

Maternity Care Matters

Overcoming Barriers to Breastfeeding

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

2012 Annual California Fact Sheet



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
- Many of the hospitals with the lowest exclusive breastfeeding rates serve low-income women of color and, statewide, disparities in breastfeeding rates by ethnicity persist (Figure 1). Hospitals that have instituted Baby-Friendly practices have high rates of breastfeeding no matter what populations they serve.^{2,3}
- With growing state and federal emphasis on achieving health equity, outdated institutional policies that create disparities in health care are no longer acceptable.

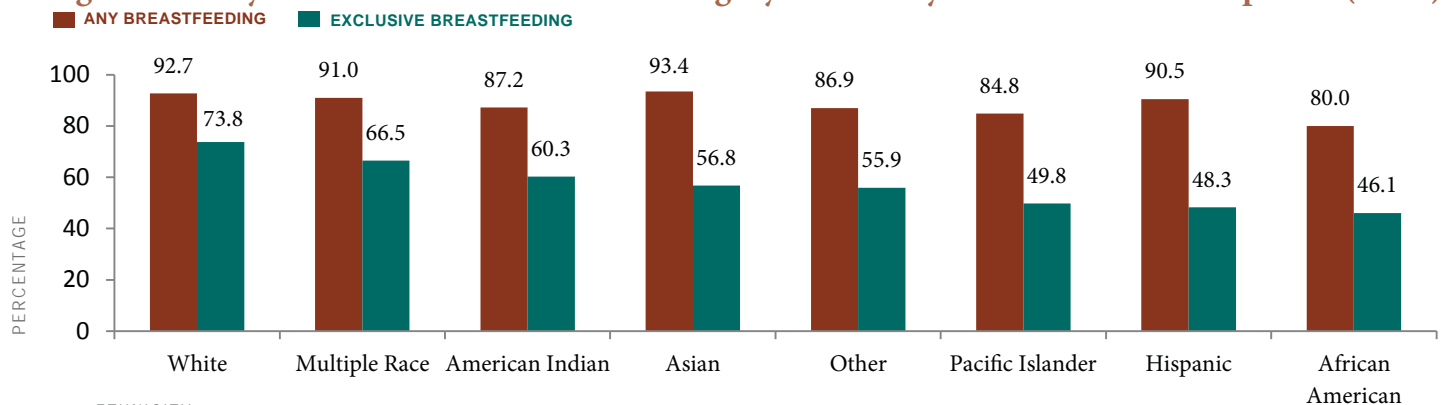
BREASTFEEDING SUPPORT IS AN ESSENTIAL PART OF HIGH-QUALITY MATERNITY CARE

- An impressive 90 percent of California mothers begin to breastfeed during their hospital stay,⁴ however, hospital practices and unnecessary procedures can discourage or prevent mothers from continuing to breastfeed in the hospital and after discharge by:^{3,5-8}
 - Failing to provide skilled support
 - Separating mothers from their babies
 - Delaying the first feeding
 - Routinely providing formula supplementation to breastfeeding babies
- In 2009, only 22% of California hospitals reported having a comprehensive infant-feeding policy. In 2014, all California hospitals will be required to do so.⁹

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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. (www.cdph.ca.gov/breastfeedingdata)

Figure 1. Any and Exclusive Breastfeeding by Ethnicity in California Hospitals (2010)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2010.

THE DATA TELL THE STORY

- The California Department of Public Health Maternal, Child and Adolescent Health Program (MCAH) collects infant-feeding data for all maternity hospitals in the state.⁴ When babies receive only breast milk, they are said to be “exclusively breastfed.” “Any breastfeeding” refers to babies who receive both breast milk and formula, as well as those who are exclusively breastfed.
- Using these data, the University of California, Davis Human Lactation Center has compiled reports highlighting the “any” and “exclusive” breastfeeding rates for each hospital.
- Differences in breastfeeding rates persist in different parts of the state, with the highest rates for exclusive breastfeeding found in the northern part of the state and the lowest rates occurring in the Central Valley and Southern California (Table 1).

DIFFERENCES IN HOSPITAL PERFORMANCE

- The UC Davis Human Lactation Center has compiled lists of the 15 hospitals with the lowest breastfeeding scores (Table 2) and the 15 hospitals with the highest breastfeeding scores (Table 3) in the state. The scores represent the rates of exclusive breastfeeding in each hospital and the disparity between the hospital’s “any” and “exclusive” breastfeeding rates across ethnic groups.
- The disparity or “gap” between the any and exclusive breastfeeding rates indicates the proportion of women whose infants were given something other than breast milk in the hospital despite their decision to breastfeed.
- The data in Tables 2 and 3 demonstrate the enormous disparity that exists in breastfeeding rates within California hospitals. The lowest-performing hospitals are also those that serve large numbers of low-income women of color.

Table 1. California Counties: In-Hospital Any and Exclusive Breastfeeding Rates, Lowest to Highest by Exclusive Rate

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
	CALIFORNIA	438,358	90.8	56.6
50	COLUSA	117	80.3	< 9
49	IMPERIAL	2,692	90.8	19.2
48	SAN BENITO	290	97.9	30.7
47	KINGS	1,814	75.2	34.2
46	KERN	12,164	84.0	35.9
45	TULARE	6,763	81.0	36.0
44	SUTTER	1,923	84.9	39.2
43	LOS ANGELES	122,073	89.1	39.3
42	SAN JOAQUIN	7,184	85.0	43.3
41	FRESNO	15,220	82.9	47.2
40	MERCED	3,067	87.3	50.7
39	MADERA	1,576	87.8	50.8
38	MONO	101	97.0	55.4
37	ORANGE	37,448	92.7	55.6
36	DEL NORTE	308	88.6	56.8
35	LASSEN	233	92.3	58.4
34	SAN BERNARDINO	22,959	85.2	58.7
33	STANISLAUS	8,643	86.6	59.2
32	SANTA BARBARA	4,943	95.0	59.8
31	VENTURA	9,137	94.6	59.9
30	SACRAMENTO	15,548	88.0	61.6
29	SOLANO	3,739	92.6	64.4
28	TUOLUMNE	512	93.2	65.2
27	RIVERSIDE	22,503	90.7	66.0

Rank	County	Total Births	% Any Breastfeeding	% Exclusive Breastfeeding
26	LAKE	419	89.5	66.3
25	SAN DIEGO	36,207	94.4	68.5
24	MENDOCINO	833	94.8	69.0
23	MONTEREY	5,324	95.9	69.5
22	TEHAMA	681	91.9	71.7
21	SISKIYOU	288	91.0	73.6
20	SANTA CRUZ	2,681	98.1	74.0
19	CONTRA COSTA	9,769	95.4	74.3
18	SAN MATEO	4,634	96.5	74.5
17	EL DORADO	870	93.9	74.9
16	SAN LUIS OBISPO	2,584	96.2	75.0
15	HUMBOLDT	1,376	94.5	75.9
14	BUTTE	2,658	91.9	76.5
13	AMADOR	314	92.0	76.8
12	PLACER	7,061	94.6	77.5
11	SAN FRANCISCO	10,263	96.3	78.5
10	SANTA CLARA	23,960	96.5	79.1
9	SONOMA	4,808	96.9	79.6
8	ALAMEDA	15,766	95.5	79.9
7	MARIN	1,182	98.9	80.4
6	NAPA	922	95.6	80.5
5	PLUMAS	54	98.1	81.5
4	YOLO	1,976	95.7	82.5
3	INYO	176	96.0	84.1
2	SHASTA	1,864	93.3	86.2
1	NEVADA	727	96.0	88.0

Note: Eight counties had too few births with known feeding to report: Alpine, Calaveras, Glenn, Mariposa, Modoc, Sierra, Trinity, Yuba.

Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2010.

Table 2. California’s Lowest-Scoring Hospitals, by Exclusive Breastfeeding Rate

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	PACIFIC ALLIANCE MEDICAL CENTER	LOS ANGELES	1,951	99.8	1.0	94
2	DELANO REGIONAL MEDICAL CENTER	KERN	799	98.6	1.9	84
3	GARFIELD MEDICAL CENTER	LOS ANGELES	2,802	95.8	6.4	64
4	BEVERLY HOSPITAL	LOS ANGELES	1,023	86.9	2.5	80
5	CENTINELA HOSPITAL	LOS ANGELES	1,259	76.6	6.0	95
6	COASTAL COMMUNITIES HOSPITAL	ORANGE	1,615	92.3	18.7	89
7	BELLFLOWER MEDICAL CENTER	LOS ANGELES	1,435	80.8	11.1	78
8	WESTERN MEDICAL CENTER - SANTA ANA	ORANGE	2,287	86.8	15.6	76
9	MONTEREY PARK HOSPITAL	LOS ANGELES	1,572	67.2	2.7	93
10	GOOD SAMARITAN HOSPITAL	LOS ANGELES	4,013	94.3	21.4	53
11	SAN GABRIEL VALLEY MEDICAL CENTER	LOS ANGELES	1,805	88.6	18.0	47
12	VALLEY PRESBYTERIAN HOSPITAL	LOS ANGELES	4,104	92.9	25.2	71
13	KERN MEDICAL CENTER	KERN	3,397	78.6	16.2	95
14	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	LOS ANGELES	1,608	90.7	24.7	30
15	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	LOS ANGELES	4,041	87.9	23.8	86

Table 3. California’s Highest-Scoring Hospitals, by Exclusive Breastfeeding Rate

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE	% MEDI-CAL BIRTHS
1	EL CAMINO HOSPITAL	SANTA CLARA	3,862	98.6	96.8	2
2	KAISER OAKLAND	ALAMEDA	1,887	98.6	94.8	8
3	KAISER WALNUT CREEK	CONTRA COSTA	2,898	98.1	94.4	3
4	POMERADO HOSPITAL	SAN DIEGO	1,018	94.4	89.7	27
5	SUTTER MATERNITY AND SURGERY CENTER	SANTA CRUZ	742	98.8	92.6	32
6	WASHINGTON HOSPITAL	ALAMEDA	1,608	97.8	91.5	15
7	SANTA CLARA VALLEY MEDICAL CENTER	SANTA CLARA	3,907	97.4	90.8	93
8	UC SAN FRANCISCO MEDICAL CENTER	SAN FRANCISCO	1,295	96.8	90.2	30
9	PETALUMA VALLEY HOSPITAL	SONOMA	412	98.1	90.8	67
10	SIERRA NEVADA MEMORIAL HOSPITAL	NEVADA	416	94.2	88.2	47
11	DOMINICAN HOSPITAL SANTA CRUZ	SANTA CRUZ	699	98.6	91.0	41
12	MERCY MEDICAL CENTER REDDING	SHASTA	1,786	93.3	86.3	57
13	KAISER HAYWARD*	ALAMEDA	2,075	97.9	89.1	7
14	RIDGECREST REGIONAL HOSPITAL	KERN	448	90.6	83.5	49
15	FEATHER RIVER HOSPITAL	BUTTE	963	94.9	86.3	55

* Baby-Friendly Hospital

Notes: Estimated Medi-Cal birth rates are included as a way to approximate the levels of service to low-income women.

Selection Criteria: Only hospitals with at least 20 infants with known feeding data in three or more ethnicities were eligible for listing. Ranking was based on three criteria: 1) exclusive breastfeeding rate; 2) the “any” breastfeeding rate; and 3) the difference between the “any” breastfeeding and exclusive breastfeeding rates. Hospitals with the 15 lowest and highest scores are listed above.

Terminology: “Any Breastfeeding” includes those exclusively breastfeeding and those supplementing with formula. “Exclusive Breastfeeding” includes those who breastfeed only.

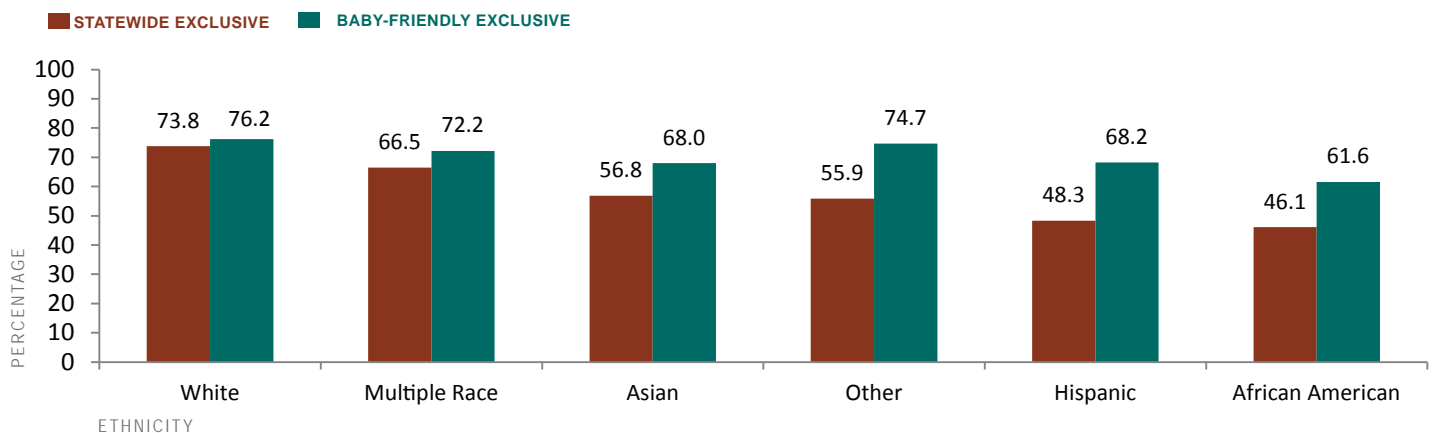
Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2010.

Table 4. California’s Baby-Friendly Hospitals, 2012

Hospital	County	Hospital	County
ALAMEDA COUNTY MEDICAL CENTER - HIGHLAND HOSPITAL	ALAMEDA	KAISER WOODLAND HILLS	LOS ANGELES
ARROWHEAD REGIONAL MEDICAL CENTER	SAN BERNARDINO	LAC OLIVE VIEW UCLA	LOS ANGELES
BARSTOW COMMUNITY HOSPITAL	SAN BERNARDINO	LOMA LINDA MEDICAL CENTER	SAN BERNARDINO
COMMUNITY HOSPITAL OF SAN BERNARDINO	SAN BERNARDINO	MONTEREY PENINSULA COMMUNITY HOSPITAL	MONTEREY
CORONA REGIONAL MEDICAL CENTER	RIVERSIDE	PARKVIEW COMMUNITY MEDICAL CENTER	RIVERSIDE
DESERT REGIONAL MEDICAL CENTER	RIVERSIDE	PROVIDENCE HOLY CROSS MEDICAL CENTER	LOS ANGELES
ENLOE MEDICAL CENTER	BUTTE	ROBERT E. BUSH NAVAL HOSPITAL	SAN BERNARDINO
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	LOS ANGELES	ST. BERNARDINE MEDICAL CENTER	SAN BERNARDINO
HENRY MAYO NEWHALL MEMORIAL	LOS ANGELES	ST. JOSEPH HOSPITAL	ORANGE
HOAG MEMORIAL-PRESBYTERIAN HOSPITAL	ORANGE	ST. JUDE MEDICAL CENTER	ORANGE
INLAND MIDWIFE SERVICE - THE BIRTH CENTER	SAN BERNARDINO	ST. MARY REGIONAL MEDICAL CENTER	SAN BERNARDINO
KAISER BALDWIN PARK	LOS ANGELES	SALINAS VALLEY MEMORIAL HOSPITAL	MONTEREY
KAISER DOWNEY	LOS ANGELES	SAN ANTONIO COMMUNITY HOSPITAL	SAN BERNARDINO
KAISER FONTANA	SAN BERNARDINO	SAN FRANCISCO GENERAL HOSPITAL	SAN FRANCISCO
KAISER HAYWARD	ALAMEDA	SANTA PAULA HOSPITAL	VENTURA
KAISER LOS ANGELES	LOS ANGELES	SCRIPPS MEMORIAL HOSPITAL ENCINITAS	SAN DIEGO
KAISER ORANGE COUNTY - ANAHEIM	ORANGE	SUTTER DAVIS HOSPITAL	YOLO
KAISER ORANGE COUNTY - IRVINE	ORANGE	TAHOE FOREST HOSPITAL	NEVADA
KAISER PANORAMA CITY	LOS ANGELES	THE BIRTH CENTER	SACRAMENTO
KAISER RIVERSIDE	RIVERSIDE	UC SAN DIEGO MEDICAL CENTER	SAN DIEGO
KAISER SAN DIEGO	SAN DIEGO	VENTURA COUNTY MEDICAL CENTER	VENTURA
KAISER SOUTH SACRAMENTO	SACRAMENTO	WEED ARMY COMMUNITY HOSPITAL	SAN BERNARDINO
KAISER SOUTH BAY	LOS ANGELES	WOMEN’S HEALTH & BIRTH CENTER	SONOMA
		WOODLAND MEMORIAL HOSPITAL	YOLO

Source: Baby-Friendly USA (www.babyfriendlyusa.org).

Figure 2. Exclusive Breastfeeding by Ethnicity; All California Hospitals Versus Only Baby-Friendly Hospitals (2010)



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2010.

BABY-FRIENDLY HOSPITALS SUPPORT MOTHERS AND PROTECT BABIES

- The Baby-Friendly Hospital Initiative (BFHI) focuses on 10 specific hospital policies or “steps” that have been demonstrated to increase breastfeeding initiation, duration, and exclusivity.¹⁰
- The number of Baby-Friendly hospitals in California has increased dramatically, from only 12 in 2006 to 47 in 2012 (Table 4), yet only about 18 percent of the hospitals in the state are certified as Baby-Friendly.
- In the past, providers have mistakenly believed that the disparities in breastfeeding rates are driven by cultural practices, but the data show that these disparities are significantly reduced in Baby-Friendly hospitals (Figure 2).
- If California’s children are to have the best chance for good health from birth, all of California’s hospitals need to implement policies that support breastfeeding mothers.
- Data from the California Maternal and Infant Health Assessment Survey, administered by MCAH, indicate that a greater percentage of mothers who are exposed to the Baby-Friendly policies are exclusively breastfeeding three months after they leave the hospital (Figure 3).

HIGH-QUALITY MATERNITY CARE IS A HEALTH CARE PRIORITY

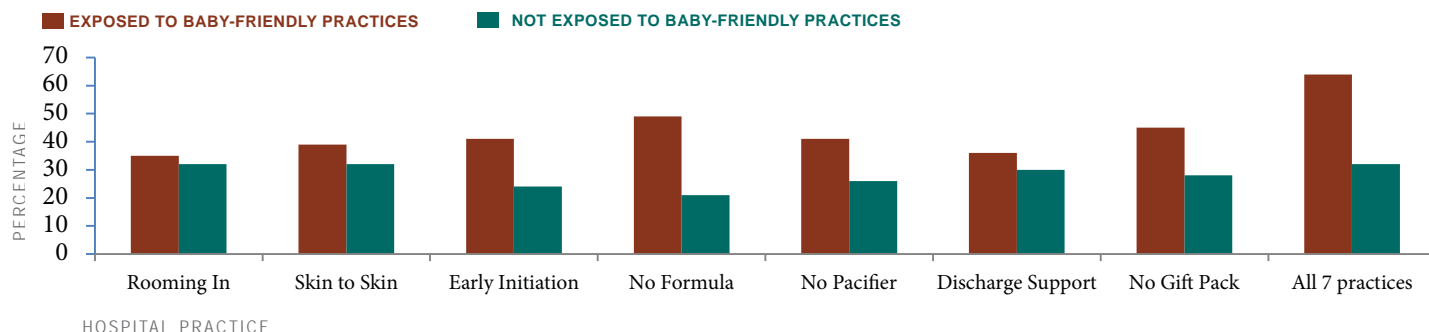
- In today’s challenging economy, health care decision makers are seeking ways to use policy reforms to reduce unnecessary spending and improve the quality of care for new families.
- The California Department of Public Health Maternal Child and Adolescent Health Program (MCAH) monitors and reports infant-feeding data, including the hospital-level data in this report. The MCAH program also works with other public and professional groups to improve the quality of maternity practices, including reducing early elective obstetrical procedures.
- The Joint Commission (the accreditation organization for hospitals) Perinatal Care Core Measures now include exclusive breast milk feeding,¹¹ an important step in validating optimal infant feeding an indicator of quality care.
- The Centers for Disease Control and Prevention have stepped up their monitoring of hospital policies at the state and national level with the Maternity Practices in Infant Nutrition and Care (mPINC) survey. Statewide data from this survey of policies that support breastfeeding are reported to assist policy makers in identifying areas of concern (Table 5).

Table 5. Maternity Practices in Infant Nutrition and Care in California, Strengths and Areas for Improvement (mPINC, 2009)

mPINC Indicators	Percent of California Hospitals
STRENGTHS	
Staff provide breastfeeding advice and instructions to patients	88
Mother-infant pairs room-in at night	89
Breastfeeding is included in prenatal patient education	91
Infant feeding decision is documented in patient charts	95
AREAS FOR IMPROVEMENT	
Infant procedures, assessment, and care are in the patient room	12
New staff receive appropriate breastfeeding education	18
Supplemental feedings to breastfeeding infants are rare	21

Note: Percent of hospitals with the ideal response to mPINC survey questions. A Complete list of mPINC indicators is available at www.cdc.gov/breastfeeding/pdf/mPINC/states/mPINC_2009_California.pdf.

Figure 3. Mothers Reporting Exclusive Breastfeeding at 3 Months of Age, by Hospital Experience (2010)



Source: Maternal and Infant Health Assessment Survey, 2010 (www.cdph.ca.gov/MIHA)

MATERNITY CARE SHOULD NOT PUT MOTHERS AND BABIES AT RISK

- While evidence-based hospital policies are essential for the support of exclusive breastfeeding, policies must be in place to ensure that delivery procedures do not put mothers and babies at unnecessary risk for poor outcomes.
- Organizations like the California Department of Public Health Maternal, Child and Adolescent Health Program, the California Maternal Quality Care Collaborative, and the March of Dimes have mounted an advocacy campaign against unnecessary and elective procedures (those performed without medical necessity) that have been on the rise over the last decade.
 - Between 1998 and 2008, the statewide rate of deliveries by cesarean section (c-section) has increased by fifty percent.¹³ While c-section can be a life-saving procedure, concerns have been raised by the wide geographic variation in elective c-section rates.¹⁴
- Induction of labor may be medically necessary for mothers with specific health problems. Physician groups recommend that induction only be performed under certain conditions. Unfortunately, elective inductions are common in some regions of the state, exceeding one in four deliveries in five California hospitals.¹⁴
- Early elective deliveries (at less than 39 weeks of pregnancy) are associated with significant risks to babies and no clear benefits to mothers. Deliveries between 37 and 38 weeks gestation rose forty-seven percent from 1990 to 2006.¹⁵
- Hospital policies and practices that do not directly support the health of mothers and babies are not only outdated, but fail to reflect what is now considered standard, high-quality care. With increasing public scrutiny of health care costs and inequities, hospitals will be held accountable for failures to protect their most vulnerable patients.

NOTES:

- All nonmilitary hospitals providing maternity services are required to complete the Newborn Screening Test Form. Analysis limited to cases reported on the Newborn Screening Test Form [Version NBS-1(D) (12/08)], representing approximately 99% of all cases. 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 2.5% 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.

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February 2012