Breastfeeding

Investing in Californa's Future

Executive Summary

Breastreeding Promotion Committee Report to the California Department of Health Services Primary Care and Family Health

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November 15. 1996

Dear Colleague:

It gives me great pleasure to forward the final report of the Statewide Committee on Breastfeeding Promotion entitled, "Breastfeeding: Investing in California's Future."

Primary Care and Family Health's Collaborative Breastfeeding Efforts

In 1994, the Women, Infants, and Children (WIC) Supplemental Nutrition, Maternal and Child Health (MCH), and Children's Medical Services Branches worked within Primary Care and Family Health (PCFH) to convene the Statewide Committee on Breastfeeding Promotion to provide PCFH recommendations to increase breastfeeding incidence and duration rates in California. I am impressed with the collaborative relationship that has existed thus far within PCFH to address this issue as well as the professional expertise of the members who serve on this breastfeeding advisory committee.

Breastfeeding Promotion Is Part of Governor Wilson's Prevention Agenda

This report clearly outlines why breastfeeding promotion activities should and will be part of the Governor's Prevention Agenda. The International Journal of Gynecology and Obstetrics reported in 1994 that two to four billion dollars could be saved annually in health care expenditures in the United States if all women breastfed their infants for as little as 12 weeks. Given these statistics, breastfeeding promotion must be taken seriously. Breastfeeding promotion will enhance existing department efforts to reduce sudden infant death syndrome and breast cancer, as breastfeeding reduces the risk for these diseases. In addition to augmenting these preventive programs, success in promoting breastfeeding has the potential to reduce health care costs by reducing the incidence of osteoporosis, ovarian and cervical cancer, certain childhood cancers, lower respiratory tract infections, ear infections, Type I insulin dependant diabetes mellitus, and a host of other illnesses. Just looking at ear infections alone, infants who are exclusively breastfed for at least four months are half as likely as artificially fed infants to have ear infections during the first year of life.

Given these health benefits, it is important for us to work toward implementing the recommendations to improve breastfeeding incidence and duration rates in California. This report provides 17 recommendations within six areas: professional education, mother-to-mother support, health care systems, public education, workplace and educational centers, and research. In addition, the Committee made three additional overriding recommendations they thought to be of fundamental importance.

Breastfeeding Promotion Committee's Overriding Recommendations

The first overriding recommendation is to "establish in the Department of Health Services (DHS) an Office of Breastfeeding Promotion." Although I respect the underlying goal behind this recommendation, I am confident the Department can achieve the breastfeeding goals outlined in the report without creating another office within the Department. To do so would run

counter to the Governor's desire to streamline and reduce the layers in State Government. As a first step towards implementing a unified approach to breastfeeding promotion within DHS, I have convened a special work group which will establish a breastfeeding policy for the entire Department.

The second overriding recommendation is "all breastfeeding promotion activities at all levels must be culturally relevant to the diverse populations in California and must be implemented by individuals who are culturally competent." To effectively meet the needs of our ethnically and culturally diverse population, special attention needs to be given to ensure cultural relevancy and competency. This Department has already established an Office of Multi-Cultural Health to assist with efforts such as this.

The third overriding recommendation cautions against accepting funds from the manufacturers of artificial baby milk for the implementation of the recommendations of this report. I encourage all health care institutions and providers to consider the cost of accepting such "free" gifts.

Breastfeeding Promotion Committee's Recommendations in Six Strategic Areas

The Committee provided 17 additional recommendations within six strategic areas. I would like to provide my support for these recommendations and comment on each area.

Health Care Systems: The recommendation given the highest priority by the Committee is "ensure that all mothers have access to culturally appropriate breastfeeding information and professional lactation services, especially in communities with high birth rates and low prevalence of breastfeeding." Clearly, we have a long way to go to meet this objective; however, I am confident that we are moving in the right direction. In addition to PCFH's establishment of the Statewide Committee on Breastfeeding Promotion, the following steps have been taken by the Department to improve access to breastfeeding information and services:

1. The Medi-Cal Program has taken action to support breastfeeding by notifying all Comprehensive Perinatal Services Providers of Medi-Cal benefits available for breastfeeding women and children. Providers receive reimbursement for prenatal, perinatal, and postpartum lactation education and support which may include home visits by licensed personnel and breast pumps. I applaud Medi-Cal for their efforts to educate providers about reimbursement for lactation support which is an essential component of increasing breastfeeding duration. I fully support regulations to ensure that all women have access to these services.

2. The Medi-Cal Managed Care Program is investigating methods to incorporate additional breastfeeding support within Managed Care Plans, such as breastfeeding training for health care providers, culturally appropriate breastfeeding education for all prenatal clients, and additional breastfeeding support services for all breastfeeding women.

3. Children's Medical Services (CMS) provides nutrition education resources to Child Health and Disability Prevention (CHDP) providers. In turn, CHDP providers include anticipatory guidance on breastfeeding to families as part of their children's CHDP health examinations. County CHDP programs also follow up on identified breastfeeding problems, through referrals to lactation counselors, and providing breastfeeding support resources.

4. The MCH Branch has incorporated breastfeeding promotion into their five year (1995-2000) Title V plan. The plan includes developing activities to address the recommendations of the Statewide Committee on Breastfeeding Promotion, collaborating with Medi-Cal to increase lactation support, the inclusion of breastfeeding promotion into appropriate MCH programs, and developing core breastfeeding education competencies for MCH providers. In response to the Committee's recommendations, MCH is planning to provide breastfeeding support skills training to MCH contractors, play a supportive role in the Baby Friendly Hospital Initiative, and encourage the inclusion of research-based, culturally competent lactation education into the Schools of Public Health at UCLA and UC Berkeley through their MCH Nutrition Leadership Grants.

5. The WIC Branch has allocated two full-time state positions for breastfeeding promotion and more than eight million dollars in breastfeeding promotion expenditures for federal fiscal year 1995. Many local WIC agencies are providing outstanding breastfeeding promotion services such as 24-hour breastfeeding help lines, peer counseling programs, lactation consultant services, in-hospital breastfeeding support to new mothers, and media coverage for special breastfeeding promotional activities. I encourage all local WIC agencies to adopt model breastfeeding promotion and support practices within their local programs and collaborate on breastfeeding promotion efforts with other agencies, including hospitals, by becoming involved in breastfeeding coalitions.

In addition to hospitals collaborating with other health care agencies to improve the incidence and duration of breastfeeding, I also encourage all health care institutions and health plans that provide maternity services and care for newborns to implement the voluntary World Health Organization (WHO)/United Nations International Children's Emergency Fund (UNICEF) ten step program to support breastfeeding in their health care settings. Implementation of the WHO/UNICEF Baby Friendly Hospital Initiative could have a significant impact in supporting women to breastfeed.

Public Education: In the area of public education, I support the concept of developing and implementing a social marketing campaign. In fact, California was recently chosen to participate as one of ten pilot states in the Best Start Social Marketing and the U.S. Department of Agriculture Food and Consumer Services (FCS), *WIC National Breastfeeding Promotion Project*. Social marketing research is currently underway in two local WIC agencies (Sacramento and Merced Counties) in preparation for implementation of this project which will include a media campaign targeted towards improving breastfeeding rates in low income African American and Hispanic mothers. Implementation of the project is scheduled for summer of 1997 through spring of 1998.

DHS has been very successful in achieving a variety of program or social outcomes through several media campaigns, such as the Tobacco Education Media Campaign, the BabyCal Perinatal Outreach Campaign, the Statewide Family Planning Media Campaign, and the Women's Targeted Outreach for Breast Cancer Campaign. I look forward to seeing a statewide breastfeeding promotion media campaign through the leadership of the Best Start/FCS media campaign.

Professional Education: More breastfeeding education needs to be incorporated into professional schools and continuing education programs for health care providers. I will forward this report to the medical professional schools in California and request their support for the recommendations listed in this area.

Workplace and Educational Centers: More needs to be done to reduce the barriers to breastfeeding for working mothers, and the Department of Health Services will take the lead among other State agencies and businesses. Adopting breastfeeding friendly workplace policies makes sense not only for the health of mothers and infants but also for the benefits that employers receive. Mothers of breastfed infants require less time off to care for sick children and make fewer visits to the pediatrician which leads to increased employee productivity. The WIC Branch is establishing a lactation room in its new office space and the DHS is establishing such a room at our headquarters.

Mother-to-Mother Support: Breastfeeding mothers can be helpful to other mothers who choose to breastfeed, but may need assistance. I support strategies given to achieve this goal of establishing stronger and formal as well as informal mother to mother support groups.

Research: Further research is needed to identify the best way to improve breastfeeding rates among vulnerable groups and design the most cost-effective programs. With this in mind, I look forward to the strategies being developed to improve breastfeeding rates among African American and Hispanic women from the consumer research in the Best Start/FCS project. In addition, the Department plans to conduct a women's health survey by telephone beginning January 1997, which will include questions to obtain information on women's breastfeeding attitudes and behaviors. I encourage further research into this area as well as studies evaluating the cost savings and other benefits to different sectors associated with increased breastfeeding rates.

I would like to express my gratitude to the Statewide Committee on Breastfeeding Promotion and the many others who gave their valuable time and expertise to produce this report. This report will certainly increase your appreciation of the benefits that breastfeeding provides to mothers and infants. I ask you to join me and the Statewide Committee on Breastfeeding Promotion in our vision that "Breastfeeding will be the norm in California for at least the first year of life and preferably longer." Together, we can make this happen.

Sincerely,

S. Kimberly Belshé
Director

DEDICATION

Dedicated to the children of California,

in hopes that an increasing number of them

will enjoy the many benefits of breastfeeding.

Mission & Vision of the Breastfeeding Promotion Committee

The Breastfeeding Promotion Committee's mission is to develop strategies, recommendations, and implementation guidelines to promote, support, and protect breastfeeding in California.

Our vision is that breastfeeding will be the norm in California for at least the first year of life and preferably longer.

Executive Summary

With the gift of breastfeeding, a mother continues the process which began within her womb, giving of herself in a way that is universal yet unique. Once thought to be "no longer worth the bother,"[1] breastfeeding has been rediscovered by modern science as a means to save lives, reduce illness, and protect the environment. Policy makers are increasingly recognizing that breastfeeding promotion efforts can reduce health care costs and enhance maternal and infant well-being.

BREASTFEEDING PROMOTION AND SUPPORT HAS BEEN RECOGNIZED AS A HEALTH CARE PRIORITY.

- The American Academy of Pediatrics, the American Dietetic Association, and the American Public Health Association recommend that infants be exclusively breastfed for the first 4 to 6 months. Breastfeeding complemented by appropriate introduction of other foods is recommended for the remainder of the first year or longer if desired.
- The World Health Organization included breastfeeding promotion as a strategy in achieving its goal of Health For All by the Year 2000.
- The national health objective for breastfeeding is to increase to at least 75 percent the proportion of mothers who initiate breastfeeding and to increase to at least 50 percent the proportion who continue to breastfeed until their infants are 6 months old.[2]
- Breastfeeding promotion and support has now become a focus for the California Department of Health Services, consistent with Governor Wilson's prevention agenda.

> *"Breastfeeding is the most precious gift a mother can give her infant. When there is illness or malnutrition, it may be a lifesaving gift; when there is poverty, it may be the only gift."*
>
> —Ruth Lawrence, M.D.[3]

WHY IS BREASTFEEDING SO IMPORTANT FOR INFANTS?

Human milk is uniquely suited for human infants

- Human milk is easy to digest and contains all the nutrients that babies need in the early months of life.
- Breast milk contains factors that help infants grow and mature.
- Factors in breast milk protect infants from a wide variety of illnesses.
- Breast milk contains antibodies specific to illnesses encountered by each mother and baby.
- Fatty acids, unique to human milk, may play a role in infant brain and visual development.
- In several large studies, children who had been breastfed had a small advantage over those who had been artificially fed when given a variety of cognitive and neurological tests, including measures of IQ.

Breastfeeding saves lives

- Lack of breastfeeding is a risk factor for sudden infant death syndrome (SIDS).
- Human milk may protect premature infants from life-threatening gastrointestinal disease.

Breastfed infants are healthier

- Infants who are exclusively breastfed for at least 4 months are half as likely as artificially fed[4] infants to have ear infections in the first year of life.
- Breastfeeding reduces the incidence and lessens the severity of bacterial infections such as meningitis, lower respiratory infections, and bacteremia in infants.
- Breastfeeding is protective against infant botulism.
- Evidence suggests that exclusive breastfeeding for at least two months protects susceptible children from Type I insulin dependent diabetes mellitus (IDDM).
- Breastfeeding may reduce the risk for subsequent inflammatory bowel disease and childhood lymphoma.
- Breastfed infants are less likely to have diarrhea.

WHY IS BREASTFEEDING SO IMPORTANT FOR MOTHERS?

Breastfeeding helps mothers recover from childbirth

- Breastfeeding helps the uterus to shrink to its prepregnancy state and reduces the amount of blood lost after delivery.
- Mothers who breastfeed for at least 3 months may lose more weight than bottle-feeding mothers.
- Breastfeeding mothers usually resume their menstrual cycles 20 to 30 weeks later than bottle-feeding women.

Breastfeeding keeps women healthier throughout their lives

- Breastfeeding can be an important factor in child spacing among women who do not use contraceptives.
- Breastfeeding reduces the risk of breast and ovarian cancer.
- Women who breastfeed their infants are less likely to develop multiple sclerosis.
- Breastfeeding may reduce the risk of osteoporosis.
- During lactation, total cholesterol, LDL cholesterol, and triglyceride levels decline while the beneficial HDL cholesterol level remains high.

WHY IS BREASTFEEDING SO IMPORTANT FOR SOCIETY?

Breastfeeding is economical

- The cost of artificial baby milk[5] has increased 150 percent since the 1980s.
- If no California infants were breastfed, the cost of artificial baby milk alone would exceed $400 million per year.
- Breastfeeding reduces health care costs.

Breastfeeding is environmentally sound

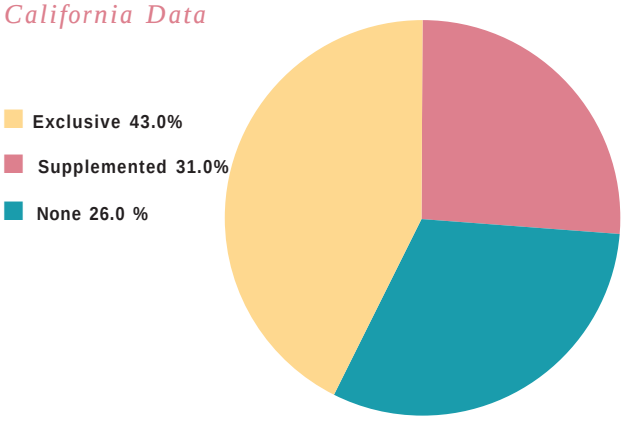
- Unlike artificial baby milk, breastfeeding requires no fossil fuels for its manufacture or preparation.
- Breastfeeding reduces pollutants created as by-products during the manufacture of plastics and artificial baby milk.
- Breastfeeding reduces the burden on our landfills.

WHAT IS THE STATUS OF BREASTFEEDING IN CALIFORNIA?

Despite overwhelming evidence supporting the numerous health benefits of breastfeeding, too few California women nurse their infants beyond the first few weeks of infancy. Based on the most recent data, 74 percent of California mothers choose either breastfeeding, or breastfeeding combined with artificial baby milk supplements, at the time of hospital discharge. This is close to the Year 2000 Health Objective for breastfeeding initiation. However, for many California infants, breastfeeding is already being supplemented in the hospital, and it has been demonstrated that supplementation with artificial baby milk leads to early termination of breastfeeding. The in-hospital supplementation rate in California is over twice the rate reported for all U.S. infants.[6] This may be the result of a high prevalence of maternity ward routines in California hospitals that encourage supplementation (i.e., distribution of free artificial baby milk, routine feeding of artificial baby milk, and separation of mother and baby).

DISTRIBUTION OF BREASTFEEDING PRACTICES

In-hospital, 1993
California Data

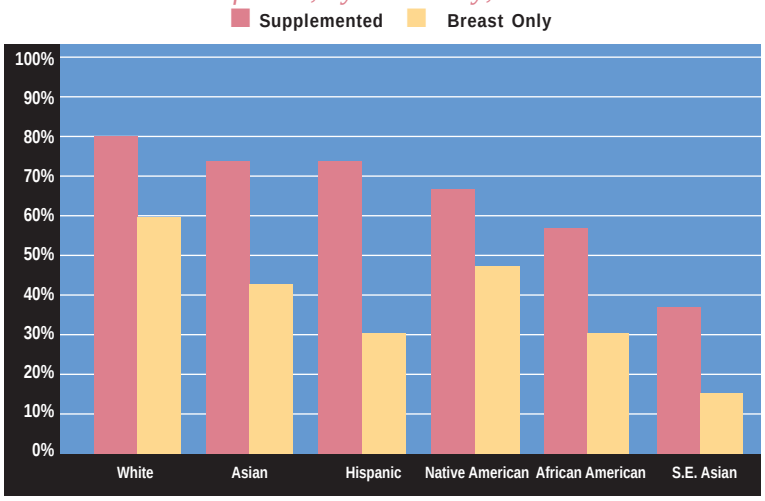


WHAT ARE THE INITIATION RATES AMONG CALIFORNIA'S ETHNIC GROUPS?

Among certain demographic groups, the breastfeeding initiation rate is far below the Year 2000 Health Objective. The lowest incidence of breastfeeding is among Southeast Asian women. Only 36 percent of California mothers of Southeast Asian ethnicity breastfeed at all in the hospital, and most of those who do so also supplement with artificial baby milk. African American mothers have one of the lowest breastfeeding rates (54 percent), second only to Southeast Asian women.

IN-HOSPITAL BREASTFEEDING RATES

California, by Ethnicity, 1993-94



WHAT REGIONS IN CALIFORNIA HAVE THE LOWEST RATES OF BREASTFEEDING?

Regions with very low breastfeeding rates: Central Valley counties, Los Angeles County, San Bernardino County, and Imperial County.

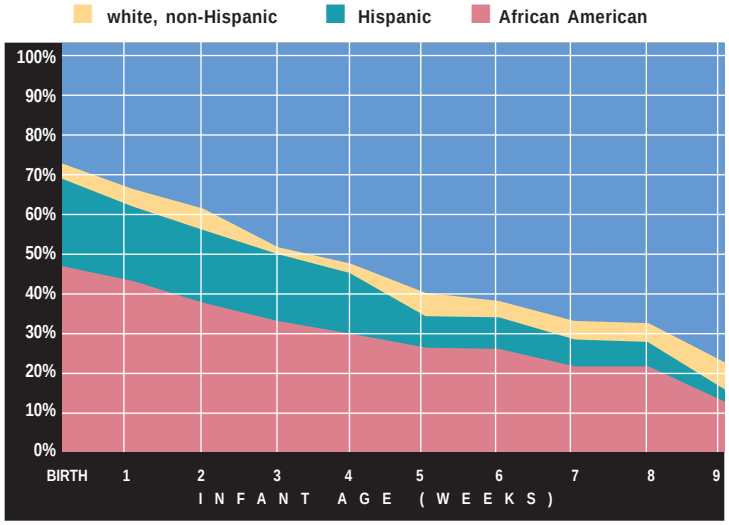
Within the state, initiation rates vary widely by region. The percentage of newborns being solely breastfed ranges from 15 percent in Colusa County to 88 percent in San Luis Obispo County. The lowest breastfeeding rates occur in the Counties of the Central Valley, Los Angeles, and southeastern California. The counties with high initiation rates tend to be in the coastal and mountain regions of California, regions with a low population density and a predominantly white, non-Hispanic population.

HOW MANY CALIFORNIA MOTHERS ARE BREASTFEEDING THEIR INFANTS FOR AT LEAST SIX MONTHS?

The Year 2000 Health Objective for breastfeeding duration is that at least 50 percent of infants be breastfed for six months. The actual percentage of California infants breastfed for this long is likely to be much lower than this, extrapolating from the high rate of in-hospital supplementation. Unfortunately, statewide data on duration of breastfeeding beyond the newborn period do not exist. Preliminary data from the California Pregnancy Risk Assessment Monitoring System (PRAMS) suggest that many women discontinue breastfeeding soon after their baby is born.[7] Though 66 percent of the mothers in the PRAMS sample initiated breastfeeding, only 18 percent exclusively breastfed their infants for more than eight weeks. In California, many women initiate breastfeeding, but few continue beyond a few weeks. This pattern suggests that while most California women recognize that "breast is best," they are not receiving adequate support in order to continue breastfeeding. As a result, only a small fraction of California's infants are receiving the many benefits of breastfeeding throughout their first year of life, despite this being the recommended ideal.

PERCENT OF INFANTS EXCLUSIVELY BREASTFED

Birth to 9 weeks, California PRAMS data



WHAT ARE THE BARRIERS TO BREASTFEEDING SUCCESS?

While most women believe that breastfeeding is beneficial, many barriers stand in the way of breastfeeding becoming the cultural norm of our society. Women choose not to breastfeed, or terminate breastfeeding early, for a variety of reasons:

- Lack of basic knowledge about breastfeeding coupled with no role models or access to mother-to-mother support groups leave many new mothers with no one to turn to for advice and support.
- Hospital policies such as the separation of mother and baby, gifts of free artificial baby milk, early discharge, and inadequate follow-up and support in the early days of breastfeeding have been shown to shorten the duration of breastfeeding.
- Very few health care professionals have received the training (knowledge or skills) needed to assess, support, and assist women and their infants with breastfeeding.
- Limited maternity leave and lack of workplace breastfeeding facilities are common barriers faced by working mothers.
- Lack of support from one's peers and family members has an even greater impact on the decision to breastfeed than advice from health care providers. One of the greatest influences often is a woman's male partner.
- Embarrassment, lack of confidence, lack of desire, poor previous breastfeeding experience, fear of loss of lifestyle, or concerns about their physical appearance inhibit some women from breastfeeding.

The pattern of infant feeding observed in California — many women initiating breastfeeding, but few continuing beyond a few weeks — suggests that women are not receiving adequate support in their efforts to breastfeed.

WHAT CAN BE DONE TO IMPROVE BREASTFEEDING PRACTICES IN CALIFORNIA?

Incorporating strategies to increase breastfeeding rates is consistent with the focus on preventive health maintained by California's Department of Health Services. To provide guidance in its breastfeeding promotion effort, the Department of Health Services convened a committee of experts from throughout the state. The committee was formed as a collaborative effort among three branches within the Department of Health Services: Women, Infants and Children (WIC) Supplemental Nutrition, Maternal and Child Health (MCH), and Children's Medical Services (CMS).

Committee members represent a wide variety of practice settings including academia, hospitals, managed care organizations, public agencies, foundations, community organizations, lactation consultants, and local WIC agencies. In this report, the Breastfeeding Promotion Committee presents its prioritized recommendations for increasing breastfeeding incidence and duration in California.

RECOMMENDATIONS

Seventeen recommendations were prioritized by the committee, but three others were thought to be of such fundamental importance that they should be listed separately. The three overriding recommendations are:

Overriding Recommendations

I. Establish an Office of Breastfeeding Promotion in the Department of Health Services.

II. All breastfeeding promotion activities at all levels must be culturally relevant to the diverse populations in California and must be implemented by individuals who are culturally competent.

III. No money or goods should be accepted from the manufacturers of artificial baby milk for the implementation of the recommendations of this report. Gifts from manufacturers of other infant feeding and lactation products should be used only with great caution and should be progressively eliminated.

The seventeen recommendations are summarized below, in priority order. These recommendations encompass six strategic areas of focus (Professional Education, Health Care Systems, Public Education, Mother-to-Mother Support, Workplace and Educational Centers, and Research), which are of equal importance in improving breastfeeding status in California.

Prioritized Recommendations

1. Ensure that all mothers have access to culturally appropriate breastfeeding information and professional lactation services, especially in communities with high birth rates and low prevalence of breastfeeding.
2. Develop an overriding policy to be governed by the state of California in which all health care institutions and health plans that provide maternal and child health services will facilitate breastfeeding for all mothers and infants including those with special care needs. As a first priority, facilitate the implementation of the Baby Friendly Hospital Initiative.
3. Facilitate integration of appropriate and culturally relevant breastfeeding training into the curriculum at health-related professional schools throughout the state to ensure that health professionals are technically and culturally competent in delivering breastfeeding services.
4. Adopt model standards of breastfeeding promotion and support for the WIC program based on best practices, and ensure that these standards are implemented uniformly throughout the state.
5. Develop and implement a social marketing campaign to promote breastfeeding in California's diverse populations with an emphasis on increasing breastfeeding duration.
6. Develop incentives that make it simple, interesting, and profitable for health care providers to receive continuing education in breastfeeding-related topics.
7. Work with small businesses, educational sites, corporate executives, employees, labor unions, and others to promote breastfeeding friendly workplaces and to negotiate health care plans with enhanced maternity and lactation benefits. The state of California, as a major employer, should take the lead in providing a breastfeeding friendly workplace.

8. Evaluate the cost savings and other benefits to different sectors associated with increased breastfeeding rates, and use the information to help convince policy makers to implement programs to promote breastfeeding.
9. Develop a partnership with the media to promote breastfeeding images targeted to specific communities. Seize opportunities to include breastfeeding promotion as part of other media events.
10. Evaluate the cost-effectiveness of alternative strategies to promote breastfeeding. For example, determine the optimal use of professionals, paraprofessionals, and lay health workers for breastfeeding support. Use the information to choose the models that have the biggest impact per unit cost.
11. Incorporate breastfeeding education into the science and health curricula of schools at preschool, primary, secondary, continuation, technical, adult, job training, and professional education levels.
12. Support research on risk factors for early termination of breastfeeding.
13. Recommend legislation that supports breastfeeding by working mothers.
14. Ensure that effective mother-to-mother support is accessible for all breastfeeding women in California.
15. Develop and implement mechanisms for ongoing evaluation of breastfeeding incidence and duration in California.
16. Encourage breastfeeding promotion through local breastfeeding coalitions, including existing support groups and religious and community organizations, in order to reach local communities in a culturally competent and accessible manner.
17. Conduct needs assessment studies to assist in planning and targeting breastfeeding promotion programs.

CONCLUSION

The information presented in this report confirms that breastfeeding can make an important contribution to the health and well-being of our state's population. While many California women initiate breastfeeding, few do so without supplementation and very few continue beyond the first few weeks. Furthermore, there are large discrepancies in initiation rates among California's many ethnic groups and geographical regions.

The vision of the Breastfeeding Promotion Committee is that breastfeeding be the norm in California for at least the first year of life and preferably longer. Many challenges lie ahead before this vision can be realized. The seventeen recommendations of the committee address these challenges in a way that promotes and supports breastfeeding among the widely diverse populations of California. For further information and documentation, please refer to the full committee report.

As we step forward into the next century, we must recognize the value of breastfeeding to society as a whole. Today's investment in efforts to support and promote breastfeeding will deliver a brighter future for us all.

Notes:

1. "Formula feeding has become so simple, safe, and uniformly successful that breastfeeding no longer seems worth the bother." Lee Forrest Hill in "A salute to La Leche League International." J Pediatr 1968; 73: 161-162.
2. In: *Healthy People 2000: National Health Promotion and Disease Prevention Objectives, [U.S. Department of Health and Human Services.]* Publication No. (DHS) 91-50213, *(1991).*
3. In: *Breastfeeding: A Guide for the Medical Profession.* 4th Edition, Mosby, 1994
4. "Artificially fed" refers to children fed with any milk or milk substitute other than human milk.
5. "Artifical baby milk" refers to any other milk or milk substitute designed to replace or serve the same function as human milk in an infant or child's diet.
6. The Newborn Screening Program is the source of data for breastfeeding initiation in California. U.S. data are based on information from the Ross Laboratories Mothers' Survey. Some of the differences observed in supplementation rates may be due to differing data collection methods of the two data sources.
7. Based on July 1-December 31, 1993 PRAMS data. The data are from the Part 2 questionnaire (mail/phone follow-up phase) of PRAMS. The rate of completion for Part 2 was 60 percent of the sample. The response rate for the breastfeeding questions was 75 percent of the sample that completed part 2 (46 percent of the total sample). The data represent three California regions (33 counties in sample hospital catchment areas): Northeastern California Perinatal Program, Perinatal Network of Alameda and Contra Costa, and San Joaquin Valley Regional Perinatal Program.

APPENDIX A:

ROSTER OF PARTICIPANTS

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INSIDE PHOTOS:
SUZANNE ARMS
SUPER STOCK
LA LECHE LEAGUE

APPENDIX B

WHO/UNICEF'S TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

1. have a written breastfeeding policy that is routinely communicated to all health care staff;
2. train all health care staff in skills neccessary to implement this policy;
3. inform all pregnant women about the benefits and management of breastfeeding;
4. help mothers initiate breastfeeding within a half-hour of birth;
5. show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants;
6. give newborn 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 breastfeeding on demand;
9. give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants;
10. foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

To order copies of the Executive Summary or copies of the full report, please send your request by email to Becky Flores at bflores1@dhs.ca.gov