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TO: HOSPITAL ADMINISTRATORS  
NURSE MANAGERS, OBSTETRICS

SUBJECT: BREASTFEEDING PROMOTION

We are writing to announce the forthcoming release of the 2007 data on in-hospital breastfeeding rates. The data, obtained during routine genetic disease screening of all hospital newborns, will be posted on the California Department of Public Health (CDPH) website at <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>. We encourage your labor and delivery facility to utilize these data as part of Quality Improvement measures to this end, this letter provides you a summary of resources and technical assistance available to assist you in developing hospital policies to increase exclusive breastfeeding rates in the early post-partum period.

### Exclusive Breastfeeding

Research shows that hospital policies specifically supporting breastfeeding can increase exclusive breastfeeding rates and improve the health of mothers and infants after discharge. A meta-analysis published in April 2007 by the Agency for Healthcare Research and Quality, Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries, reported that “Breastfeeding was associated with a reduction in the risk of acute *otitis media*, non-specific gastroenteritis, severe lower respiratory tract infections, *atopic dermatitis*, asthma in young children, obesity, type 1 and 2 diabetes, childhood leukemia, sudden infant death syndrome and necrotizing *enterocolitis*.”

The Centers for Disease Control and Prevention’s “Guide to Breastfeeding Interventions” describes maternity care practices that may improve exclusive breastfeeding, including:

- developing a written policy on breastfeeding,
- providing all staff with education and training,
- encouraging early breastfeeding initiation,
- supporting cue-based feeding, restricting supplements and pacifiers for breastfed infants, and
- providing for post-discharge follow-up.

## **Hospital Breastfeeding Data and Disparities**

In 2007, nearly 87 percent of California women initiated breastfeeding in the hospital, yet less than 43 percent statewide breastfed exclusively. The in-hospital breastfeeding data for 2007, collected from the Genetic Disease Screening Program's Newborn Screening Test Form, breaks out the data by individual hospital. This information allows you to examine the percentage of women who initiate breastfeeding at your hospital in comparison to other hospitals in your county, the State and county rates.

For many years, hospital breastfeeding data has shown a disparity in exclusive breastfeeding rates between Caucasian mothers and those of other races and ethnicities. Caucasian mothers exclusively breastfeed at a higher rate, thereby reducing the health risks of their infants. Hospitals can address these disparities by providing culturally and linguistically appropriate support. Local Women, Infants and Children (WIC) program staff can also assist low-income mothers when they need additional support, such as the assistance of a Lactation Consultant or the use of a breast pump. To locate WIC sites in the area of your hospital, we invite you to use the "Find a Local WIC Agency" search function, located on the WIC Works website at <http://www.dhs.ca.gov/dhs-reorg/wic/resources/laSearch/search.asp>.

## **Resources to Promote In-Hospital Breastfeeding**

We realize that evidence-based care is the goal for all California hospitals. The CDPH website, <http://www.cdph.ca.gov/programs/BreastFeeding/Pages/default.aspx> includes a variety of resources, including the 2005 California Model Hospital Policies, listing proven actions to increase hospitals' exclusive breastfeeding rates. Hospitals that implement the model policies help their patients learn how to care for their babies, initiate lactation and access community services that will support them once they are discharged. An internet-based toolkit is also available to assist in implementing these policies. The toolkit includes information, such as sample policies and chart reviews, as well as links to state, national and international professional resources for practical steps to accomplish gradual policy changes. In addition, a model eight-hour training course to promote hospital policies and recommendations that support exclusive breastfeeding will be available by October 1, 2008.

The Regional Perinatal Programs of California (RPPC), a network of regional medical consultants that promote access to risk appropriate perinatal care for pregnant women and their infants, are locally available to assist hospitals in implementing breastfeeding services. These consultants have access to breastfeeding educational materials and technical assistance. The contact information for each Region's RPPC Coordinator can be found at <http://www.cdph.ca.gov/programs/RPPC/Pages/RPPCCountyListings.aspx>.

In addition, the CDPH urges all labor and delivery facilities to coordinate with their local breastfeeding coalition to address barriers to women exclusively breastfeeding. Coalitions are listed under Data, Resources and Links in the Breastfeeding Program Page <http://cdph.ca.gov/Breastfeeding-MCAH>.

### **Birth and Beyond California**

The Birth and Beyond California (BBC) Project is an approach developed by the CDPH, Maternal Child and Adolescent Health (MCAH) Division to collaborate with hospitals to improve their exclusive breastfeeding rates by establishing hospital policies and developing a continuous quality improvement plan. Through partners in the Regional Perinatal Programs of California (RPPC), this project provides technical assistance, resource development, and staff training that develops trainers within each hospital so that they can continue staff education.

The project is being piloted in RPPC regions 5, 6 and 8, areas with the lowest exclusive breastfeeding rates. Region 5 includes Kern, Tulare, Kings, Fresno, Madera, Merced, Mariposa, Stanislaus and Tuolumne Counties in the Central Valley. Region 6 includes Los Angeles, Santa Barbara and Ventura Counties. Region 8 includes Orange County.

### **Success Stories**

As of July 2008, there were 65 labor and delivery facilities in the United States that have earned the designation of "Baby Friendly" as defined by the United Nations Children's Fund (UNICEF)'s Baby Friendly Hospital Initiative; 19 of these are from California. You can find additional information and the names of the California facilities with this prestigious designation at <http://www.babyfriendlyusa.org/>. Once hospitals have implemented the California Model Hospital Policy Recommendations, they will find that they can also meet most of the requirements for this international recognition.

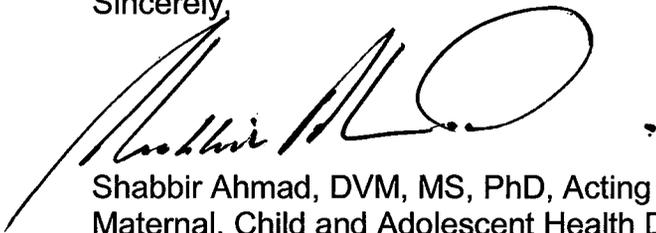
### **Closing**

The CDPH is interested in developing partnerships with California hospitals and health care providers to increase exclusive breastfeeding, not only at hospital discharge, but into the first year of life. Most mothers who choose to breastfeed at admission will do so throughout their hospital stay if the hospital supports breastfeeding through policy and practice. Once exclusive breastfeeding rates in hospitals increase, and they are accompanied by appropriate referrals to and collaboration with other agencies serving women and infants, California will be able to meet the Healthy People 2010 goals of 40 percent exclusively breastfeeding at three months and 17 percent at six months.

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Please review your hospital's breastfeeding data to identify how successful your facility is in promoting and supporting breastfeeding, and take advantage of our offer to assist you with any policy revisions you are interested in pursuing. Working together we can take steps towards a more breastfeeding friendly hospital environment and ultimately improve the health of generations of Californians.

Sincerely,

A handwritten signature in black ink, appearing to read "Shabbir Ahmad", with a large, stylized flourish at the end.

Shabbir Ahmad, DVM, MS, PhD, Acting Chief  
Maternal, Child and Adolescent Health Division  
Center for Family Health  
CDPH

A handwritten signature in black ink, appearing to read "Linnea Sallack", written in a cursive style.

Linnea E. Sallack, MPH, RD, Chief  
California WIC Division  
Center for Family Health  
CDPH