"Breastfeeding does not continue as long as recommended. This is a call to arms!"

– Acting US Surgeon General, Boris Lushniak
What do we know about feeding practices in Los Angeles County?

**9 out of 10 women** begin breastfeeding

**5 out of 10 women** exclusively breastfeed in-hospital

Persisting disparities by race/ethnicity

African Americans begin breastfeeding at the lowest rate

LA County is ranked 43rd out of 50 counties in the State for exclusive breastfeeding

WHERE you live matters

Percentage of women who exclusively breastfeed

- **61%** of NORTH region
- **47%** of EAST region
- **74%** of WEST region
- **49%** of SOUTH region

1 in 4 California babies is born in LA County
Healthcare Breastfeeding Recommendations

All healthcare organizations recommend exclusive breastfeeding for 6 months. Breastfeeding is recommended for at least 2 years and for as long as mother and child desire thereafter.

6 MONTHS 12 MONTHS 2 YEARS 3 YEARS

Exclusive Breastfeeding for 6 months

Gradual introduction of complementary foods

“Given the documented short and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice.”


THE COST OF LOW RATES OF EXCLUSIVE BREASTFEEDING IS HIGH

LA County mothers need help in the first days and weeks to be successful

Almost half of all exclusively breastfeeding mothers started supplementing by DAY 3

“If 90% of Los Angeles families were to comply with medical recommendations to breastfeed exclusively for 6 months, the savings to the Los Angeles economy would amount to $1.1 BILLION per year.”

1 2 3

DAY

FORMULA

Exclusive

Breastfeeding

gradual introduction of complementary foods

For 6 months

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FORMULA
The Breastfeeding Policy Roundtable and Call to Action was convened in Los Angeles (February 6, 2013) to initiate discussion among a broad base of perinatal stakeholders and health leaders to begin the effort to articulate and develop feasible and sustainable policies toward improving breastfeeding outcomes in Los Angeles.

The objectives of the Roundtable were to:

- Identify current projects across Los Angeles County that are striving to promote breastfeeding and support mothers to achieve recommended breastfeeding goals.
- Establish breastfeeding goals for Los Angeles County.
- Describe opportunities for collaboration, identify gaps in breastfeeding adoption, promotion, and support services, and pose solutions to address gaps and barriers to achieve breastfeeding goals for Los Angeles County.
- Define policy solutions and begin to develop a policy agenda to promote and support optimal breastfeeding in Los Angeles County.
- Develop specific action steps to address each policy recommendation.

Healthy People 2020 targets for exclusive breastfeeding are modest, considering the unnecessary risks faced by infants and mothers when breastfeeding is not exclusive.

Infants miss out on breast milk’s protection from infections and acute illnesses, and face an increased risk of obesity and chronic illness later in life.8

Women too run higher risks of certain cancers and diabetes.8

So critical is breastfeeding to the health of our nation that former US Surgeon General, Dr. Regina Benjamin, issued a Call to Action to Support Breastfeeding in 2011.9

The Call to Action outlines barriers and identifies steps that different sectors of society can take to support women and families to ensure breastfeeding success and healthier families.

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The Breastfeeding Policy Roundtable and Call to Action offers a range of focused actions to improve breastfeeding outcomes in Los Angeles County. Recommended areas of focus and action items stemming from facilitated discussion among the event’s 91 participants coalesced into four groupings, which are outlined below.

Background information and action items for each focus area are available in the subsequent pages. Further work is needed to sculpt these suggestions into a set of policies and guiding principles for effective and synergistic breastfeeding promotion and support efforts in Los Angeles County.

<table>
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<th>Area</th>
<th>Action</th>
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| Health Care: Peripartum Transitions of Care | • Standardize coordination of care among ambulatory, hospital, and community settings  
• Make lactation support services convenient for mothers  
• Implement breastfeeding friendly policy and practices in clinics and doctors’ offices |
| Discharge to Six Weeks                     |                                                                        |
|                                           |                                                                        |
| Six Weeks to Six Months                    | • Expand and promote lactation education and support services for mothers from birth and beyond  
• Utilize a range of media to market and promote breastfeeding |
|                                           |                                                                        |
| Health Care: Insurance and Billing         | • Advocate for all insurance companies to adhere to provisions of the USBC/NBIC Model Policy  
• Educate licensed providers about how to write appropriate prescriptions for pumps |
|                                           |                                                                        |
| Workplace and School Lactation Accommodations | • Increase employee knowledge and employer compliance with breastfeeding friendly laws and policies (such as disability leave, paid family leave, lactation accommodation) |
|                                           |                                                                        |
| Research and Surveillance: Data Tracking and Reporting | • Adopt county-wide core measures based on Healthy People 2020 Quality Indicators  
• Develop and implement quality assurance systems to ensure accurate hospital data  
• Advocate for data sharing of core measures to establish a standardized surveillance system for tracking breastfeeding reporting  
• Modify the Los Angeles Mommy and Baby (LAMB) survey questions to ask specifically about exclusivity of breastfeeding |
|                                           |                                                                        |
Health Care: Peripartum Transitions of Care

Early and unnecessary breastfeeding cessation may be avoided with timely support and counseling. Mothers need ongoing support to address concerns as the breastfeeding baby grows.

Recommended Action

1. Standardize coordination of lactation care between ambulatory, hospital and community settings
   - Require lactation education for all staff working with pregnant and postpartum mothers
   - Advocate for adoption of the U.S. Breastfeeding Committee Core Competencies in healthcare settings
   - Establish referral pathways between inpatient, ambulatory, and community resources
   - Develop and utilize lactation assessment forms to identify risk factors that compromise breastfeeding

2. Make lactation support services convenient for mothers
   - Schedule in-person lactation clinic visits, home visits, peer counseling services, and telephone contact with mothers’ needs in mind, for example, schedule mother and infant health care visits concurrently or consecutively on the same day

3. Implement breastfeeding-friendly policies and practices in clinics and doctors’ offices
   - Advocate for adoption and implementation of CDPH's “Nine Steps to Breastfeeding-Friendly Guidelines and Evaluation Criteria for Community Health Centers and Outpatient Care Settings California, 2014”, when available

4. Expand and promote lactation education and support services for mothers from birth through the first year
   - Advocate for all birthing hospitals to offer quality prenatal and postpartum breastfeeding classes
   - Advocate for quality, trained facilitator-led mother-to-mother community breastfeeding support groups

5. Utilize a range of media to market and promote breastfeeding
   - Use social media to promote positive breastfeeding stories and images to change social norms
   - Engage local agencies working with the entertainment industry to incorporate breastfeeding friendly messages into their work

### PROBLEM

Too many women give up on breastfeeding early on. Only 30% of women in Los Angeles County are exclusively breastfeeding at 3 months. While hospital practices are essential to establish a solid start with breastfeeding, that alone is insufficient to support mothers in continued exclusive breastfeeding. Accessing breastfeeding support is challenging to new mothers, causing discouragement and early weaning.

### BARRIERS

- Inconsistent prenatal education and postnatal support by health care providers
- Distribution of formula samples in medical offices
- Lack of awareness among providers on insurance reimbursement
- Lack of public acceptance for public breastfeeding and breastfeeding older infants and toddlers
- Few LA County healthcare facilities offer outpatient lactation services
- Public breastfeeding still lacks broad acceptance, despite Federal and California laws protecting a breastfeeding mother’s right to public accommodations
- Low income women (54% of all live births), have the least access to peer support or peer counselors

1  MILLION
LA County women and girls live
IN POVERTY
1/3 of those are under the age of 18
Recommended Action

Increase employer and employee knowledge and compliance with breastfeeding friendly laws and policies (such as disability leave, paid family leave, and lactation accommodation).

- Advocate for the California Labor Commissioner to issue guidelines to employers on implementing lactation accommodations law
- Advocate and engage the LA County Office of Education on implementing the Department of Education’s Office of Civil Rights Title IX guidance
- Advocate to include breastfeeding into sexual harassment and sex discrimination training
- Advocate for the County and its largest cities to provide business tax breaks for employers that offer lactation accommodations and other family friendly policies
- Highlight employers that advocate for state level accommodations through a “Healthy Mothers Workplace Award”
- Promote and expand access to Paid Family Leave to LA County families
- Promote lactation accommodation policy and program implementation toolkits for employers on legal compliance
- Encourage Head Start and other County childcare organizations to implement breastfeeding-friendly policies

Breastfeeding lowers absenteeism, increases productivity, and lowers health care costs as it reduces risk of chronic and acute disease for the child, and reduces risk of certain cancers for the mother.

PROBLEM

Most workplaces still lack the physical and policy infrastructure to support employed mothers to breastfeed despite the benefits to employers and our communities.

BARRIERS

Employer policies lack compliance with California and Federal Laws

Women lack knowledge about their workplace rights and maternity leave options

Women lack knowledge on advocacy strategies when their rights have been violated

Employers’ lack of knowledge of the minimum requirements mandated by law

Low utilization and awareness of California’s Paid Family Leave law

One example of CALIFORNIA MATERNITY LEAVE

- Family Leave Medical Act (FMLA)*: 12 weeks
- Pregnancy Disability Leave (PDL)**: 4 months
- California Family Rights Act (CFRA)*: 12 weeks
- State Disability Insurance (SDI): 10 weeks
- Paid Family Leave (PFL): 6 weeks

California’s Paid Family Leave Law doubled the median duration of breastfeeding, even among low-wage employed mothers.¹¹

LA County has the lowest awareness of this law

8 WEEKS

4 WEEKS

20 WEEKS

4 WEEKS

6 WEEKS

12 WEEKS

FMLA/PDL

CFRA

Lactation Accommodation Laws All employers must provide lactation accommodations

job protection

income replacement

* applies to employers with 50+ employees (75 mile radius)
** applies to employers with 5+ employees
† California mothers eligible for income for as long as their physician deems them disabled by pregnancy
†† also extended to spouses, grandparents, and siblings
The need for a breast pump or a visit with a lactation consultant is a highly time sensitive issue. The window of opportunity for establishing a robust supply is brief.

Recommended Action

Advocate for all insurance companies to adopt policies to comply with the Affordable Care Act of 2010 mandated Women’s Preventative Services provision to cover Breastfeeding Support, Supplies and Counseling.

- Promote the USBC/NBfC Model Policy to insurance payers and independent physician associations
- Educate hospital, clinics, medical offices, home visitation programs, and community organizations about breastfeeding benefits recommended by the USBC/NBfC Model Policy
- Work with health plans to ensure adequate reimbursement for newly covered services

Educate licensed providers about how to write appropriate prescriptions for pumps.

- Educate health care professionals on how to write prescriptions for breast pumps including best practices for medical necessity and length of need
- Educate health care professionals on how to be reimbursed for breastfeeding support, supplies and counseling, as mandated under the Affordable Care Act

The United States Breastfeeding Committee and National Breastfeeding Center (USBC/NBfC) Model Policy identifies best practice for payers that meet the requirements of the Affordable Care Act and ensure adequate delivery of support for breastfeeding.12

PROBLEM

Navigating among the various and divergent health plan rules to discern what they cover may delay mothers and babies receiving quality lactation support. Delays occur in critical situations such as when babies are in the NICU.

The lack of quality breast pumps undermines breastfeeding success. A delay in receiving a quality breast pump can undermine or disable a mother’s ability to bring in a full milk supply.

BARRIERS

Variable interpretations from insurance payers on the minimum requirements of the law leave both families and health care providers unsure of how to implement this provision.

Many health care systems lack appropriate referral networks and/or health care professionals trained to address breastfeeding related services.

Independent physicians or physician associations lack information on how to provide breastfeeding support, supplies and counseling or where to refer for appropriate care.
PROBLEM
Healthy People 2020 has put forth national breastfeeding objectives and benchmarks, yet gaps remain in ensuring accurate, timely, evidence-based information is available to all who need it—parents, clinicians, public health programmers, and policymakers.

Although standardized surveillance would be improved with data sharing, HIPAA policies often hinder the timely sharing of data. In addition, a lack of uniform definitions makes generalization across studies difficult, and may also foster unnecessary confusion and discord in interpreting the data.

BARRIERS
- A lack of funding to fully address breastfeeding disparities
- Existing research often includes funding from organizations with clear conflict of interest
- Inconsistent adherence to existing national definitions for exclusive breastfeeding
- Confusion about national quality measures for exclusive breastfeeding

Recommended Action

Adopt county-wide core measures based on Health People 2020 Quality Indicators.

- Clearly define breastfeeding and work towards uniformity in defining breastfeeding among researchers
- Standardize county-wide core measures based on Healthy People 2020 Quality Indicators to ensure that all organizations are developing programs and striving to improve the same indicators
- Standardize the format of questions and establish consensus on the indicators that should be measured
- Review and modify tools that assess breastfeeding ensuring they are culture and age appropriate
- Identify data collection methods for lactation accommodation in the workplace

Ensure accurate hospital data.

- Develop and incorporate quality assurance protocols and accountability measures into worker and workplace development
- Advocate for all birthing hospitals in Los Angeles County to report their Joint Commission perinatal care core measures

Advocate for data sharing of core measures to establish a standardized surveillance system for tracking breastfeeding reporting.

- Advocate for all LA County hospitals, First 5 LA Baby-Friendly Hospital Initiative grant recipients and County clinics to report breastfeeding rates
- Include a data collection check point on all first year well child visits
- Include a score card for breastfeeding as part of LA MOMs virtual resources

Modify breastfeeding questions in the Los Angeles Mommy and Baby (LAMB) survey, (and any other existing surveys) to ask specifically about exclusivity of breastfeeding.

- Work with the Chief of the Research, Evaluation, and Planning Unit of the Maternal, Child, and Adolescent Health Program of the LA County Department of Public Health and staff to include questions regarding exclusivity in the next wave of surveys that will go out
Exclusive Breastfeeding Rates 2010–2013 by Los Angeles County Hospitals

- **28%** of LA County births in baby-friendly hospitals
- **28** working on baby-friendly
- **12** not working on baby-friendly
- **16** baby-friendly

**California State Average**

**LA County Average**

**NORTH**
- Antelope Valley
- Glendale Adventist
- Glendale Memorial
- Henry Mayo Newhall
- Kaiser Panorama City
- Kaiser Woodland Hills
- Northridge
- Pacifica Hosp. of the Valley
- Providence Holy Cross
- Providence St. Joseph
- Providence Tarzana
- UCLA Olive View
- USC Verdugo Hills
- Valley Presbyterian
- West Hills

**WEST**
- Cedars-Sinai
- Kaiser West LA
- Providence Saint John's
- UCLA Ronald Reagan
- UCLA Santa Monica

**PROJECTED IN 5 YEARS**
- **83%** of LA County births in baby-friendly hospitals

**BIRTHS IN BABY-FRIENDLY HOSPITALS**
BreastfeedLA is dedicated to improving the health and well being of infants and families through education, outreach, and advocacy to promote and support breastfeeding.

The purpose of this summit is to equip our healthcare community to develop systems to guarantee continuity of skilled support for lactation between the hospital and community settings.

Endnotes
1. California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2013
2. California WIC Association, 2014 Hospital Breastfeeding Rates Fact Sheets, Bringing Breastfeeding Home: Building Communities of Care, Los Angeles County, August 2014
3. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Hospital Practices: Can They Impact Breastfeeding?, August 2013

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