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# Using Public Data to Increase Hospital Breastfeeding Rates

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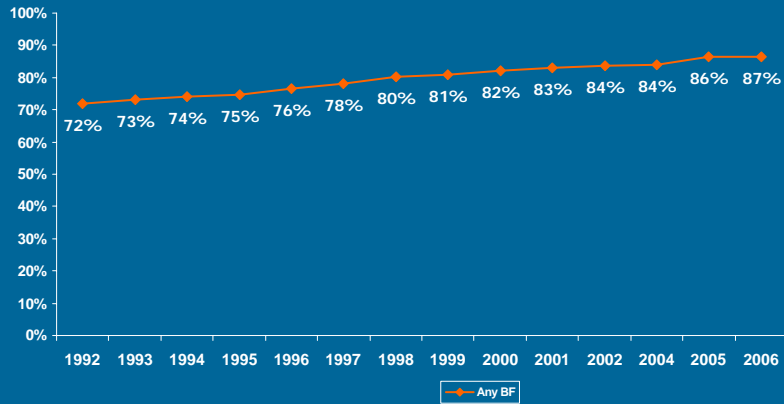
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M. Jane Heinig, PhD, IBCLC  
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California Breastfeeding Coalition

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## The Problem

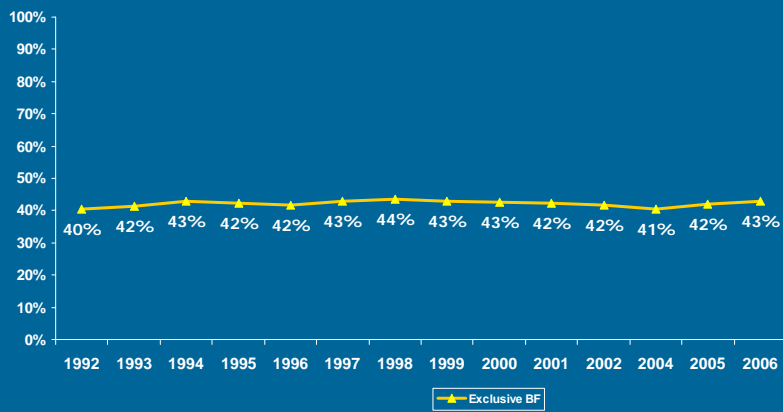
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## Statewide **Any** In-Hospital Breastfeeding: 1992-2006



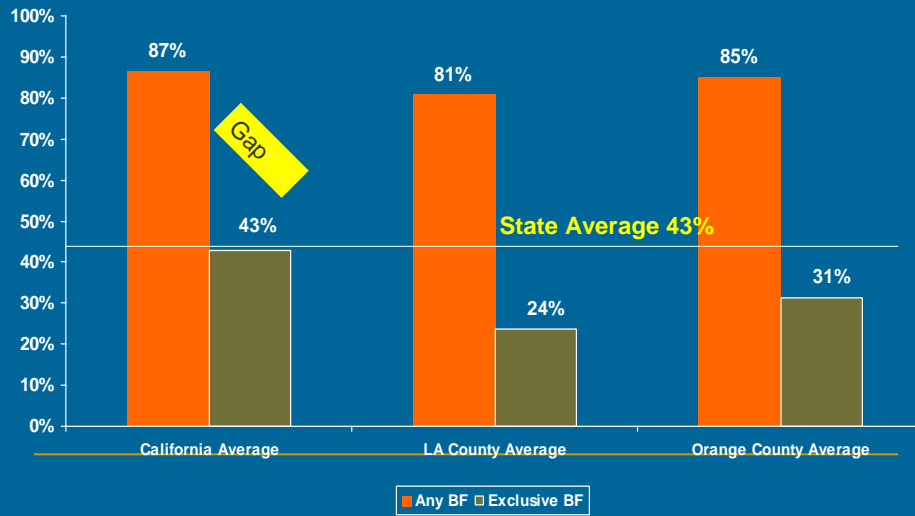
Prepared by: Maternal and Child Health Branch, California Department of Health Services  
Data Source: Newborn Screening Database, Genetic Disease Branch

## Statewide **Exclusive** In Hospital Breastfeeding: 1992 to 2006



Prepared by: Maternal and Child Health Branch, California Department of Health Services  
Data Source: Newborn Screening Database, Genetic Disease Branch

## Percent Any/Exclusive In Hospital Breastfeeding: 2006



## The Plan

## Mission of Project

- Bring attention to the gap in 'any' and 'exclusive' breastfeeding rates in hospitals, particularly hospitals with large populations of low-income mothers
- Produce a statewide grassroots media campaign with the breastfeeding coalitions

## Goal

Advocate for improved exclusive breastfeeding rates by urging hospitals to use the California Breastfeeding Model Hospital Policies or Baby Friendly designation

## Method

Use publicly available data from California Department of Public Health Genetic Disease Screening Program on hospital breastfeeding rates to bring attention to exclusive and mixed rates of breastfeeding

## Collaboration

- California WIC Association (CWA)
- University of California, Davis Human Lactation Center (UCD)
- State and Local Breastfeeding Coalitions

## Framing the Message

Breastfeeding is an obesity prevention strategy!

2006: Increasing hospital exclusive breastfeeding rates is a first step in obesity prevention

2007: Hospitals must close the gap in the any and exclusive breastfeeding rates, particularly for the low-income populations at high risk for obesity

## Produce Tools!

- Publish a policy brief
  - Breastfeeding and obesity prevention
  - County breastfeeding rates
  - Highest and lowest scoring hospitals
  - Recommendations
- Publish individual county fact sheets
  - Breastfeeding and obesity prevention
  - County hospital and ethnic data

## Media Campaign

- Develop a media toolkit
- Alert the breastfeeding coalitions
- Set up statewide conference calls
- Build a media data bank
- Set up an embargoed website
- Press release!
- Continue to reach out to media and partners

## Media Spin

- Focus on Model Policies
- Highlight the gap in rates at hospitals with the most Medi-Cal births
- Showcase the high performing hospitals, particularly those with high Medi-Cal births
- Point to easy, low-cost ways for lower performing hospitals to improve breastfeeding rates by using model policies
- Bring attention to importance of accurate data collection

## Communication System

### Conference calls and E-Mails

- ❑ Breastfeeding Advocates, CWA, UCD
- ❑ Report Update
- ❑ Media Instructions and Timeline
- ❑ Talking Points
- ❑ Provide template materials- press release, op-ed, letter to editor

## The Reports

### Reducing Obesity from the Start:

California Hospitals Must Increase Exclusive Breastfeeding Rates

Preventing obesity should start as early as the day a child is born.



Childhood obesity is an urgent health crisis in California. More than 400,000 children under six years old are overweight, and this number continues to increase dramatically. Overweight children are more vulnerable to a host of chronic problems that, until recently, were seen only in adults, such as weight-related diabetes and joint problems, high blood pressure, and high cholesterol.

There is a great deal of concern about childhood overweight around the country, and many programs have been set up to address the problem. Interventions typically target school-age children, but prevention should start much earlier, as early as the day a child is born.

A POLICY BRIEF ON CALIFORNIA BREASTFEEDING AND HOSPITAL PERFORMANCE  
Produced by the California WIC Association and the UC Davis Human Lactation Center

Obesity Prevention Theme

### A Fair Start for Better Health:

California Hospitals Must Close the Gap in Exclusive Breastfeeding Rates

All children deserve to get the best start in life.



Despite increased awareness of the health risks linked to overweight, increasing numbers—in fact, hundreds of thousands—of California children and adolescents are either overweight or obese. Millions of dollars are spent each year addressing obesity-related health problems in children that were once seen only in adults, such as type 2 diabetes, joint problems, high blood pressure, and high cholesterol.

California's low-income children are even more likely to be overweight. According to the Centers for Disease Control and Prevention (CDC), more than 19 percent of low-income Hispanic children and low-income Native American children younger than five are overweight, as are 12 percent of low-income white children and low-income African American children.

Breastfeeding is a low-cost, low-tech intervention that, according to the American Academy of Pediatrics and CDC, can reduce children's risk for overweight. Specifically and unfortunately, low-income children—who are at greatest risk for overweight—are also least likely to be breastfed.

A POLICY UPDATE ON CALIFORNIA BREASTFEEDING AND HOSPITAL PERFORMANCE  
Produced by the California WIC Association and the UC Davis Human Lactation Center

November 2007

Health Disparities Theme

## In-Hospital Breastfeeding Data Source: Newborn Screening Form

- Administered by the CDPH Genetic Disease Screening Program
  - Infant feeding data *ideally* collected at time of blood sample
- Data collected and placed on DHS (now CDPH) website since late 1990's
  - Little response until first report published last year
  - 2004 rate calculation considered punitive for hospitals with high risk nurseries (removed infants on TPN in 2006)
- New wording and options (2008):
  - All Nutrition since birth, **per Chart Review** (Check **all** that apply)
  - Human Milk, Formula, Fortifier, TPN/Hyperal, IV Fluid
- Data validated in several hospitals including large So. California project

# Breastfeeding Statistics

# Access to data

MO-07-0026 BFP

## In-Hospital Breastfeeding

California in-hospital infant feeding practices are monitored using data collected by the Newborn Screening (NBS) Program. All non-military hospitals providing maternity services are required to complete the Newborn Screening Test Form prior to an infant's discharge. In addition to tracking genetic diseases and metabolic disorders, the NBS program gathers data on all infant feedings from birth to time of specimen collection. The Maternal, Child and Adolescent Health Program staff analyze these data and publish breastfeeding rates by hospital, county and the State.

**Please note: the data presented below should not be compared to data published in prior years as there has been a change in the methodology for computing these rates.**

## Hospital Level Data Tables

These tables provide breastfeeding initiation rates for local hospitals, counties and the State. Information is also presented by race/ethnicity.

[Hospital of Occurrence, 2006 \(PDF\)](#) [Excel](#)

[Hospital of Occurrence by Race/Ethnicity, 2006 \(PDF\)](#) [Excel](#)

[Hospital of Occurrence, 2005 \(PDF\)](#) [Excel](#)

[Hospital of Occurrence by Race/Ethnicity, 2005 \(PDF\)](#) [Excel](#)

[Hospital of Occurrence, 2004 \(PDF\)](#) [Excel](#)

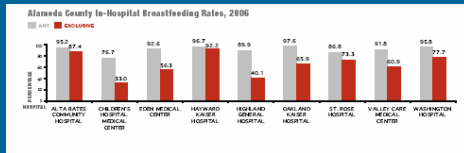
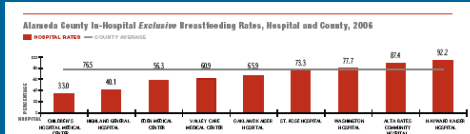
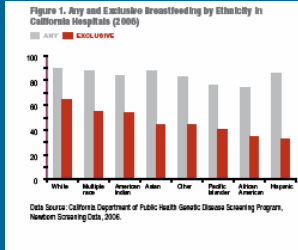
[Hospital of Occurrence by Race/Ethnicity, 2004 \(PDF\)](#) [Excel](#)

[www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx](http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx)

Address: <http://www.cdph.ca.gov/data/statistics/Documents/MO-HospitalTotalsReport2006inExcel.xls>

	A	B	C	D	E	F	G	H	I	J	K
		TOTAL	Number	Percent	95% CI		Number	Percent	95% CI		
					Lower	Upper			Lower	Upper	
1											
2					ANY BREASTFEEDING				EXCLUSIVE BREASTFEEDING		
3					95% CI				95% CI		
4	<b>CALIFORNIA</b>	506,442	437,956	86.5	(86.4 - 86.6)		216,960	42.8	(42.7 - 43.0)		
5	<b>ALAMEDA</b>	18,646	17,623	94.5	(94.2 - 94.8)		14,273	76.5	(75.9 - 77.1)		
6	ALTA BATES COMMUNITY HOSPITAL	6,538	6,221	95.2	(94.6 - 95.6)		5,714	87.4	(86.6 - 88.2)		
7	CHILDREN'S HOSPITAL MEDICAL CENTER	103	79	76.7	(67.7 - 83.8)		34	33.0	(24.7 - 42.6)		
8	EDEN MEDICAL CENTER	965	894	92.6	(90.8 - 94.1)		543	56.3	(53.1 - 59.4)		
9	HAYWARD KAISER HOSPITAL	2,802	2,709	96.7	(96.0 - 97.3)		2,583	92.2	(91.1 - 93.1)		
10	HIGHLAND GENERAL HOSPITAL	1,268	1,140	89.9	(88.1 - 91.4)		509	40.1	(37.5 - 42.9)		
11	OAKLAND KAISER HOSPITAL	2,305	2,250	97.6	(96.9 - 98.2)		1,520	65.9	(64.0 - 67.9)		
12	ST. ROSE HOSPITAL	978	849	86.8	(84.5 - 88.8)		717	73.3	(70.5 - 76.0)		
13	VALLEY CARE MEDICAL CENTER	1,339	1,229	91.8	(90.2 - 93.1)		815	60.9	(58.2 - 63.4)		
14	WASHINGTON HOSPITAL	2,266	2,171	95.8	(94.9 - 96.6)		1,761	77.7	(76.0 - 79.4)		
15	<b>AMADOR</b>	218	189	86.7	(81.5 - 90.6)		113	51.8	(45.2 - 58.4)		
16	SUTTER AMADOR HOSPITAL	218	189	86.7	(81.5 - 90.6)		113	51.8	(45.2 - 58.4)		
17	<b>BUTTE</b>	2,809	2,466	87.8	(86.5 - 88.9)		1,899	67.6	(65.9 - 69.3)		
18	ENLOE MEMORIAL HOSPITAL	1,668	1,498	89.8	(88.3 - 91.2)		1,136	68.1	(65.8 - 70.3)		
19	FEATHER RIVER HOSPITAL	597	562	94.1	(92.0 - 95.8)		512	85.8	(82.7 - 88.3)		
20	OROVILLE HOSPITAL	530	392	74.0	(70.1 - 77.5)		240	45.3	(41.1 - 49.5)		
21	<b>CALAVERAS</b>	83	74	89.2	(80.7 - 94.2)		18	21.7	(14.2 - 31.7)		
22	MARK TWAIN ST. JOSEPH'S HOSPITAL	83	74	89.2	(80.7 - 94.2)		18	21.7	(14.2 - 31.7)		
23	<b>COLUSA</b>	196	156	79.6	(73.4 - 84.6)		18	9.2	(5.9 - 14.0)		
24	COLUSA REGIONAL MEDICAL CENTER	196	156	79.6	(73.4 - 84.6)		18	9.2	(5.9 - 14.0)		
25	<b>CONTRA COSTA</b>	10,842	10,102	93.2	(92.7 - 93.6)		6,350	58.6	(57.6 - 59.5)		
26	CONTRA COSTA REGIONAL MEDICAL CENTER	1,934	1,803	93.2	(92.0 - 94.3)		976	50.5	(48.2 - 52.7)		
27	DOCTOR'S MEDICAL CENTER-SAN PABLO	441	372	84.4	(80.7 - 87.4)		174	39.5	(35.0 - 44.1)		
28	JOHN MUIR MEMORIAL HOSPITAL	2,645	2,442	92.3	(91.2 - 93.3)		1,476	55.8	(53.9 - 57.7)		
29	SAN RAMON REGIONAL MEDICAL CENTER	792	747	94.3	(92.5 - 95.7)		421	53.2	(49.7 - 56.6)		
30	SUTTER DELTA MEDICAL CENTER	874	748	85.6	(83.1 - 87.8)		440	50.3	(47.0 - 53.6)		
31	WALNUT CREEK KAISER HOSPITAL	4,140	3,974	96.0	(95.3 - 96.5)		2,848	68.8	(67.4 - 70.2)		
32	<b>DEL NORTE</b>	322	295	91.6	(88.1 - 94.2)		209	64.9	(59.5 - 69.9)		
33	SUTTER COAST HOSPITAL	321	294	91.6	(88.0 - 94.2)		208	64.8	(59.4 - 69.8)		
34	<b>EL DORADO</b>	992	922	92.9	(91.2 - 94.4)		718	72.4	(69.5 - 75.1)		
35	BARTON MEMORIAL HOSPITAL	388	364	93.8	(91.0 - 95.8)		213	54.9	(49.9 - 59.8)		
36	MARSHALL HOSPITAL	604	558	92.4	(90.0 - 94.2)		505	83.6	(80.4 - 86.3)		
37	<b>FRESNO</b>	45,103	42,440	94.1	(93.7 - 94.5)		20,004	44.3	(43.7 - 44.9)		

# Highlighting "The Gap" Graphically



Identified the "problem" (the gap) while providing "tools" (policies) to fix the problem

# The Lists

**Table 2. California's Highest-Scoring Hospitals, by Exclusive Breastfeeding Rates**

HOSPITAL (Only Family Medicine)	COUNTY	TOTAL RATES	% ANY	% EXCLUSIVE	DIFFERENCE % (HOSP-COUNTY)
El Cerritos Hospital	Santa Clara	419	91.9	91.2	0.7
Hayward Area Hospital*	Alameda	2862	92.7	92.2	0.5
Markey Peninsula Community Hospital*	Marquette	227	92.2	92.1	0.1
Sanjour Memorial Hospital La Jolla	San Diego	3653	91.9	90.9	1.0
Sutter Davis Hospital	Yuba	1228	91.8	90.2	1.6
Fremont Hospital Medical Center	San Luis Obispo	721	91.1	90.0	1.1
Sutter Marysville and Sutter Center	Sutter-Cuba	789	91.2	89.7	1.5
Alta Bates Community Hospital	Alameda	9638	91.2	89.4	1.8
Stanford Lucile S. Packard	Santa Clara	1544	90.9	89.0	1.9
Sanjour Memorial Hospital Escondido*	San Diego	1481	90.8	88.9	1.9
Morey Medical Center Redding	Shasta	1972	91.8	89.4	2.4
Frederick Rouse Hospital	Butte	397	94.1	89.4	4.7
San Francisco General Hospital*	San Francisco	967	92.8	89.3	3.5
Marshall Hospital	El Dorado	404	91.8	89.4	2.4
Saint Agnes Medical Center	Fresno	3106	89.0	82.4	6.6

The "Good" List

The "Bad" List

**Table 3. California's Lowest-Scoring Hospitals, by Exclusive Breastfeeding Rates**

HOSPITAL	COUNTY	TOTAL RATES	% ANY	% EXCLUSIVE	DIFFERENCE % (HOSP-COUNTY)
Bellows Medical Center	Los Angeles	1848	94.6	81.1	13.5
Palmdale Hospital of the Valley	Los Angeles	1004	86.1	71.1	15.0
Palmdale Memorial Medical Center, Inc.	Los Angeles	1892	91.2	76.1	15.1
Central Community Hospital	Chicago	2129	91.4	76.1	15.3
California Hospital Medical Center	Los Angeles	3711	89.0	73.1	15.9
Golden Gate Hospital	Chicago	2463	79.4	64.4	15.0
Whittier Medical Center Anaheim	Chicago	2104	83.8	68.8	15.0
Valley Care (Old) Vista/OCS Medical Center and Health Center (University Clinic View Medical Center)	Los Angeles	718	76.9	61.9	15.0
Reno Medical Center	Reno	3940	92.9	77.9	15.0
La Palms Suburban Community Hospital	Chicago	444	86.1	71.1	15.0
San Joaquin General Hospital	San Joaquin	2247	92.1	77.1	15.0
St. Francis Medical Center (University St. Francis Hospital System)	Los Angeles	657	82.4	67.4	15.0
Amesland Regional Medical Center	San Bernardino	1010	76.1	61.1	15.0
Whittier Hospital	Los Angeles	1432	88.2	73.2	15.0
Orinda Medical Center	Los Angeles	671	91.2	76.2	15.0

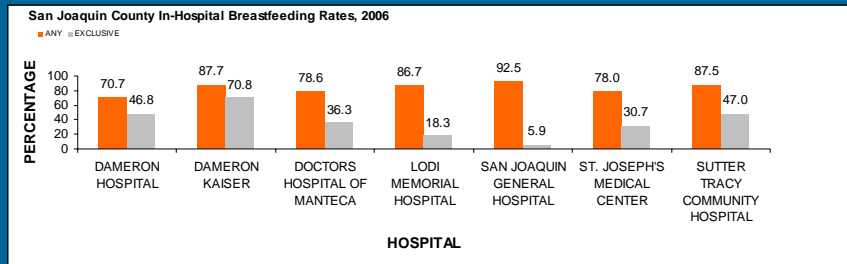
### California's Lowest Scoring Hospitals (2006)

Hospital	County	# Births	% Any	% Excl	Gap
Bellflower Medical Center	Los Angeles	1848	94.6	<1	93.6
Pacifica Hospital of the Valley	Los Angeles	1004	96.1	<1	95.1
Pacific Alliance Medical Center, Inc	Los Angeles	1892	99.2	1.1	98.1
Coastal Communities Hospital	Orange	2129	91.4	3.2	88.2
California Hospital Medical Center	Los Angeles	3711	85	3.2	81.8
Garden Grove Hospital	Orange	2623	79.6	4.4	75.2
Western Medical Center Anaheim	Orange	2564	83.8	4.5	79.3
Valley Care Olive View	Los Angeles	758	76.9	4.5	72.4
San Joaquin General	San Joaquin	2247	92.5	5.9	86.6

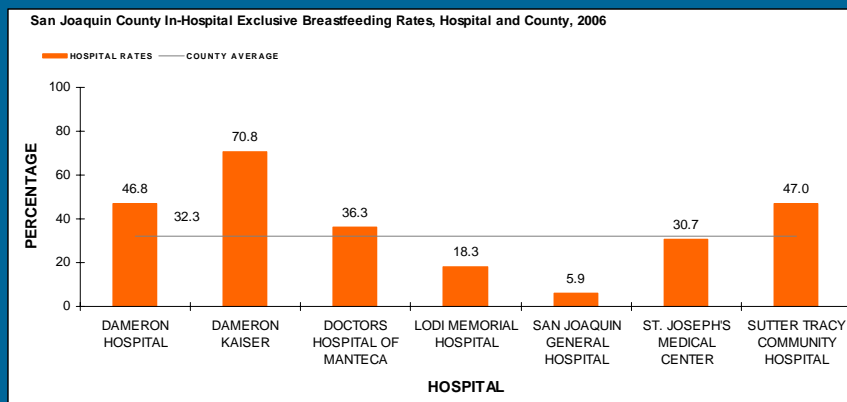
### California's Highest Scoring Hospitals (2006)

Hospital	County	# Births	% Any	% Excl	Gap
El Camino Hospital	Santa Clara	4119	97.9	93.2	4.7
Hayward Kaiser Hospital	Alameda	2802	96.7	92.2	4.5
Monterey Peninsula Community Hosp.	Monterey	1157	96.2	92	4.2
Scripps Memorial Hospital La Jolla	San Diego	3053	97	90.9	6.1
Sutter Davis Hospital	Yolo	1228	97.6	90.2	7.4
French Hospital Medical Center	San Luis Obispo	821	97.1	90	7.1
Sutter Maternity and Surgery Center	Santa Cruz	789	98.5	87.7	10.8
Alta Bates Community Hospital	Alameda	6538	95.2	87.4	7.8
Stanford/Lucile S. Packard	Santa Clara	5144	96.9	87	9.9
San Francisco General	San Francisco	907	92.4	85.3	7.1

## Using the Data Locally – Any versus Exclusive Breastfeeding



## Using the Data Locally – Exclusive Breastfeeding



## Referral to Evidence

- CDC Guide to Breastfeeding Interventions  
[www.cdc.gov/breastfeeding/pdf/breastfeeding\\_interventions.pdf](http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf)
- Baby Friendly Hospital USA  
[www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)
- Providing Breastfeeding Support: Model Hospital Policy Recommendations  
[www.cdph.ca.gov/programs/BreastFeeding/Documents/MO-05ModelHospitalPolicyRecommend.pdf](http://www.cdph.ca.gov/programs/BreastFeeding/Documents/MO-05ModelHospitalPolicyRecommend.pdf)



## Model Policies Toolkit

Maternal, Child and Adolescent Health Program  
California Department of Public Health

## Breastfeeding and Healthy Living

Breastfeeding is the first step to a healthy life and forms a natural and lasting bond between mother and child. The more a mother breastfeeds, the greater will be the benefits to mother and baby. For this reason, the California Department of Public Health (CDPH) highly recommends babies be fed only breastmilk for the first six months of life. Breastfeeding together with healthy foods is recommended to continue as long as mother and baby desire.

### Information For Families

- > **Educational Materials**  
Handouts and Information Sheets
- > **Breastfeeding Rights Card Resources**
- > **Common Questions**  
Why, How Often, How Long, How Much,
- > **Going Back to Work or School**  
For Mothers, For Employers, For Child Care Workers, The Lactation Accommodation Law
- > **California Laws**  
Right to Breastfeed in Public, Jury Duty, etc.
- > **Local Help**  
By County
- > **By Region (PDF, New Window)**
- > **By Health Jurisdiction (PDF, New Window)**

### Helpful Resources

- > MCAH Breastfeeding Program
- > **Websites**
- > **Sources for Distance Education**
- > **Resources to Help Promote Breastfeeding in the African American Population**

### Data & Statistics

- > **Breastfeeding Statistics**
- > **Letter to Hospital Administrators (10/12/07) with exclusive in-hospital breastfeeding rates and hospital breastfeeding resources (PDF, New Window)**

### Information For Professionals

- > **Frequently Asked Questions**  
Medications, Contraception, Emergency Preparedness etc.
- > **Breastfeeding Support When Going Back to Work or School**
- > **Peer Counseling**  
Peer Counselor Training Manual
- > **Recommended Hospital Policies (PDF, New Window)**  
Model Hospital Policy Recommendations
- > **Toolkit to Implement the Policies**

### Publications and Reports

- > **Breastfeeding Fact Sheet**
- > **Investing in California's Future 1996: Executive Summary (PDF, New Window)**
- > **Investing in California's Future 1996: Full Document (PDF, 3.8MB, New Window)**
- > **Governor's Proclamation 2007 (PDF, New Window)**
- > **Normal Infant Feeding Guidelines (PDF, New Window)**
- > **California Department of Health Services Breastfeeding Promotion Policy**

[www.cdph.ca.gov/HealthInfo/  
healthyliving/childfamily/Pages/  
BreastfeedingandHealthyLiving.  
aspx](http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BreastfeedingandHealthyLiving.aspx)

## Individual Model Hospital Policy Recommendations & Toolkit Links

**PURPOSE:** These policy recommendations are designed to give basic information and guidance to prenatal professionals who wish to revise policies that affect the breastfeeding mother. Rationale and references are included as education for those unfamiliar with current breastfeeding recommendations. When no reference is available, the interventions recommended are considered to be best practice as determined by consensus of the Inland Empire Breastfeeding Coalition.

**Policy #1:** Hospitals should promote and support breastfeeding.

**Policy #2:** Nurses, certified nurse midwives, physicians and other health professionals with expertise regarding the benefits and management of breastfeeding should educate pregnant and postpartum women when the opportunity for education exists, for example, during prenatal classes, in clinical settings, and at discharge teaching.

**Policy #3:** The hospital will encourage medical staff to perform a breast exam on all pregnant women and provide anticipatory guidance for conditions that could affect breastfeeding. Breastfeeding mothers will have an assessment of the breast prior to discharge and will receive anticipatory guidance regarding conditions that might affect breastfeeding.

**Policy #4:** Hospital prenatal staff should support the mother's choice to breastfeed and encourage exclusive breastfeeding for the first 6 months.

**Policy #5:** Nurses, certified nurse midwives, and physicians should 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.

**Policy #6:** Mothers and infants should be assessed for effective breastfeeding. Mothers should be offered instruction in breastfeeding as indicated.

**Policy #7:** Artificial nipples and pacifiers should be discouraged for healthy, breastfeeding infants.

**Policy #8:** Sterile water, glucose water, and artificial milk should not be given to a breastfeeding infant without the mother's informed consent and/or physician's specific order.

**Policy #9:** Mothers and infants should be encouraged to remain together during the hospital stay.

**Policy #10:** At discharge, mothers should be given information regarding community resources for breastfeeding support.

[www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/MainPageofBreastfeedingToolkit.aspx](http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/MainPageofBreastfeedingToolkit.aspx)

Policy #5 References:

1. American Academy of Pediatrics Policy Statement (2005). Breastfeeding and the use of Human Milk, *Pediatrics*, 115, 496-506. ([2005 Version](#))
2. American College of Obstetrics and Gynecology Educational Bulletin. (July 2000). Breastfeeding: Maternal and infant aspects, No. 258, p.5. ([Educational Bulletin No. 258](#)).
3. DiGirolamo, A. M., Grummer-Strawn, L. M., & Fein, S. (2001). Maternity care practices: Implications for breastfeeding. *Birth*, 28(2), 1523-1536. ([Abstract](#))
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## The Response

## Media Hits

- All 5 Major Media Markets between 2006 and 2007
  - Los Angeles
  - Sacramento
  - Fresno
  - San Diego
  - Bay Area
- Local newspaper, radio, TV, newsletters
- A story with a wide window of time for media

## Los Angeles Times (November, 2007)

- **Wide disparity found in breast-feeding rates**
- **Of the 86% of California mothers who nursed in the hospital last year, only 43% exclusively fed their babies breast milk, report finds.**
- ***By Mary Engel Times Staff Writer***
  - The new mother was determined to nurse her son, despite her discomfort after a Cesarean section. But a nurse, without asking, fed the infant formula while he was in the hospital nursery. That was upsetting enough, but then, when given the chance to nurse her baby, the young woman couldn't get her newborn to latch onto her breast.

## Fresno Bee (December, 2007)

- **Valley lags in babies breastfed from birth**
- **Factors cited include poverty, cultural differences, free formula**
- ***By Barbara Anderson, The Fresno Bee***
  - New mothers in the San Joaquin Valley are more likely to feed their babies formula than almost anywhere in the state, and experts say area hospitals are not doing enough to encourage breastfeeding.

## Hospital Response

- High performing hospitals took the opportunity to showcase their rates. Marketing opportunity.
- Low performing hospitals-defended their efforts and in some cases called 'emergency' meetings to discuss the report and their policies.
- Many hospitals starting to use policies, become baby friendly (18 BF hospitals in California)

## Relationship Building

- CA Hospital Association 2006-Came out against report before it was published with talking points for hospitals.
  - Resent an email at regional level advocating for use of model policies and noting letter from DHS in Oct. 05.
  - 2007-Very low key letter sent to hospitals
- Kaiser-Collaborated to get to media, agreed to have a pediatrician quoted in the statewide press release.
- Health Net-Agreed to have CWA help them craft some messages and materials to providers and hospitals advocating for the breastfeeding model policies.

## Relationship Building

- Group including major health plans, state agencies, UCD, CWA, local health agencies met in fall 2006 to discuss how data were collected – made changes described earlier
- CHART - The California Hospital Assessment and Reporting Taskforce decided to add exclusive breastfeeding as an indicator
- Local coalitions convened meetings with hospital staff and advocates

# Birth and Beyond California

## Breastfeeding Training and Quality Improvement Project

Adapted from Perinatal Services Network's  
Birth And Beyond

A collaboration of:



California Department  
of Public Health



Regional Perinatal  
Programs of California



Breastfeeding Task Force  
of Greater Los Angeles

## CDPH MCAH

- Assisting lowest performing hospitals in state to adopt model policies
- Los Angeles, Orange, San Joaquin Valley
- Four year project- 2007-11

## What's Next?

- Third report: 2008 Focusing on hospital systems and community networks
- State legislation?
  - Require CDPH post the data by April
- Work to change hospital systems
- Institutionalize the data

## Improving Hospital Performance

- Use data as resource for targeting efforts and in ongoing surveillance
  - Can't fix a problem that is not understood
- Implement evidence-based policies to achieve appropriate "gap" for your population (not intended to be 0)
- Recognize that demand for change without tools will be vigorously resisted
  - For every "should," there must be a "how"

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