Achieving Breastfeeding Equity in California

Are hospitals doing enough to support at-risk families?

A Policy Update on California Breastfeeding and Hospital Performance

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

San Mateo County: 2018 Data

Breastfeeding: A Health Equity Priority

- Breastfeeding provides short- and long-term health benefits that reduce global health care costs.[1-4] Breast milk provides infants with all the nutrients they need and other components that promote optimal growth, development, and immune function.[1,2] For mothers, breastfeeding promotes a more rapid recovery from childbirth and reduces risk for some cancers and chronic diseases.[2-4] These benefits are greatest when breast milk is fed exclusively.[1,2]
- To breastfeed successfully, most mothers need support during the hospital stay.[5,6] Hospital practices strongly influence mothers' abilities to achieve their breastfeeding goals.[6,7] Mothers who experience supportive practices in the hospital are more likely to breastfeed exclusively than those who do not.[1,7]
- Ongoing efforts have improved the quality of maternity care in many hospitals and increased breastfeeding rates and the number of Baby-Friendly hospitals statewide.[8]

Building on the Foundation of Baby-Friendly Practices

- Improvements in hospital policies have resulted in increases in breastfeeding rates. From 2010 to 2018, California exclusive in-hospital breastfeeding rates rose from 56.6% to 70.4%, and population differences were reduced significantly.[9]
- Recent data show that progress has slowed, and smaller but important disparities persist.[9] While Baby-Friendly and similar policies improve maternity care, not all California women experience these policies and practices the same way.[7,10]
- To achieve breastfeeding equity in California hospitals, we must build on the foundation created by widespread adoption of Baby-Friendly policies. Resources, quality improvement processes, and community partnerships are needed to ensure equitable structures and approaches are in place to meet the needs of California's diverse families.[11]

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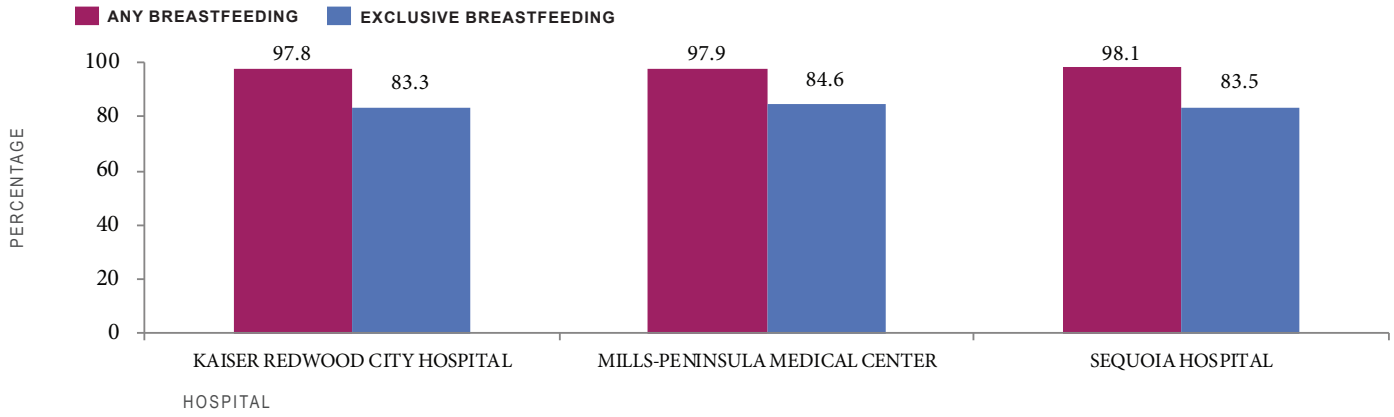
The UC Davis Human Lactation Center used data reported by the California Department of Public Health Maternal, Child and Adolescent Health Program to create the following charts showing in-hospital breastfeeding rates.[9]

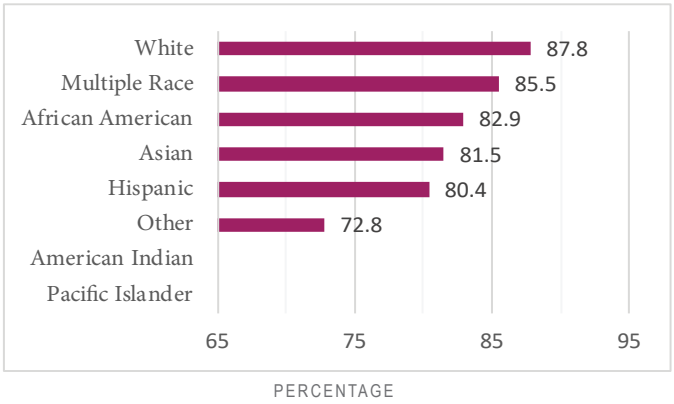
San Mateo County In-Hospital Breastfeeding Rates, 2018



Achieving Breastfeeding Equity

- To regain momentum and further increase in-hospital exclusive breastfeeding, advocates and administrators must ensure that 1) Baby-Friendly and similar optimal policies are adopted by all California hospitals providing maternity care and 2) equitable structures and approaches are integrated throughout medical systems to work synergistically with those policies.
- 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 systems can prepare for surveillance beginning in 2025.
- Administrators and policy-makers must provide resources to remove current barriers to breastfeeding equity. Targeted and sustainable changes will be needed to eliminate persistent disparities and ensure that all mothers in California are able to meet their breastfeeding goals.

San Mateo County Exclusive Breastfeeding Rates by Race/Ethnicity, 2018



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2018.[9]

San Mateo County Breastfeeding and Hospital Performance

- County average breastfeeding rates:
  Any – 97.9% Exclusive – 83.8%
- County ranked 9th in the state for exclusive breastfeeding
- Highest performing hospital in the county: Mills-Peninsula Medical Center

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, cases marked NPO and those receiving 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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