendly Hospitals, 2008.

HOSPITAL	COUNTY
Barstow Community Hospital	San Bernardino
Community Hospital of San Bernardino	San Bernardino
Community Hospital of the Monterey Peninsula	Monterey
Corona Regional Medical Center	Riverside
Glendale Memorial Hospital and Health Center	Los Angeles
Goleta Valley Cottage Hospital	Santa Barbara
Inland Midwife Services—The Birth Center	Riverside
Kaiser Permanente Medical Center, Hayward	Alameda
Kaiser Permanente Medical Center, Riverside	Riverside
Mountains Community Hospital	San Bernardino
Providence Holy Cross Medical Center	Los Angeles
Robert E. Bush Naval Hospital	San Bernardino
San Antonio Community Hospital	San Bernardino
San Francisco General Hospital	San Francisco
Scripps Memorial Hospital Encinitas	San Diego
University of California, San Diego, Medical Center	San Diego
Ventura County Medical Center	Ventura
Weed Army Community Hospital	San Bernardino
Women’s Health & Birth Center	Sonoma



ACTION RECOMMENDATIONS FOR IMPROVING HOSPITAL PRACTICES

No matter where he or she is born, every California baby deserves to get the best opportunity for a healthy start — by breastfeeding exclusively from the first hour of life. It is the responsibility of hospital administrators, health plans, and policy makers to question why more effort is not being made in hospitals with the lowest rates of exclusive breastfeeding.



There are few public health challenges with solutions as readily available and well documented as increasing breastfeeding. Many environmental changes and educational strategies can improve rates—WIC support, peer counseling, medical provider practices, decreased formula marketing, improved community norms — but if newborns come home from the hospital using formula, these efforts are already undermined. Evidence from research studies and from California hospitals confirms that disparities in breastfeeding rates can be eliminated through policy change.

The following actions will increase the number of women succeeding in breastfeeding their babies exclusively while in the hospital:

- 1 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.
- 2 The California Department of Public Health** must continue to provide training and technical assistance to hospitals, strategically targeting low-performing institutions serving large numbers of low-income women of color.
- 3 All California hospitals** should rid their environments of formula-marketing materials and end the practice of providing free formula to mothers who have decided to breastfeed their infants.
- 4 All California hospitals** offering maternity services should work together to include assessments of breastfeeding education and support as a mandatory feature of quality improvement and assurance systems.
- 5 Collaborative partnerships** comprised of state and local advocacy groups, state agencies, healthcare insurers, and medical professionals should convene to target and improve breastfeeding policies and practices in the lowest-performing regions and hospitals.
- 6** Because culturally and linguistically appropriate support for breastfeeding can reduce health care costs for years to come, **policy makers and health-care insurers** must make in-hospital breastfeeding support services for all women a top priority. Efforts to improve access should include the following:
 - Streamlining regulations and reimbursement for breastfeeding-related services and supplies through MediCal.
 - Training for all hospital staff and steps taken to ensure sufficient numbers of culturally and linguistically competent providers are available.
 - Taking full advantage of the rich resources and technical assistance available to support hospitals to become Baby Friendly or to implement the California Model Hospital Policies.
- 7 Medical providers** must ensure that all pregnant women, regardless of income or racial/ethnic background, have the opportunity to make an informed and careful decision whether to feed only breast milk during their hospital stay so as to build the demand for in-hospital support services.
- 8 The California WIC Program** should leverage upcoming changes to the WIC food packages by working with state and federal agencies, advocacy groups, and healthcare providers to seek environmental and policy changes that will strengthen broad community support for exclusive breastfeeding.



***It shouldn't matter where you are born:
every mother and her baby need and
deserve the chance to breastfeed!***

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