Hospital Breastfeeding Consortia -
The San Joaquin County Experience

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San Joaquin County Public Health Services
Disclosure

I have no actual or potential conflicts of interest to disclose.
“Alone we can do so little; together we can do so much.”

Helen Keller
Objectives:

• Identify two reasons why public health departments are appropriate lead agencies for community-wide breastfeeding projects.
• List three benefits of regular meetings for hospital representatives.
• Discuss the use of the California Model Hospital Policies Self-Appraisal as a tool to measure and document change.
San Joaquin County

- 675,000 Population
- 6 birthing hospitals
- 10,872 births in 2009 (56.6% Medi-Cal)
Urban Affairs

America's Most Miserable Cities

Kurt Badenhausen, 02.02.11, 12:00 PM ET

San Joaquin County

• Ranked 41 out of 51 counties in 2007 report for in-hospital exclusive breastfeeding

• San Joaquin General Hospital cited as one of the 15 lowest scoring hospitals in the state for exclusive breastfeeding.
## In-Hospital Breastfeeding by Mother’s Race/Ethnicity, San Joaquin County and California, 2007

<table>
<thead>
<tr>
<th>Race/Ethnicity of Mother</th>
<th>San Joaquin County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any Breastfeeding</td>
<td>Exclusive Breastfeeding</td>
</tr>
<tr>
<td>African American</td>
<td>70.0%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>75.9%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>86.0%</td>
<td>30.7%</td>
</tr>
<tr>
<td>White</td>
<td>83.8%</td>
<td>46.3%</td>
</tr>
<tr>
<td>Total</td>
<td>82.6%</td>
<td>34.3%</td>
</tr>
</tbody>
</table>

Data Source: Genetic Disease Screening Program, Newborn Screening Data
California Department of Public Health
Maternal, Child and Adolescent Health Program
Challenges

- “Combo” feeding seen as normal by community, nursing staff and physicians
- Standing orders for routine supplementation
- “No leche”
- Babies and mothers routinely separated
- Not all hospitals used couplet care model
- Limited breastfeeding training for nurses
Challenges

• Limited breastfeeding support in Spanish and other languages
• Only 2 of 6 hospitals had IBCLCs on staff
• Only one had a lactation clinic
• Formula discharge bags routinely given out
• WIC seen as “the place to get formula”
What can we do to improve San Joaquin County’s low breastfeeding rates?
Brainstorming

Breastfeeding Coalition of San Joaquin County

FIRST 5 SAN JOAQUIN Children & Families Commission
Commitment

Agrees to fund a short-term “Systems Change” project
Mission:
Public Health Services, in partnership with the community, promotes a healthy future for San Joaquin County.
Commitment

SAN JOAQUIN COUNTY
Public Health Services

• Agrees to serve as contractor and lead agency for the project
• Project becomes part of San Joaquin County Public Health Services’ Maternal Child Adolescent Health Program
Public Health Breastfeeding Initiative

- Initial 27 month grant (04/01/08-06/30/10) with $150,000 total funding
- Extended July 2010- June 2013 at $100,000/year
Laying the Groundwork

- The Program Coordinator met with each hospital’s maternity department manager to explain the new project.
Invitation Letter

• Dr. Karen Furst, San Joaquin County Health Officer, invited all six birthing hospitals to take part in a **county-wide** effort to improve breastfeeding rates.
The Big Question: Will the hospitals sign on?

YES!

Administrators at all six hospitals signed the agreement letter.
Public Health Breastfeeding Initiative

A county-wide effort!

Doctors Hospital of Manteca
Tenet California

St. Joseph’s Medical Center
A member of CHW

Lodi Memorial Hospital

Dameron Hospital

Sutter Tracy Community Hospital

San Joaquin General Hospital
Our community's health and well-being are our highest priority...
WIC Agencies
The Power of Networking:
First Breastfeeding Consortium meeting: 8/8/08
Typical Consortium Agenda

• Continental breakfast & introductions
• Sharing of challenges and accomplishments since the last meeting
• Educational program
• Announcements
Topics of Consortium Meetings

• Skin-To-Skin: Changing Policies and Procedures
• Partnering with WIC for Breastfeeding Success
• Proven Strategies for Improving Kangaroo Mothering Care in our Hospitals
• Measuring Change
Breastfeeding Consortium February Meeting

Friday, February 20th 8:30am - 11:00am
San Joaquin County Public Health Services Multipurpose Room 1601 E. Hazelton Avenue Stockton, CA 95205

“Educating Prenatal Patients About Skin-to-Skin”
(Breakfast will be Provided)

- Preview new DVDs
- Receive sample education materials
- Take part in Delta Health Care WIC’s new prenatal bonding class

Provider approved by the California Board of Registered Nursing, Provider Number 1354 for 2.0 contact hours.

Please RSVP by February 13th
Fax this completed form to 953-3700
Or call Lynde Muñoz at 953-3695

San Joaquin County Public Health Services
FIRST5 SAN JOAQUIN

Breastfeeding Success: After a Pregnancy Complicated By Diabetes

Guest Speaker:
Kristi Gabel, RNC, MSN, CNS
Program Manager, Regional Perinatal Programs of California and California Diabetes and Pregnancy Program

Provider approved by the California Board of Registered Nursing, Provider Number 1354 for 2.0 contact hours.

Please RSVP by February 12, 2010
Fax this completed form to 953-3700
Or call Mary Woelfel at 953-3729

San Joaquin County Public Health Services
FIRST5 SAN JOAQUIN
Public Health Breastfeeding Initiative

Breastfeeding Consortium December Meeting

Wednesday, December 7, 2011
8:30am - 11:00am
San Joaquin County Public Health Services
Multipurpose Room
1601 E. Hazelton Avenue
Stockton, CA 95205

DO YOU SPEAK Gobbledygook?

Caring for Low Health Literate and Limited English Proficient People

Guest speaker: Toni S. Adams, RDH, MA

Provider approved by the California Board of Registered Nursing. Provider Number 1354 for 2.0 contact hours. Application for CERPs has been submitted to IBLCE.

Continental Breakfast provided by
Anthem Blue Cross

Please RSVP by
December 5, 2011
Fax this completed form to 468-2072
or call Mary Woelfel at 468-3267

Public Health Breastfeeding Initiative

Breastfeeding Consortium January Meeting

Tuesday, January 10, 2012
9:00am - 11:00am
San Joaquin County Public Health Services
Multipurpose Room
1601 E. Hazelton Avenue
Stockton, CA 95205

BEYOND THE HOSPITAL STAY:
Establishing a Sustainable Network for Breastfeeding Support in San Joaquin County

Guest speaker: Karen Farley, RD, IBCLC
California WIC Association

Please RSVP by
January 6, 2012
Fax this completed form to (209) 468-2072
Or call Mary Woelfel at (209) 468-3267

Name:
Hospital/Agency:
Phone:
Email:
Consortium Benefits

- Networking
- “Safe place” to share challenges
- Get solutions to problems
Consortium Benefits

- Share policies and materials
- Celebrate small steps together
- Keeps momentum for change alive
What have we accomplished?

• Exclusive breastfeeding rates have increased.
• Skin-to-skin is the norm in SJ County.
• Breastfeeding policies have been revised.
• All six hospitals have IBCLCs.
• Formula discharge bags have been replaced.
What have we accomplished?

• Increased awareness of breastfeeding throughout the community
• Better collaboration between hospitals and WIC agencies.
• One hospital just had their Baby-Friendly visit.
• Another hospital is actively working towards Baby-Friendly designation.
What have we learned so far?
Lessons Learned

• There is tremendous momentum right now for California hospitals to improve breastfeeding rates.
• When every hospital in a community participates in a project, it is difficult for a single hospital not to begin making changes.
• Top administrative buy-in is crucial.
Lessons Learned

Public Health Departments can:

• play a key role in raising awareness of breastfeeding as a public health issue
• assist hospitals within their MCAH or Health Promotion scope of work
• serve as a neutral party to bring hospitals together
Lessons Learned

• Policy revision is a crucial first step.
• Take advantage of the lessons learned by other hospitals that have already gone through the same process.
• You don’t have to reinvent the wheel.
• Regular meetings (Breastfeeding Task Force and Breastfeeding Consortium meetings) help keep the momentum for change alive.
Lessons Learned

• Hospitals can’t do it alone– partnering with WIC and other community programs is essential.
• Sometimes you take two steps forward and one step back.
• Change happens in spurts.
• A little bit of competition is good 😊
Lessons Learned

• It’s important to toot your own horn!
• Tell others frequently about your group’s accomplishments.
• Newspaper publicity reminds hospital administrators (and the public) about your efforts.
• Hearing frequently about a change helps it become the norm.
Lessons Learned

Even if Forbes Magazine says you are the “Most Miserable City” in the entire country, good things can still happen in your community.

Committed people can bring about change!