Sustaining Change in Challenging Times

California Needs Innovative Breastfeeding Support Strategies

A Policy Update on California Breastfeeding and Hospital Performance

Produced by California WIC Association and the UC Davis Human Lactation Center

Sutter County: 2017 Data

Breastfeeding Keeps Mothers and Babies Healthy

- Breastfeeding provides both mothers and infants with lifelong health benefits that dramatically reduce health care costs.[1-4] Breast milk provides infants with optimal nutrition along with unique components that promote growth, development, and a strong immune system.[1,2] For mothers, breastfeeding supports rapid recovery from childbirth and reduces risk for cancer and chronic disease.[2-4] These benefits are greatest among mothers and infants who breastfeed exclusively.[1-2]
- While breastfeeding is a natural process, most mothers need support during the hospital stay to overcome common challenges.[1-2] Therefore, hospital policies and practices strongly influence mothers' abilities to meet their breastfeeding goals.[6,7] Mothers who experience supportive practices during the hospital stay are more likely to breastfeed exclusively than those who do not.[1,6]

Statewide Progress has Slowed

- Statewide efforts for systems change have improved the quality of maternity care in many California hospitals and substantially increased the number of Baby-Friendly hospitals throughout the state.[8] As a result of these efforts, exclusive in-hospital breastfeeding rates have increased from 56.6% in 2010 to 69.6% in 2017.[9]
- Unfortunately, the most recent data show the pace of progress has slowed.[9] From 2016 to 2017, rates increased in only 10 counties. Rates did not change in 29 counties and decreased in 10 counties.
- Immediate action is needed to identify the sources of the slowdown and provide targeted support where it is needed.[10-12] Early intervention may provide the boost needed to address barriers, reinvigorate staff, and to continue progress towards providing optimal care for all California mothers and babies.[10-12]

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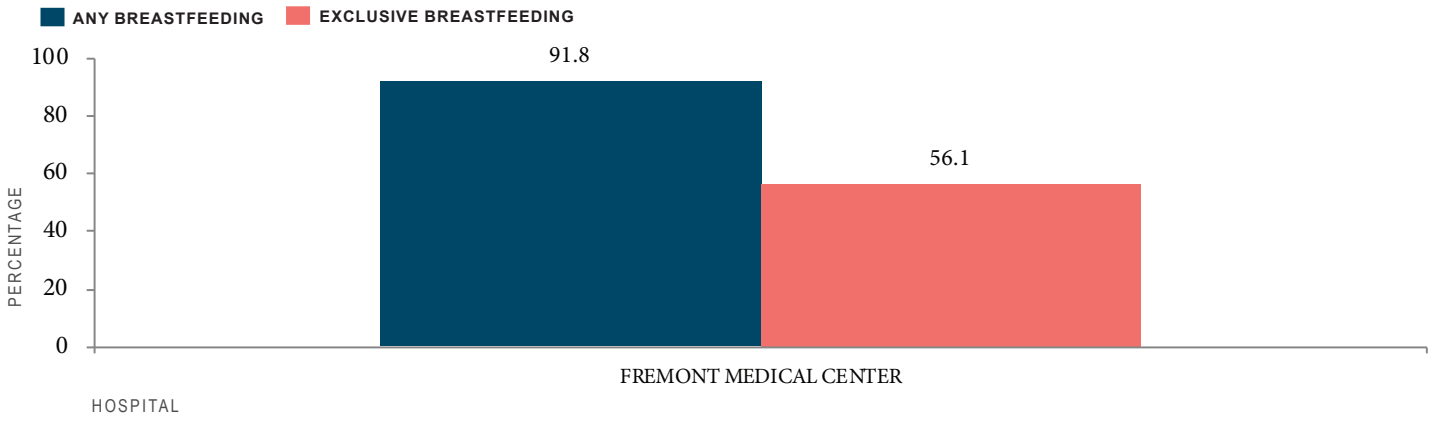
The UC Davis Human Lactation Center used data reported by the California Department of Public Health Maternal, Child and Adolescent Health Program to create the following charts showing in-hospital breastfeeding rates.[9]

Sutter County In-Hospital Breastfeeding Rates, 2017



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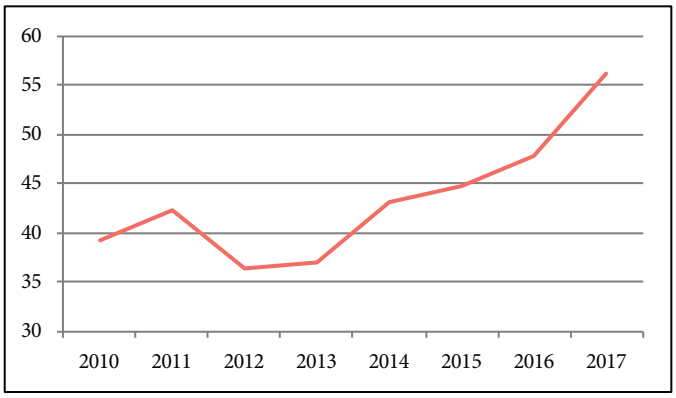
- California has long been a national leader in the promotion and support of optimal infant feeding. Advocates and policy makers must work together to develop local and regional action plans to combat potential reversals in breastfeeding rates.[10-12]
- The California Department of Public Health must provide clear guidance and associated metrics or benchmarks to be used for implementation of SB-402 so that hospital administrators can include compliance efforts in their long-range planning.
- Leaders and clinical champions in California hospitals are needed to identify and adopt innovative partnerships and practices needed to reinvigorate quality improvement processes and to integrate successful strategies into facility culture and existing processes.[10-12]

Trends in Exclusive Breastfeeding, Sutter County, 2010-2017



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2010-2017.[9]

Sutter County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
  Any – 91.8% Exclusive – 56.1%
- County ranked 45th in the state for exclusive breastfeeding

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 1.7% of cases have missing feeding information and/or are on TPN at time of specimen collection.

• Excludes data for infants who were in a 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 in a 'Regular' or 'Kaiser' facility providing maternity services in that county. Counties and facilities with fewer than 50 births with known type of feeding are not shown.

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