Collaboration Counts

Improving Hospital Breastfeeding Policies

A Policy Update on California Breastfeeding and Hospital Performance
Produced by California WIC Association and the UC Davis Human Lactation Center

Santa Clara County: 2011 Data

Breastfeeding Can Reduce Health Disparities

- Breastfeeding is a crucial first step in protecting the health of mothers and infants; hospital policies and practices have an enormous impact on infant-feeding success.[1-3]
- Hospitals that have instituted Baby-Friendly practices have the highest rates of breastfeeding.[4-6] These evidence-based reforms must reach hospitals serving the state's poorest families.
- The Joint Commission and state and federal agencies are monitoring breastfeeding rates and obstetric interventions in California hospitals; outdated institutional policies that create disparities in health care are no longer acceptable.

Collaboration and Commitment Results in More Baby-Friendly Hospitals

- Collaborations among hospitals have been shown to improve breastfeeding support and care.[7,8] Working together, staff from hospitals, medical centers, and public health agencies address common barriers by sharing information, pooling resources, and creating and implementing common quality improvement procedures.
- Recently, local, regional, and statewide collaboratives have formed throughout California in response to disparities in breastfeeding rates. Successful hospital consortia in Riverside, San Bernardino, Los Angeles, and San Joaquin counties demonstrate the effectiveness of this approach.

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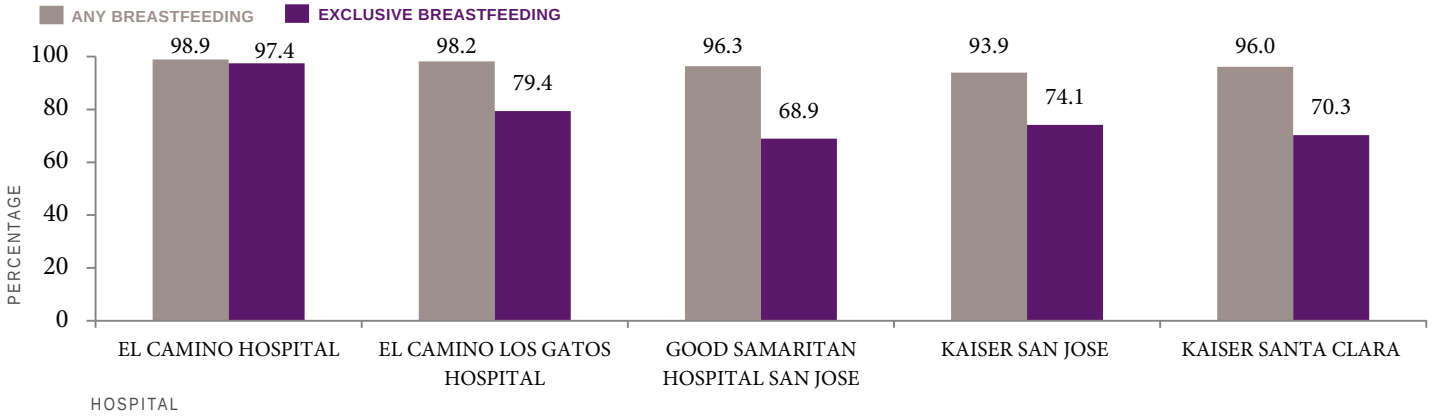
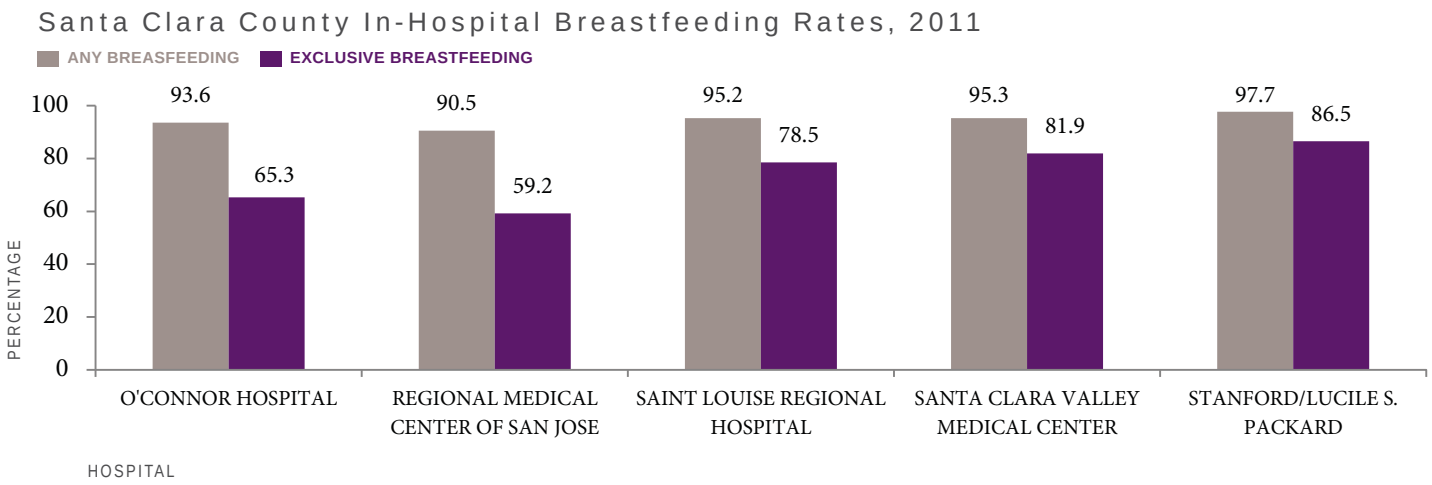
The UC Davis Human Lactation Center used data reported by the California Department of Public Health Maternal, Child and Adolescent Health Program to create the following charts showing in-hospital breastfeeding rates.[9]

Santa Clara County In-Hospital Breastfeeding Rates, 2011




Santa Clara County In-Hospital Breastfeeding Rates, 2011
ANY BREASFEEDING
EXCLUSIVE BREASTFEEDING
PERCENTAGE
100
80
60
40
20
0
93.6
65.3
90.5
59.2
95.2
78.5
95.3
81.9
97.7
86.5
O'CONNOR HOSPITAL
REGIONAL MEDICAL CENTER OF SAN JOSE
SAINT LOUISE REGIONAL HOSPITAL
SANTA CLARA VALLEY MEDICAL CENTER
STANFORD/LUCILE S. PACKARD
HOSPITAL

Barriers to Policy Improvement Can Be Overcome

- Recent state and federal policy benchmarks confirm growing public expectation that hospital environments should fully support breastfeeding.
- The number of Baby-Friendly hospitals in California has increased dramatically, from only 12 in 2006 to 55 in June 2012, yet only about 21 percent of the hospitals in the state are Baby-Friendly. More work is needed to ensure that all hospitals are providing the best possible care to mothers and babies.
- The Baby-Friendly Hospital Initiative focuses on ten hospital policies, or "steps," designed to reduce barriers to exclusive breastfeeding (www.babyfriendlyusa.org).

Baby-Friendly hospitals have high breastfeeding rates no matter what populations they serve.

- The Joint Commission, an organization that accredits and certifies hospitals, adopted the Perinatal Care Core Measures in 2010. This set of five measures includes rates of exclusive breast milk feeding, as well as elective deliveries and cesarean sections, which may affect in-hospital breastfeeding rates (www.jointcommission.org/perinatal_care/).
- Hospital policies that do not directly support exclusive breastfeeding are not only outdated, but fail to reflect what is now considered standard, high-quality care.

Santa Clara County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
  Any – 96.2% Exclusive – 78.7%
- Ranked 12th in the state for exclusive breastfeeding:
- One hospital among the 15 highest-scoring in the state: El Camino Hospital

DATA SOURCE: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2011.

NOTES:

• All nonmilitary hospitals providing maternity services are required to complete the Newborn Screening Test Form [Version NBS-I(D) (12/08)].

• Infant-feeding data presented in this report include all feedings since birth to time of specimen collection, usually 24 to 48 hours since birth. Upon completing the form, staff must select from the following three categories to describe 'all feeding since birth': (1) Only Human Milk; (2) Only Formula; (3) Human Milk & Formula.

• The numerator for "Exclusive Breastfeeding" includes records marked "Only Human Milk." The numerator for "Any Breastfeeding" includes records marked "Only Human Milk" or "Human Milk & Formula." The denominator excludes cases with unknown method of feeding and those receiving TPN at time of specimen collection. Statewide, approximately 1.8% of cases have missing feeding information and/or are on TPN at time of specimen collection.

• Excludes data for infants who were in an Neonatal Intensive Care Unit (NICU) nursery at the time of specimen collection.

• Excludes cases that were not collected by facilities listed as "Kaiser" and/or "Regular" maternity hospitals in the newborn screening database.

• Data for counties include information for all births occurring ina 'Regular' or 'Kaiser' facility providing maternity services in that county. Counties and facilities with fewer than 50 births with known type of feeding on both versions of the NBS form combined are not shown.

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