

BreastfeedLA

2014 LA County Breastfeeding Summit

October 16, 2014
California Endowment

"Breastfeeding does not continue as long as recommended. This is a call to arms!"
–Acting US Surgeon General, Boris Lushniak

Building a Breastfeeding-Friendly County:
Our Collective Responsibility

What do we know about feeding practices in Los Angeles County?

9 OUT OF 10 WOMEN
begin breastfeeding[1]

92.8%



5 OUT OF 10 WOMEN
exclusively breastfeed in-hospital[1]

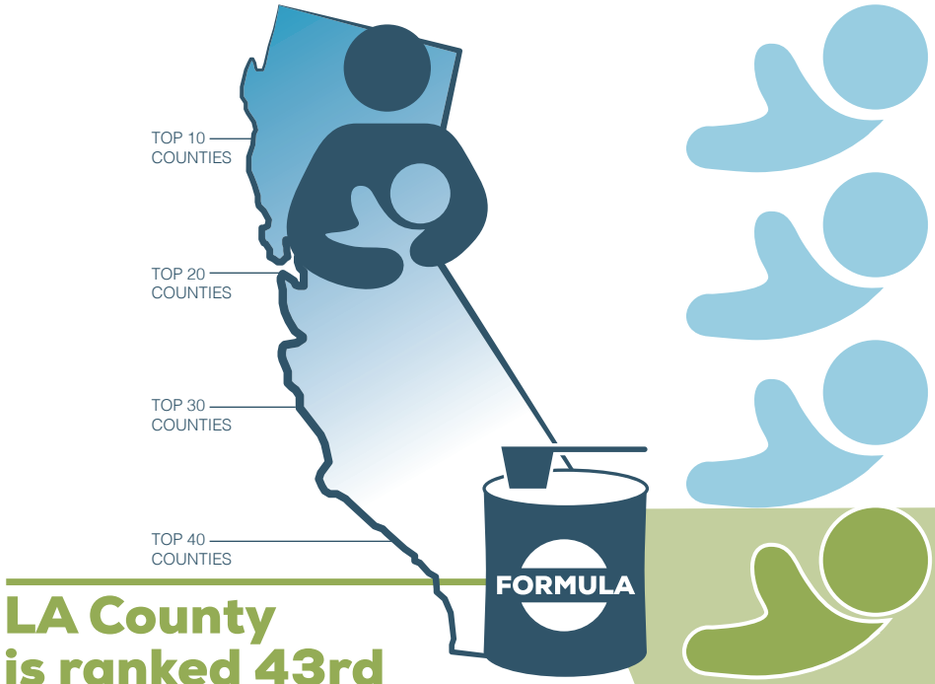


53.3%

Persisting disparities by race/ethnicity

African Americans begin breastfeeding at the lowest rate[1]

82%



LA County is ranked 43rd
out of 50 counties in the State for exclusive breastfeeding[2]

1 IN 4
California babies is born in LA County[1]

WHERE you live matters

Percentage of women who exclusively breastfeed[1]

61%
of NORTH region

47%
of EAST region

74%
of WEST region

49%
of SOUTH region

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.



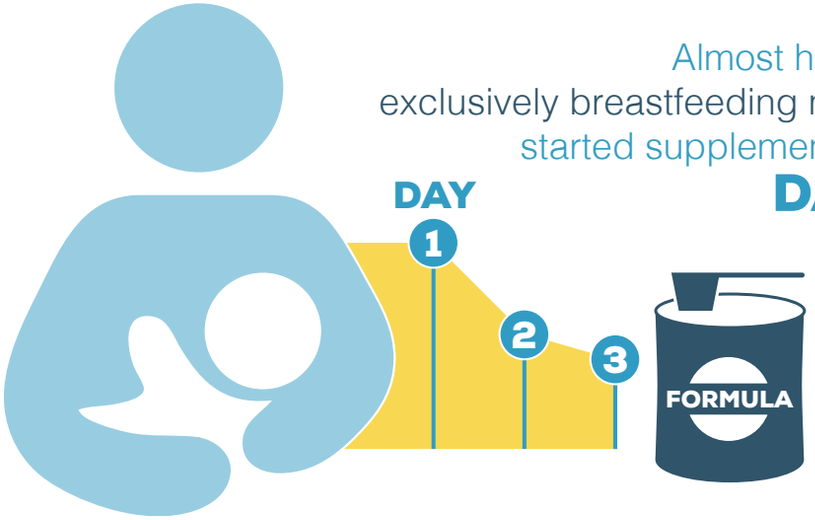
"Given the documented short and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice."

– American Academy of Pediatrics, Policy Statement: Breastfeeding and the Use of Human Milk, 2012 [4]

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**[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." [5,6]

Healthy People 2020 objectives[7]

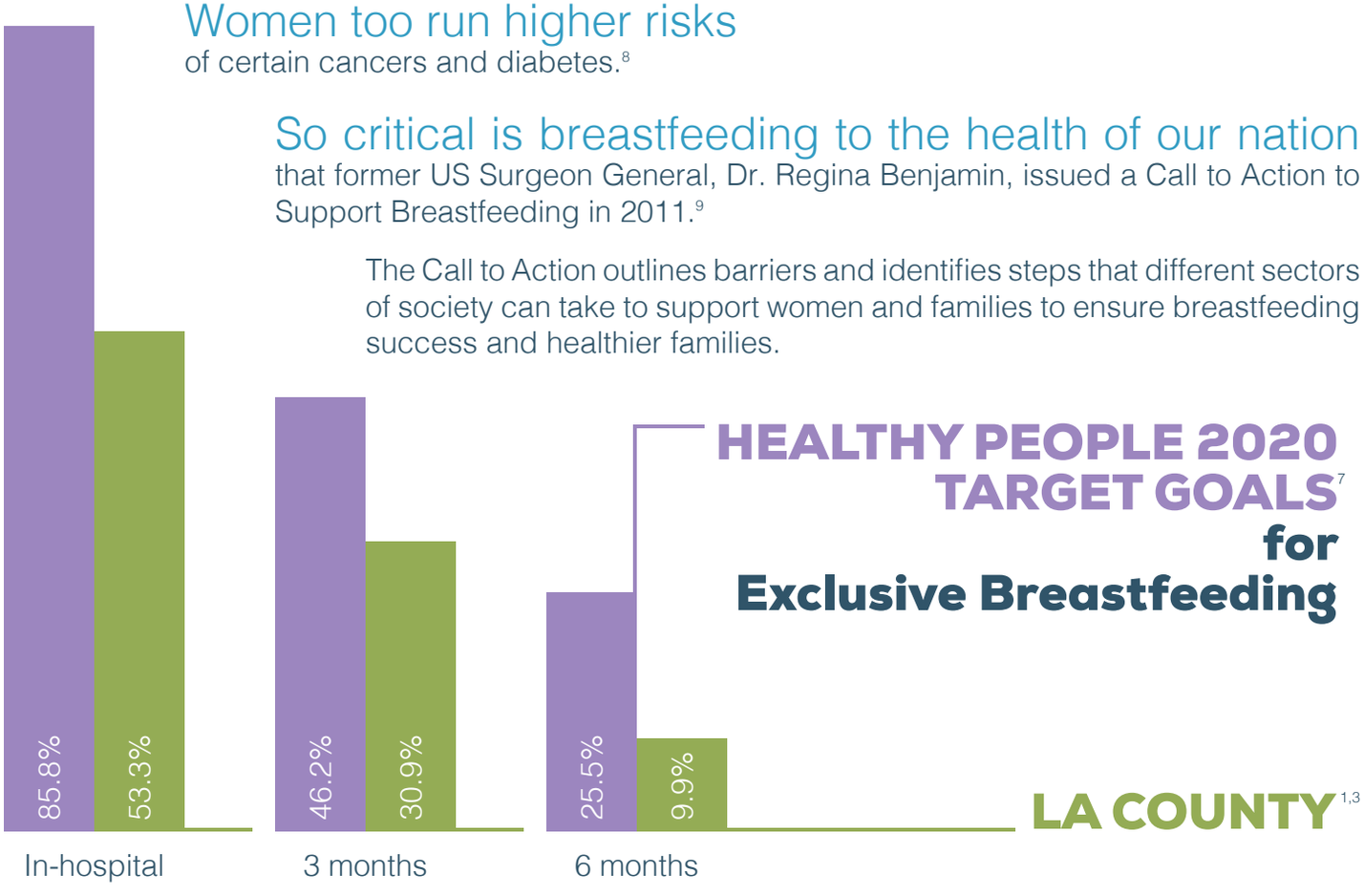
for exclusive breastfeeding are modest, considering the unnecessary risks faced by infants and mothers when breastfeeding is not exclusive.

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.



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.

Recommended Actions

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.

Area	Action	My Action
Health Care: Peripartum Transitions of Care Discharge to Six Weeks	• 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	
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/NBfC 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

PRENATAL TO 6 WEEKS

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

6 WEEKS TO 6 MONTHS

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[10]

Workplace and School Lactation Accommodations

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

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).

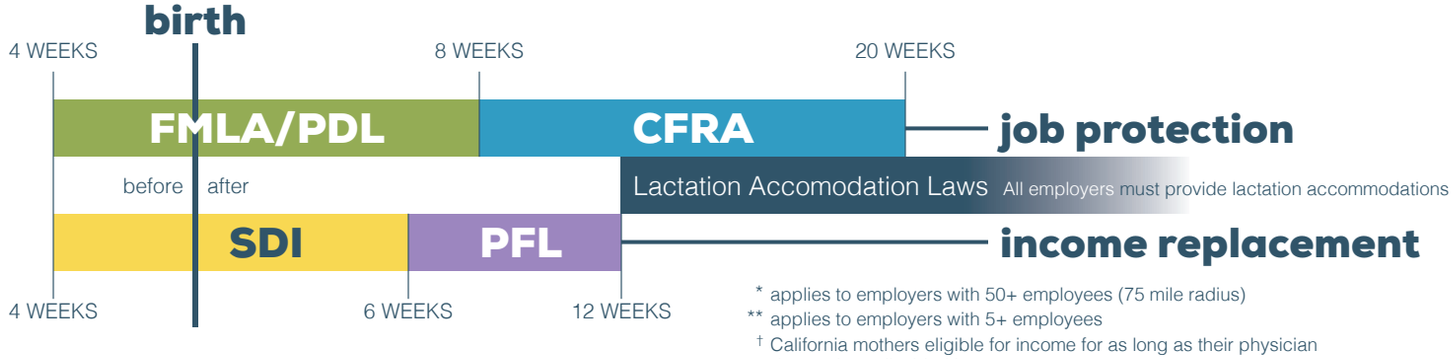
- Advocate for the California Labor Commissioner to issue guidelines to employers on implementing lactation accommodations law
- Advocate and engage the LA County Office of Education on implementing the Department of Education's Office of Civil Rights Title IX guidance
- Advocate to include breastfeeding 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

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



* 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

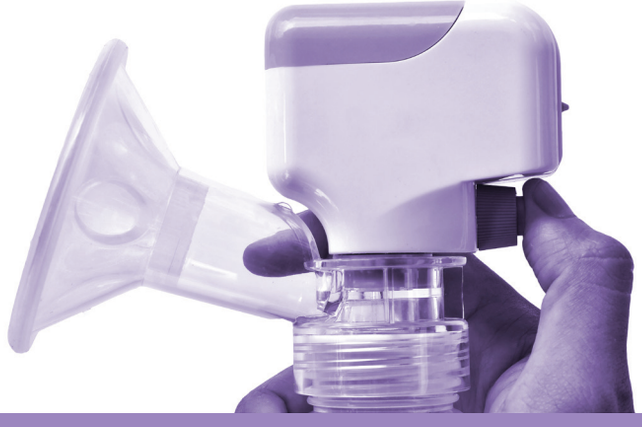
Health Care: Insurance and Billing

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

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

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]

Research and Surveillance: Data Tracking and Reporting

Breastfeeding research confirms best practices and cost savings, and informs about disparities.

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 policy makers.

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

"I can't do it alone. You can't do it alone. Let's join up and do this together."

– Acting Surgeon General Boris Lushniak

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.

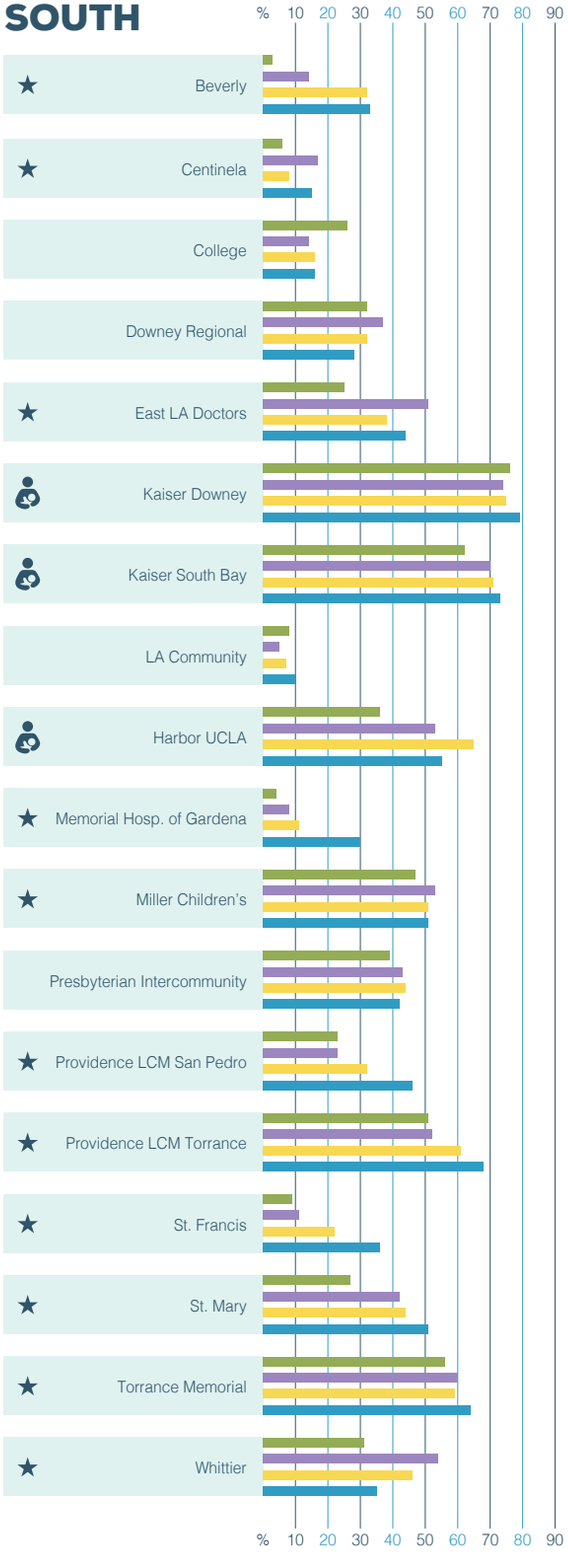
- Work with the Chief of the Research, Evaluation, and Planning Unit of the Maternal, Child, and Adolescent Health Program of the LA County Department of Public Heath and staff to include questions regarding exclusivity in the next wave of surveys that will go out

Exclusive Breastfeeding Rates 2010–2013

2010 | 2011 | 2012 | 2013 | Baby-Friendly | ★ Working on Baby-Friendly

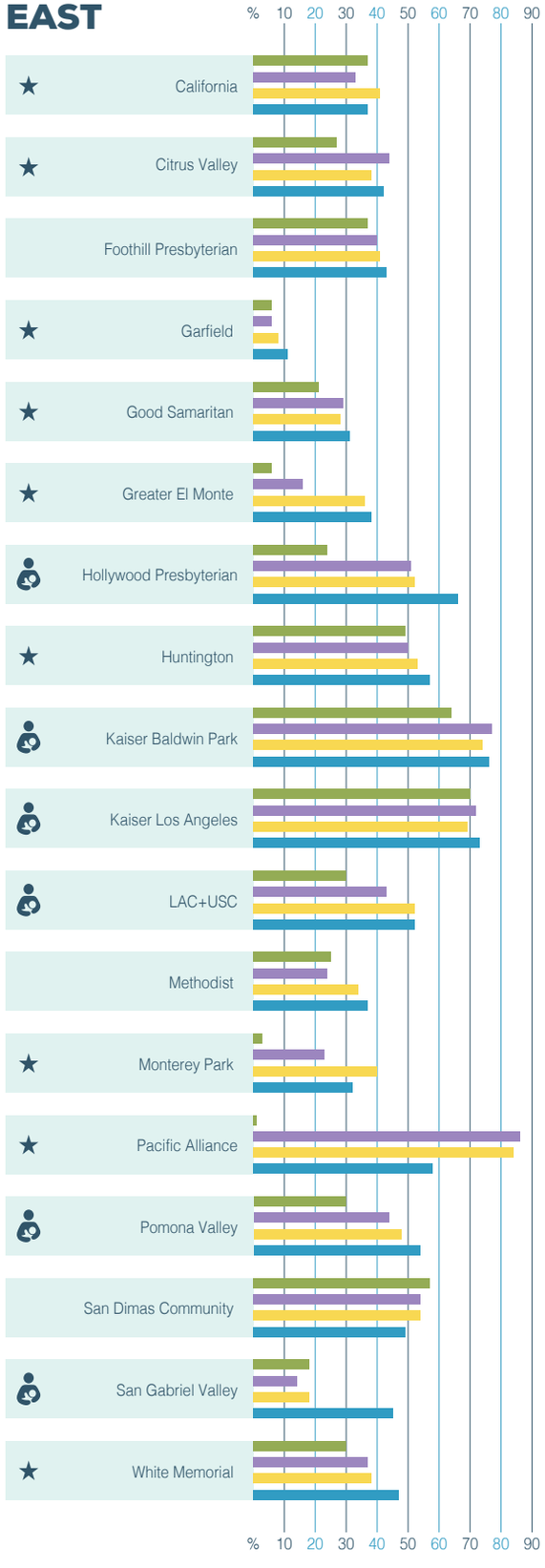


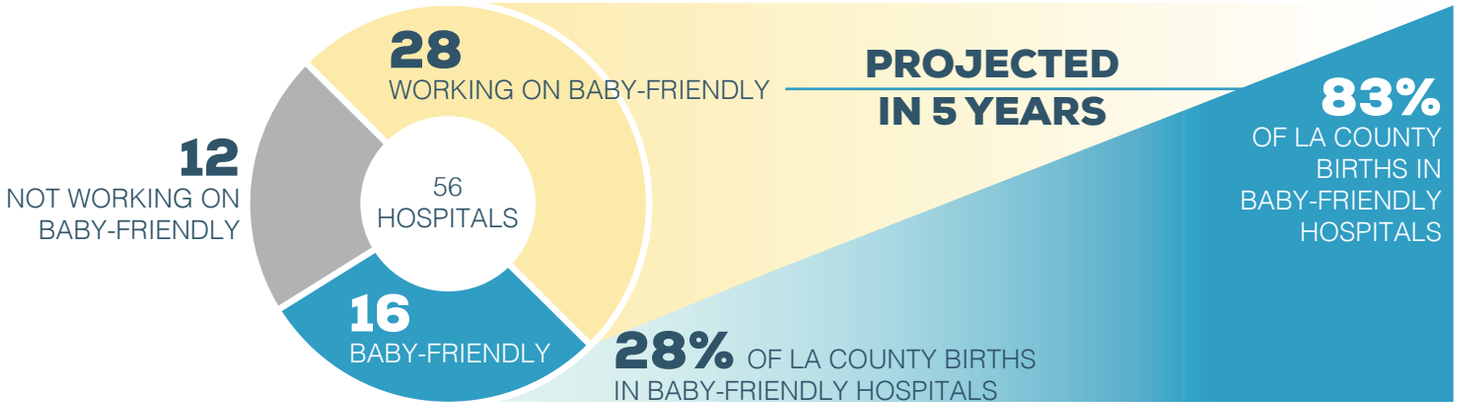
SOUTH





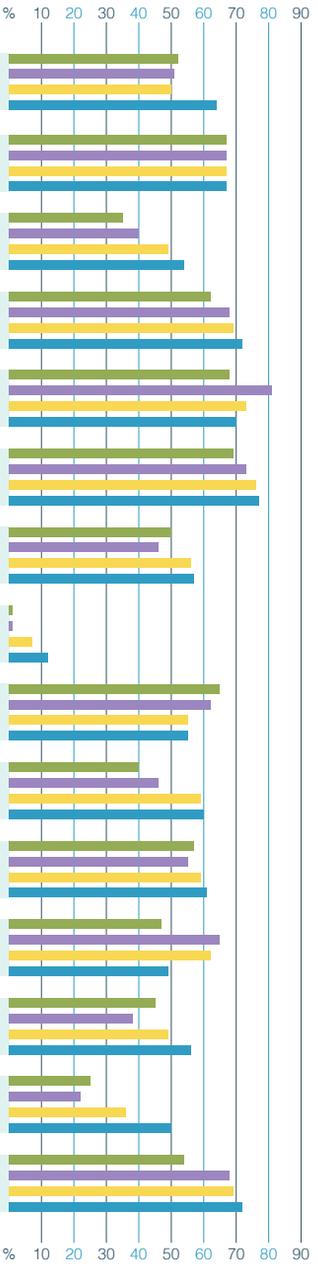
EAST

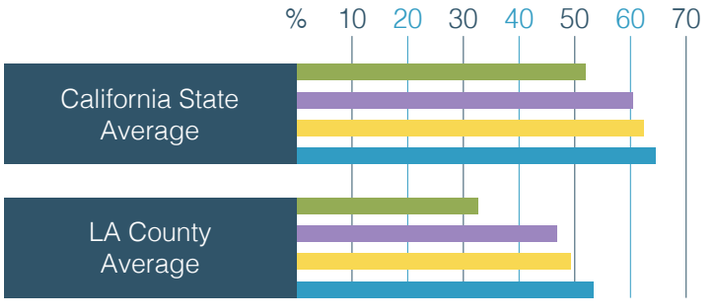



28
WORKING ON BABY-FRIENDLY
12
NOT WORKING ON BABY-FRIENDLY
56
HOSPITALS
16
BABY-FRIENDLY
PROJECTED IN 5 YEARS
83%
OF LA COUNTY BIRTHS IN BABY-FRIENDLY HOSPITALS
28% OF LA COUNTY BIRTHS IN BABY-FRIENDLY HOSPITALS



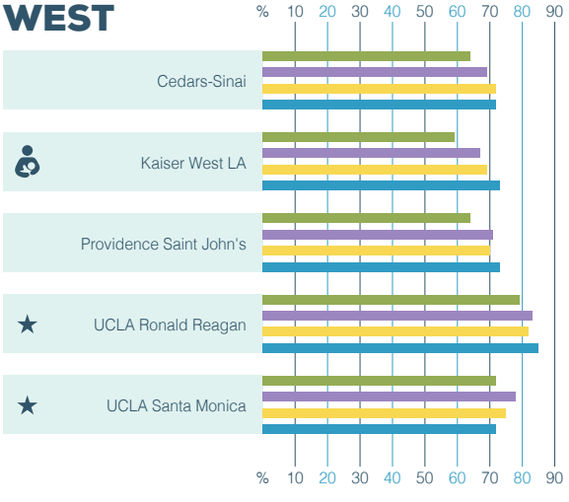
NORTH


% 10 20 30 40 50 60 70 80 90
★ 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
% 10 20 30 40 50 60 70 80 90


% 10 20 30 40 50 60 70
California State Average
LA County Average



WEST


% 10 20 30 40 50 60 70 80 90
Cedars-Sinai
Kaiser West LA
Providence Saint John's
★ UCLA Ronald Reagan
★ UCLA Santa Monica
% 10 20 30 40 50 60 70 80 90

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.

Funded in part by:

FIRST 5 LA
Champions For Our Children
www.First5LA.org

and

Northeast Valley Health Corporation
a californiahealth+ center

CALIFORNIA WIC
WOMEN, INFANTS & CHILDREN

Northeast Valley Health Corporation - WIC Program
providing nutrition education, breastfeeding support, medical and social service referrals, and food vouchers to low-income women, infants and children of the San Fernando and Santa Clarita Valleys.

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

4. American Academy of Pediatrics. *Breastfeeding and the Use of Human Milk*, 2012

5. Figures extrapolated from Bartick M, Reinhold A. *The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis. Pediatrics*, 2010. Extrapolating formula based on population data of 130,000 births in Los Angeles County annually (LA County Department of Public Health) and 4,140,000 births in U.S. annually (US Census).

6. Bartick, M.C., et al. *Cost Analysis of Maternal Disease with Suboptimal Breastfeeding*, ACOG, 2013

7. U.S. Department of Health and Human Services. *Office of Disease Prevention and Health Promotion. Healthy People 2020*. Washington, DC

8. Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., et al. *Breastfeeding and maternal and infant health outcomes in developed countries*, 2007

9. U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

10. California Commission on the Status of Women and Girls. *The Report on the Status of Women and Girls in California, Los Angeles County Supplement*, 2014

11. Eileen Appelbaum and Ruth Milkman. *Leaves that pay: Employer and worker experiences with paid family leave in California*. Washington: Center for Economic and Policy Research, 2011

12. United States Breastfeeding Committee, National Breastfeeding Center. *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*. 2nd rev ed. Washington, DC: United States Breastfeeding Committee and National Breastfeeding Center, 2014

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