



Recommendations on Hospital Breastfeeding Policy

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INTRODUCTION

Breastfeeding is the crucial first step in reducing health inequity, by protecting the health of mothers and babies. Health care organizations and professionals around the world universally accept breastfeeding as one of the most important preventive care measures for children's health. Decades of research have confirmed that breastfeeding significantly reduces children's risk for infections and for chronic diseases such as diabetes, asthma, and obesity. Breastfeeding also reduces mothers' risk for type 2 diabetes and breast and ovarian cancers. Breastfed children require fewer visits to the doctor and take fewer medications than children who are formula fed.

The benefits of breastfeeding are greatest when children are breastfed *exclusively*—that is, breast milk is the baby's only food for up to the first six months of life. A mother needs support while she is in the hospital for her decision to breastfeed her baby exclusively. Particularly for hospitals serving large numbers of low-income women of color, policies are needed that ensure that exclusive breastfeeding is the norm. All mothers and babies should have the same chance to get the many important health benefits of breastfeeding, no matter where babies are born.

Workplace and child care workplace policies also need to support and encourage low-income mothers and babies to continue breastfeeding. However, most mothers have already stopped breastfeeding well before they return to work or start child care, so focusing on these policies will have much less impact. Hospital policies must be addressed first.

POLICY OBJECTIVE #1

The California Legislature and California Department of Public Health Should Seek Budget-Neutral and Cost-Saving Breastfeeding Policy Reforms.

Background

Increases in exclusive breastfeeding to reach federal targets would reduce annual healthcare costs for babies by an estimated \$13 billion nationwide, with even greater savings if costs for breastfeeding mothers are included. With California accounting for 13 percent of US births, increasing breastfeeding rates could save many millions of dollars in unnecessary healthcare expenditures that burden our state. With growing state and federal emphasis on achieving health equity, outdated institutional policies that create disparities in health are no longer acceptable.

Recommended Actions

- A. The California Legislature should hold public hearings on the health inequities caused by poor hospital policies and practices in institutions serving low-income women of color.
- B. The California Legislature should require all publicly funded California maternity hospitals to openly display evidence-based breastfeeding and infant feeding policies, and ensure that all relevant hospital staff and patients are routinely informed about these policies.
- C. The California Department of Public Health must continue to provide appropriately collected and accurately reported yearly hospital breastfeeding performance data so the public remains informed about this important maternity care issue.
- D. The California Department of Public Health must continue to provide training and technical assistance to hospitals, strategically targeting institutions that serve California's poorest families.
- E. Collaborative local partnerships comprised of state and local advocacy groups, state agencies, First 5 California and First 5 county commissions, local health departments, health care insurers, and medical professionals, should convene to target and improve breastfeeding policies and practices in the lowest performing regions and hospitals.
- F. Policy makers and health insurers must make in-hospital breastfeeding support services for all families a top priority. Efforts should include streamlining regulations and reimbursing for breastfeeding-related services and supplies through Medi-Cal and federal health care reform.
- G. The California WIC Division should work with state and federal agencies, advocacy groups, and healthcare providers to seek environmental and policy changes that will strengthen community support for exclusive breastfeeding.

POLICY OBJECTIVE #2

California Hospitals Must Help More Women Breastfeed Exclusively

Background

Nearly 90 percent of California mothers have made the decision to breastfeed. While they and their infants are in the hospital—usually for the first 24 to 72 hours of the child's life—they have a critical window in which to practice breastfeeding while knowledgeable support is available. For many women, especially low-income women, assistance in the hospital may be the only help they receive. Mothers can be discouraged or prevented from carrying out their decision to breastfeed in the face of hospital practices such as failing to provide skilled support, separating mothers from their babies, delaying the first feeding, and routinely providing formula supplementation, even for infants whose mothers intended to breastfeed exclusively. Supplementing with formula so soon after birth will compromise successful breastfeeding.

Hospital policies have an enormous impact on breastfeeding success—too often, breastfeeding is compromised before the family even comes home. Hospitals that have instituted Baby-Friendly practices have the highest rates of breastfeeding. Recently, California has nearly tripled the number of Baby-Friendly Hospitals. However, these evidence-based reforms have not yet reached many hospitals serving the state's poorest families.

Recommended Actions

- A. All California hospitals should have up-to-date written breastfeeding policies that are communicated effectively to their staff and maternity patients.
- B. All California hospitals should rid their environments of formula-marketing materials and end the practice of providing formula to mothers.
- C. All California hospitals offering maternity services should implement the Joint Commission Perinatal Care core measures on exclusive breast milk feeding.
- D. All California hospitals must provide hospital staff with training to ensure that culturally and linguistically competent breastfeeding support is available to families who need it.
- E. Medical providers must ensure that all pregnant women, regardless of income or racial/ethnic background, have the opportunity to make an informed decision about infant feeding during the hospital stay.
- F. Hospitals serving WIC mothers should collaborate closely with California WIC Breastfeeding Peer Counseling Programs, including co-locating Peer Counselors on hospital maternity.

REFERENCES

For more information and research citations, please see CWA's Breastfeeding Policy Briefs, available online:

<http://www.calwic.org/news-a-publications/publications-library>

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