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California Department of Public Health



EDMUND G. BROWN JR.
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DATE: March 29, 2013
TO: HOSPITAL ADMINISTRATORS
NURSE MANAGERS, OBSTETRICS
SUBJECT: NEW HOSPITAL INFANT FEEDING AND CARE REQUIREMENTS

The California Department of Public Health's (CDPH), Maternal, Child and Adolescent Health (MCAH) Division and the Women, Infants and Children (WIC) Supplemental Nutrition Program are pleased to provide perinatal hospitals with information and resources to facilitate implementation of the Hospital Infant Feeding Act (California Health & Safety Code §123366) and the Joint Commission's Perinatal Care Measure on exclusive breast milk feeding (see Attachment A).

The Hospital Infant Feeding Act requires that by January 1, 2014 all California hospitals providing maternity care services are to:

- have an infant feeding policy in place that promotes breastfeeding, utilizing guidance from the Baby-Friendly Hospital Initiative or the California Department of Public Health Model Hospital Policy Recommendations
- post this policy in their perinatal unit or on their hospital website
- routinely communicate this policy to perinatal staff

The Joint Commission has expanded the mandatory performance measure requirements for accredited general medical/surgical hospitals with 1,100 or more births per year to include the perinatal core measure set. This set includes exclusive breast milk feeding and the requirement also goes into effect January 1, 2014.

We hope you will take advantage of the attached resources (see Attachment B) to support your compliance with the Hospital Infant Feeding Act and the Joint Commission's Perinatal Care Core Measure on exclusive breast milk feeding. Working together, we will build hospital environments in which staff, patients and communities consider breastfeeding natural and normal.

Sincerely,

Shabbir Ahmad, DVM, MS, PhD
MCAH Title V Director
Maternal, Child and Adolescent Health Division

Christine Nelson
Interim Division Chief
Women, Infants and Children (WIC)
Supplemental Nutrition Program

Enclosures

cc MCAH Directors
RPPC Coordinators

California Health & Safety Code §123366 (Hospital Infant Feeding Act)

(a) This section shall be known, and may be cited, as the Hospital Infant Feeding Act.

(b) For the purposes of this section, the following definitions shall apply:

(1) "Perinatal unit" means a maternity and newborn service of the hospital for the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods with appropriate staff, space, equipment, and supplies.

(2) "Baby-Friendly Hospital Initiative" means the program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) that recognizes hospitals that offer an optimal level of care for infant feeding.

(3) "Model Hospital Policy Recommendations" means the most recently updated guidelines approved and published by the State Department of Public Health entitled, "Providing Breastfeeding Support: Model Hospital Policy Recommendations."

(c) All general acute care hospitals and special hospitals, as defined in subdivisions (a) and (f) of Section 1250, that have a perinatal unit shall have an infant-feeding policy. The infant-feeding policy shall promote breastfeeding, utilizing guidance provided by the Baby-Friendly Hospital Initiative or the State Department of Public Health Model Hospital Policy Recommendations. The infant-feeding policy may include guidance on formula supplementation or bottle feeding, if preferred by the mother or when exclusive breastfeeding is contraindicated for the mother or infant.

(d) The infant-feeding policy shall be routinely communicated to perinatal unit staff, beginning with hospital orientation, and shall be clearly posted in the perinatal unit or on the hospital or health system Internet Web site.

(e) The infant-feeding policy shall apply to all infants in a perinatal unit.

(f) This section shall become operative January 1, 2014.

The Joint Commission Expands Performance Measurement Requirements

http://www.jointcommission.org/the_joint_commission_expands_performance_measurement_requirements/

November 30, 2012

The Joint Commission today announced that it will expand performance measurement requirements for accredited general medical/surgical hospitals from four to six core measure sets. The additional requirements, which are part of The Joint Commission's ORYX® performance measurement initiative to stimulate and guide quality improvement efforts, will take effect January 1, 2014.

Four of the six measure sets will be mandatory for all general medical/surgical hospitals that serve specific patient populations addressed by the measure sets and related measures. The measure sets address acute myocardial infarction (AMI), heart failure, pneumonia and the Surgical Care Improvement Project (SCIP). These core measure sets are common to several federally legislated programs and selected most frequently by hospitals.

For hospitals with 1,100 or more births per year, the perinatal care measure set will become the mandatory fifth measure set. The Joint Commission chose the perinatal care measure set because of the high volume of births in the United States (four million per year) and because it affects a significant portion of accredited hospitals. The Joint Commission will monitor the threshold of 1,100 births over the first four to eight quarters of data collection to reassess ongoing applicability. The Joint Commission expects that this threshold will be modified over time so that more hospitals are included and strongly encourages hospitals to consider adopting this measure set before the required effective date of January 1, 2014.

The sixth measure set (or fifth and sixth measure sets, for hospitals with fewer than 1,100 births per year) will be chosen by all general medical/surgical hospitals from the approved complement of core measure sets. These sets are related to children's asthma care, emergency department care, hospital-based inpatient psychiatric services, hospital outpatients, immunization, tobacco treatment, stroke, substance use and venous thromboembolism. The Joint Commission expects that requirements will increase over time, depending on the national health care environment, emerging national measurement priorities and hospitals' ever-increasing capability to electronically capture and transmit data.

Although hospitals must modify and update measure set selections two months before the start of data collection on January 1, 2014, data received for the newly added measure sets and measures will not be incorporated into calculations for either Performance Improvement (PI) Standard PI.02.01.03 (which requires that the hospital improve its performance on ORYX accountability measures) or the Top Performers on Key Quality Measures™ program until sufficient data are received. This will provide hospitals a minimum of 12 months and up to 23 months of experience with the new measure sets before the data are included in performance calculations.

Performance measurement requirements for critical access hospitals and specialty hospitals, such as children's hospitals and psychiatric hospitals, will continue as currently defined until other applicable metrics are identified and implemented.

For more information about the expanded performance measurement requirements for general medical/surgical hospitals, please contact Frank Zibrat, associate director, Accreditation Systems Integration and ORYX, The Joint Commission, or 630-792-5992. ORYX vendors may direct questions to Mary Kay Bowie, B.S.N., M.H.S.A., R.N., CPHQ, associate director, Center for Measurement System Operations, The Joint Commission, or 630-792-5974.

Perinatal Care Core Measure Set

<http://www.jointcommission.org/assets/1/6/Perinatal%20Care.pdf>

<u>Set Measure ID #</u>	<u>Measure Short Name</u>
PC-01	Elective delivery
PC-02	Cesarean section
PC-03	Antenatal steroids
PC-04	Health care-associated bloodstream infections in newborns
PC-05	Exclusive breast milk feeding

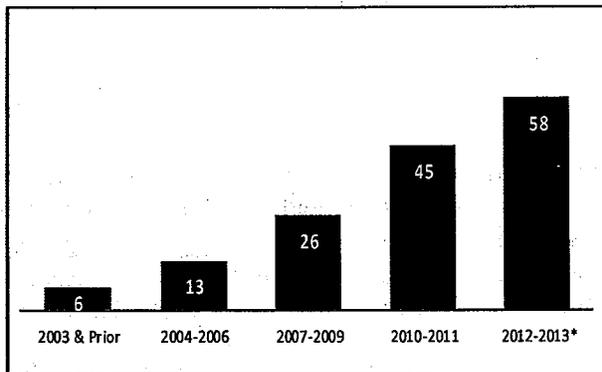
Resources and Technical Assistance for Implementing New Hospital Infant Feeding and Care Requirements

California Department of Public Health (CDPH) Breastfeeding website: The CDPH Breastfeeding and Healthy Living website, <http://cdph.ca.gov/Breastfeeding> includes a variety of resources for hospital quality improvement. The CDPH endorses the *Providing Breastfeeding Support: Model Hospital Policy Recommendations (2005)* and developed a related toolkit that provides information to assist hospitals in adopting these evidence-based policies that support exclusive breastfeeding. There is also a specific link to “resources to meet the requirements of the Infant Feeding Act.”

Baby Friendly Hospital Initiative:

As of February 2013, there are 58 labor and delivery facilities in California that have earned the "Baby Friendly" designation as defined by the United Nations Children's Fund (UNICEF)'s Baby Friendly Hospital Initiative (www.babyfriendlyusa.org). Information and the names of the California facilities with this prestigious designation can be found on the California Breastfeeding Coalition website at: <http://www.californiabreastfeeding.org>

Number of Baby-Friendly Hospitals in California



Source: Baby Friendly USA, www.babyfriendlyusa.org
*Baby-Friendly Hospitals as of February 2013

The Joint Commission's Perinatal Care Core Measure on Exclusive Breast Milk Feeding:

The United States Breastfeeding Committee (USBC) produced a helpful resource entitled "Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding" found at www.usbreastfeeding.org/. Additional information on this new measure can be found on the Joint Commission's website at: http://www.jointcommission.org/perinatal_care/.

Hospital Training: The CDPH developed an 8 hour administrator training entitled "Increasing Exclusive Breastfeeding Rates in California's Hospitals." The training curriculum is available at: <http://cdph.ca.gov/breastfeeding>.

Birth and Beyond California (BBC): In 2012, MCAH released the *BBC: A Hospital Breastfeeding Quality Improvement and Staff Training Demonstration Project Report* which describes BBC implementation, evaluation and lessons learned. Curricula, trainer notes, evaluation tools, and other materials for hospitals to implement all or portions of this project are posted at: <http://cdph.ca.gov/BBCProject>.

The Regional Perinatal Programs of California (RPPC): RPPC, a network of regional public health consultants that promote access to risk appropriate perinatal care for pregnant women and their infants, can assist hospitals in implementing breastfeeding quality improvement. The contact information for each Region's RPPC Coordinator can be found under program information at: <http://cdph.ca.gov/RPPC>.

Women, Infants and Children (WIC): Hospitals and local WIC agencies are important partners in increasing exclusive breastfeeding rates for low-income mothers. WIC provides prenatal breastfeeding education and anticipatory guidance, pumps when needed, and, in some areas, peer counselors to support breastfeeding mothers. To locate WIC sites in the area of your hospital, use the "Find a Local WIC Agency" search function, located on the WIC Works website at: <http://www.cdph.ca.gov/Programs/wicworks>.

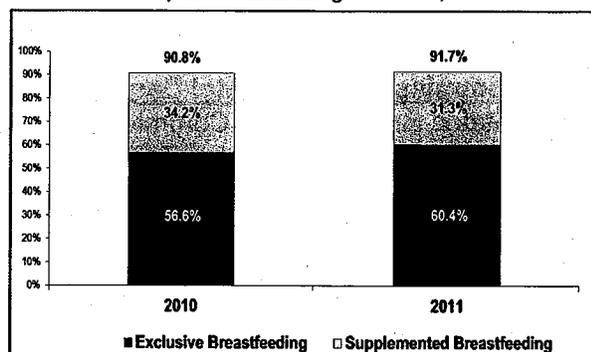
Local Breastfeeding Coalitions and Coordinators: The CDPH urges all labor and delivery facilities to work with their local breastfeeding coalition (<http://californiabreastfeeding.org/members.html>) and/or their local health jurisdiction breastfeeding coordinator (<http://cdph.ca.gov/Breastfeeding>) to address barriers to women exclusively breastfeeding.

Data to Monitor Progress

Hospital Breastfeeding Data: The California Department of Public Health's (CDPH), Maternal, Child and Adolescent Health (MCAH) Division released the California 2011 in-hospital breastfeeding initiation rates at: <http://cdph.ca.gov/BreastfeedingData>. Hospital staff and administrators can use this information to examine the percentage of women who initiate breastfeeding at their hospital in comparison to similar hospitals and the state rates.

We are able to track progress in hospital breastfeeding practices by comparing 2011 breastfeeding rates to 2010 (baseline year). The rate of any breastfeeding increased from 90.8% to 91.7%, while exclusive breastfeeding rates increased from 56.6% to 60.4% from 2010 to 2011. This translates to an overall decrease in formula supplementation from 34.2% in 2010, to 31.3% in 2011.

California In-hospital Breastfeeding Practices, 2010 and 2011



Data Source: Genetic Disease Screening Program, Newborn Screening Data, 2010-2011

Notes: these data (2010-2011) are not comparable to data published in previous years (2004-2009).

Maternity Practices in Infant Nutrition and Care (mPINC) Survey: The Centers for Disease Control and Prevention (CDC) posted the results of the 2011 Maternity Practices in Infant Nutrition and Care (mPINC) Survey for all participating hospitals and birth centers in the United States at <http://www.cdc.gov/breastfeeding/data/mpinc/results.htm>. Each participating facility receives a customized mPINC Benchmark Report that addresses barriers to evidence-based maternity care related to breastfeeding. Hospitals are encouraged to utilize their mPINC report to support quality improvement efforts within the maternity care setting. The mPINC captures data to assess whether a facility has a written infant feeding policy that includes all ten model policy elements. These data can be used to monitor adherence to the Hospital Infant Feeding Act. For comparison, state and regional level mPINC benchmark reports have been posted to CDPH's mPINC Survey web-site at <http://cdph.ca.gov/mpincdata>. For information about CDC's mPINC Survey visit www.cdc.gov/mpinc.