

PURPOSE: To Improve Exclusive Breastfeeding Rates in Low-Performing Hospitals

Benefits of Breastfeeding



Breastmilk is the appropriate nutrition for human infants. Evidence clearly shows¹:

- Less diarrhea, atopic dermatitis, ear and lower respiratory tract infections, asthma, childhood leukemia, obesity and diabetes
- Reduced risk of Sudden Infant Death Syndrome (SIDS)

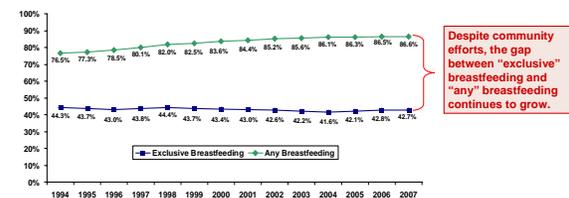
Mothers are healthier when their bodies complete the reproductive cycle by breastfeeding:

- Faster recovery from childbirth, less breast and ovarian cancer, lower risk for Type 2 diabetes
- Increased maternal confidence and opportunities to bond with their child

Breastfeeding: The Data Drives the Activities

Although a majority of California women choose to initiate breastfeeding while in the hospital, only 43% exclusively breastfed (infant fed only breastmilk, no other foods or fluids) even during the short time they are in the hospital (Figure 1).

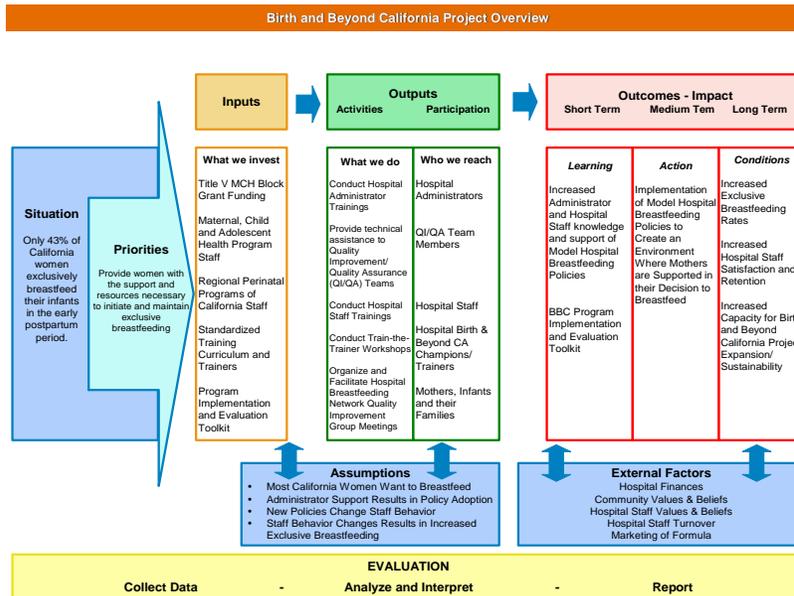
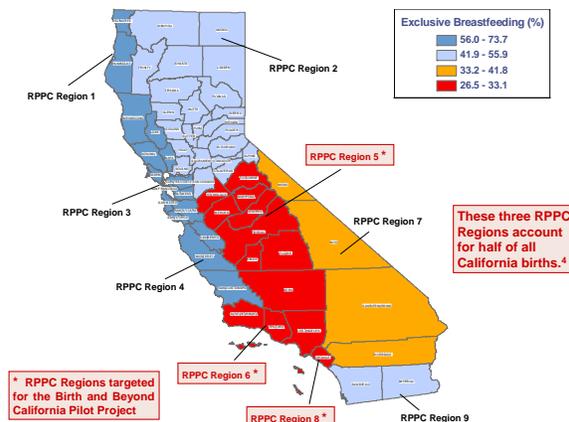
Figure 1. California Any and Exclusive In-Hospital Breastfeeding²: 1994-2007



Location Matters: Regions with the Lowest Exclusive Breastfeeding Rates

The percentage of newborns exclusively breastfed were lowest in Regional Perinatal Programs of California (RPPC) Regions 6 (26.5%), 8 (30.2%) and 5 (33.1%) (Figure 2).

Figure 2. Exclusive Breastfeeding by Regional Perinatal Programs of California (RPPC) Region³, 2006



A Collaborative Program to Improve Breastfeeding Initiation

California's Department of Public Health provided leadership and funding to develop the Birth and Beyond California Project. A diverse team collaborates to implement this project:

- Maternal, Child and Adolescent Health Program (MCAH)
- Regional Perinatal Programs of California (RPPC)
- Breastfeeding Task Force of Greater Los Angeles (BTFLA)
- Genetic Disease Screening Program (GDSP)
- California Hospital Assessment Reporting Taskforce (CHART)
- California WIC Association (CWA)
- California Women, Infants and Children (WIC) Program

Preliminary Findings

- After 6 months, some "lessons learned" include:
- Birth and Beyond California Project requires flexibility to respond to information learned through participant reports, data gathering and evaluation
 - Developing the interdisciplinary QI/QA team that addresses policy and practice issues needs to occur early
 - There is an interest by many hospitals to improve their exclusive breastfeeding rates
 - A representative of the interdisciplinary team should be present at staff trainings to dialogue and modify policies
 - Networking among hospitals was valuable

Evidence-based Models for Breastfeeding Support

Modeled after the Baby Friendly Hospital Initiative⁵ and Loma Linda University's Perinatal Services Network's Birth and Beyond Project, the Birth and Beyond California Project provides participating hospitals with:

- Technical Assistance for Hospital Quality Improvement Team
- Hospital Breastfeeding Policy Revision
- Evaluation Toolkit
- Training
 - Decision Maker (Administrator) Workshop (2 Hours)
 - Learner (Hospital Staff) Workshop (2 Days – 16 Hours)
 - Train-the-Trainer Workshop (2 Days – 16 Hours)
- Monthly Regional Quality Improvement Network Meetings

Conclusion and Health Implications

- Surveillance data can be utilized to increase awareness and interest in promoting breastfeeding
- Data can be used to target limited resources
- Local, regional and state collaboration can empower low-performing hospitals to improve exclusive breastfeeding
- Materials developed by this project will be available for use by others, reducing start-up costs and time.

Hospital Breastfeeding Policies Matter

A new mother's ability to successfully breastfeed her infant can be affected by the policies and practices of the hospital in which she delivers. Common barriers to breastfeeding initiation include:

- Lack of policies that support and promote breastfeeding
- Staff turnover and lack of staff training on supporting new mothers to initiate breastfeeding
- Physical separation of the mother-infant pair
- Routine use of pacifiers, water and formula
- Marketing of formula



The first national Maternity Practices in Infant Nutrition and Care (mPINC) Survey confirmed that birthing facilities across the U.S. have maternity practices that are not supportive of breastfeeding.⁶

Quality Improvement Goals: Model Hospital Policy Recommendations

In 2005, the CDPH shared with all hospitals the Model Hospital Policy Recommendations on how to improve exclusive breastfeeding rates (Table 2).

Table 2. Model Hospital Breastfeeding Policy Recommendations⁷

1.	Hospital promotes and supports breastfeeding
2.	Nurses, certified nurse midwives, physicians and other health professionals with expertise regarding the benefits and management of breastfeeding educate pregnant and postpartum women when the opportunity for education exists
3.	The hospital encourages medical staff to perform a thorough breast exam on all pregnant women (and breastfeeding mothers) and to provide anticipatory guidance for conditions that could affect breastfeeding.
4.	Hospital perinatal staff support the mother's choice to breastfeed and encourage exclusive breastfeeding for the first 6 months
5.	Nurses, certified nurse midwives, and physicians encourage new mothers to hold their newborns skin to skin during the first two hours following birth and as much as possible thereafter, unless contraindicated
6.	Mothers and their infants are assessed for effective breastfeeding and mothers are offered instruction in breastfeeding as needed.
7.	Artificial nipples and pacifiers are discouraged for healthy breastfeeding infants
8.	Sterile water, glucose water, and artificial milk are not given to a breastfeeding infant without the mother's informed consent and/or physician's specific order
9.	Mothers and infants are encouraged to remain together during the hospital stay
10.	At discharge, mothers are given information regarding community resources for breastfeeding support

An internet-based toolkit to assist local hospitals with implementation of the Model Hospital Policy Recommendations is available at: cdph.ca.gov/BreastFeeding.

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References

¹ Ip S, Chung M, Raman G, et al. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality; April 2007. Available at: <http://www.ahrq.gov/evidence/public/evidenceof/bf0704/bf0704.pdf>

² California Department of Public Health, Genetic Disease Screening Program, Newborn Screening Data, 1994-2007

³ California Department of Public Health, Genetic Disease Screening Program, Newborn Screening Data, 2006

⁴ State of California, Department of Public Health, Birth Records, Live Births, California Counties, 2005 (Table 2-18). Available at: <http://www.cdph.ca.gov/data/statistics/Documents/VSC-2005-0218.pdf>

⁵ WHO/UNICEF Baby Friendly Hospital Initiative in the U.S. <http://www.babyfriendlyusa.org>

⁶ Centers for Disease Control and Prevention. Breastfeeding-Related Maternity Practices at Hospitals and Birth Centers - United States, 2007. MMWR 2008; 57:621-625

⁷ Inland Empire Breastfeeding Coalition and Inland Counties Regional Perinatal Program(2005). *Providing Breastfeeding Support: Model Hospital Policy Recommendations* (3rd ed.). California Department Public Health, Maternal, Child and Adolescent Health Division. Available at: <http://cdph.ca.gov/BreastFeeding>