

Addressing the Crisis in Hospital Breastfeeding Rates in Los Angeles County

Report from the Breastfeeding Summit – Oct 15, 2008



Rethink, Reframe, and Reform*

A Project of the Breastfeeding Task Force of Greater Los Angeles

Generous funders of the Hospital Breastfeeding Summit include
First 5 LA, Kaiser Permanente, and Medela.

Sponsors: LA County Department of Public Health; California WIC Association; LA Best Babies
Network; California Breastfeeding Coalition; South LA Health Projects/LA BioMed;
Northeast Valley Health Corporation; Public Health Foundation Enterprises WIC Program

*Quoted from Laurie True, CWA

Introduction

Los Angeles County has more than half of the lowest performing hospitals in California in terms of exclusive breastfeeding rates. On October 15, 2008, the Breastfeeding Task Force of Greater Los Angeles convened the “Hospital Breastfeeding Summit – The Crisis in LA Breastfeeding Rates: The Impact on Community Health and Wellbeing” to bring together hospital and community leaders, stakeholders, and advocates who share the goal of reducing health disparities evident within this crisis.

The Summit highlighted the broad and far-reaching positive impact of exclusive breastfeeding on the health and wellbeing of the individual through the life span, as well as the substantial positive impact on the family and the greater community. The focal point of the event was the crucial role that hospitals can play in preventing chronic and acute disease, and establishing the foundation for a lifetime of good health and wellbeing by supporting exclusive breastfeeding.

The overarching goal of the Summit was to evoke change in hospital practices by connecting advocates and decision makers as partners, and increasing community support to establish exclusive breastfeeding as the norm. The program included presentations by nationally recognized breastfeeding, nutrition, and public health authorities. Discussion groups followed in which participants brainstormed action steps to promote change within their sectors.

This report documents the findings of the Hospital Breastfeeding Summit. The first section presents a synthesis of the ideas and information offered by the event’s presenters: Larry Grummer-Strawn, PhD, Centers for Disease Control and Prevention; Wendelin Slusser, MD, UCLA Center for Healthier Children, Families and Communities, and the Venice Family Clinic; Jane Heinig, PhD, IBCLC, UC Davis Human Lactation Center (whose work was presented by Karen Peters, MBA, RD, IBCLC, Breastfeeding Task Force of Greater Los Angeles); Neal Halfon, MD, MPH, UCLA Center for Healthier Children, Families, and Communities; and Laurie True, MPH, California WIC Association. The second section presents recommendations from the approximately 150 participants at the event.

The contents of the report are:

- Breastfeeding - It’s About Everything, and it’s Too Important Not To.
- Breastfeeding Success: The Central Role of the Hospital
- Using Public Data to Improve Breastfeeding Rates in California
- What Mothers’ Stories Reveal
- Framing the Issues
- Recommendations from within the following sectors: Hospitals and Health Care; Community; Advocacy and Policy; Professional Education
- Appendices
 - Tools for Change
 - Effective Actions to Increase Exclusive Hospital Breastfeeding - excerpted from “A Fair Start for Better Health: California Hospitals Must Close the Gap in Exclusive Breastfeeding Rates – A Policy Update on California Breastfeeding and Hospital Performance”
 - What Mothers’ Stories Reveal – Vignettes of Six Breastfeeding Mothers
 - List of Speakers at the Hospital Breastfeeding Summit
 - Roster of Summit Participants

Breastfeeding - It's About Everything, and It's Too Important Not To

“Breastfeeding is the ultimate prevention tool.”

Neal Halfon, MD, MPH

Breastfeeding is too important an issue to be seen as simply one of personal choice. Whether or not babies are breastfed has profound and lasting effects for newborns throughout their lifespan. It also impacts mothers' health, the environment, the family budget, and the national economy. The hospital environment and its birthing and postpartum practices are critical determinants of the initiation of exclusive breastfeeding. Medical authorities agree that exclusive breastfeeding should be practiced from birth through the first six months of life, and breastfeeding complemented with solid foods should continue throughout the first year and beyond. Yet only a fraction of infants born in Los Angeles County begin their lives exclusively breastfed.

Exclusive breastfeeding from the start is essential to protect the mother's milk supply and prevent early discontinuation of breastfeeding and exposure to the risks of not being breastfed.

Breastfeeding reduces the risk of serious diseases and chronic conditions: Infants who are breastfed experience reduced risk for infectious and chronic disease, and improved developmental outcomes. Recent evidence-based data demonstrate that not being breastfed puts infants at higher risk for some very serious outcomes. Not being breastfed increases the incidence of necrotizing enterocolitis, a potentially life-threatening complication for preterm babies. Infants who are not breastfed run a 50% greater risk of SIDS, as well as an increased risk of hospitalization for lower respiratory infections. They also experience more episodes of otitis media and gastrointestinal infections. Children who were never, or only partially breastfed, have a higher risk of long term health problems, such as: dermatitis; asthma; diabetes types 1 and 2; leukemia; and overweight and obesity. The positive effects of breastfeeding continue as the child grows well after breastfeeding has stopped.

“The steps to good health are additive, beginning in infancy, with breastfeeding.”
Wendelin Slusser, MD

Breastfeeding is an effective prevention tool against obesity. Breastfeeding has a significant and far-reaching impact on the problem of childhood obesity. There is a 30% increase in overweight among children who have not been breastfed. Breastfeeding removes the aberration in how children grow: it has no effect on the underweight side of the spectrum. This positive impact on normalcy of weight probably continues into adulthood. There is a difference in adiposity which begins to be seen after 36 months and persists over the years. The extent of these benefits depends on the duration and intensity of breastfeeding, whether or not breastfeeding is supplemented with formula, and the timing of the introduction of solids. Thus, breastfeeding establishes a pattern of nutrition that has a profound long term effect.

Breastfeeding supports psychological as well as physical growth. Breastfeeding provides opportunities for immediate satisfaction of the infant's needs by orchestrating a consistent and predictable interaction between mother and infant where the infant has some control. Further, the act of breastfeeding itself allows for increased touching and stroking of the infant, increased olfactory input, and increased temperature control through skin to skin contact.

Breastfeeding has a cumulative positive effect on the health of mothers. Comparing mothers who breastfed for at least 12 months in their lifetime with mothers who never breastfed, mothers who breastfed have: 28% lower risk of breast cancer; 21% lower risk of ovarian cancer; 12% lower risk of type 2 diabetes.

Breastfeeding is a social justice issue. Low-income women of color and their children suffer most from health disparities, yet have the lowest rates of exclusive breastfeeding largely due to the policies and practices of the hospitals in which they deliver. When women living in poverty are able to breastfeed, they provide their infants the opportunity to grow and develop optimally.

Healthy People 2010 Objectives for Breastfeeding	
Early postpartum	75%
6 months	50%
1 year	25%
For Exclusive Breastfeeding:	
3 months	40%
6 months	17%

Increased rates of exclusive breastfeeding would have a substantial economic impact. Depending on how the formula is constituted and packaged, the annual cost of infant formula for a family ranges from \$1,188 to \$2,376. Two billion dollars are spent on formula annually; \$578 million is spent by the WIC Program alone. If the Healthy People 2010 objectives were met, an estimated \$3.6 billion would be saved annually.

Unnecessary use of formula wastes energy. 110 billion BTUs of energy are used each year in the United States for processing, packaging, and transporting formula. Worldwide, formula's contribution to landfills is 550 million cans annually, plus the associated bottles, nipples, and packaging.

Breastfeeding is a critical element of a disaster preparedness plan. The AAP ranks breastfeeding high on the list of steps to take to be prepared for a disaster. In such situations, appropriate preparation of infant formula may be impossible due to a lack of clean drinking water and an inability to ensure a sterile environment.

Formula may expose infants to contaminants. Breastfeeding reduces the risk of environmental and biotechnical contaminants for the infants. The example of contamination of infant formula in China is a tragic example of this risk.

Supporting breastfeeding benefits business and employers. Absences for sick childcare are twice as common for mothers of formula-fed infants. Companies with lactation support programs have: lower employee turnover; improved morale; higher reported job satisfaction; higher productivity; positive public relations; and reduced healthcare costs. Hospitals also benefit when they support breastfeeding. Hospital loyalty is established at the time of birthing. Families who have a good birthing experience will return to the hospital for other health needs in the future.

“Breastfeeding is the tentacle that reaches into all interventions”

Wendelin Slusser, MD

Breastfeeding Success: The Central Role of the Hospital

“We need to make conscious decisions that we are going to provide the right kind of care in our hospitals.”
Larry Grummer-Strawn, PhD

Today, mothers giving birth in Los Angeles are at risk of not exclusively breastfeeding for the AAP recommended period of six months due to faulty hospital practices. Although 82.4% of Los Angeles mothers initiate breastfeeding, only 24.4% *exclusively* breastfeed within the first 1-2 days after delivery.

While hospital practices are not the only important determinant of breastfeeding, when they discourage or prevent an infant from being breastfed, the potential impact from prenatal education is reduced, and continuation strategies are for naught. Other sectors, including insurers, legislators, community-based health care providers, community-based organizations, funders, and academia can have a profound influence on what happens in the hospital in myriad ways, some of which will be outlined in the Recommendations section of this report.

Factors in the hospital that support breastfeeding

The Ten Steps to Successful Breastfeeding are globally recognized as critical to ensuring that a hospital’s policies and practices are supportive of exclusive breastfeeding. They are at the heart of the World Health Organization and UNICEF program to encourage and recognize hospitals and birthing centers that offer an optimal level of lactation care. Within each country, hospitals that follow the Ten Steps may become certified as “Baby-Friendly” by the country’s national authority to grant these awards. In the US, the granting agency is Baby-Friendly USA. Internationally, more than 19,000 maternity facilities have received the Baby-Friendly Award. As of October 2008, 70 US maternity facilities have been granted Baby-Friendly status. Seventeen of these facilities are in California; two are in Los Angeles.

Low-cost, high- impact interventions: While it is ideal for a hospital to implement all ten steps, significant benefit may be realized even before hospitals have completed the full path to becoming a Baby-Friendly facility. A study on the impact of the hospital experience on feeding method at eight weeks demonstrated a 10-fold increase in failure rates if no Baby-Friendly practices were in place compared to when five Baby-Friendly practices were in place. The following in-hospital interventions during the first 48 hours of life -breastfeeding in the first hour; no supplemented feeding; rooming-in; no pacifiers; phone number given to mothers for follow-up support - positively impacted both exclusivity and continuation of breastfeeding, with increased rates of exclusive breastfeeding observed at 3 and 6 months, and increased rates of any breastfeeding observed at 9 months.

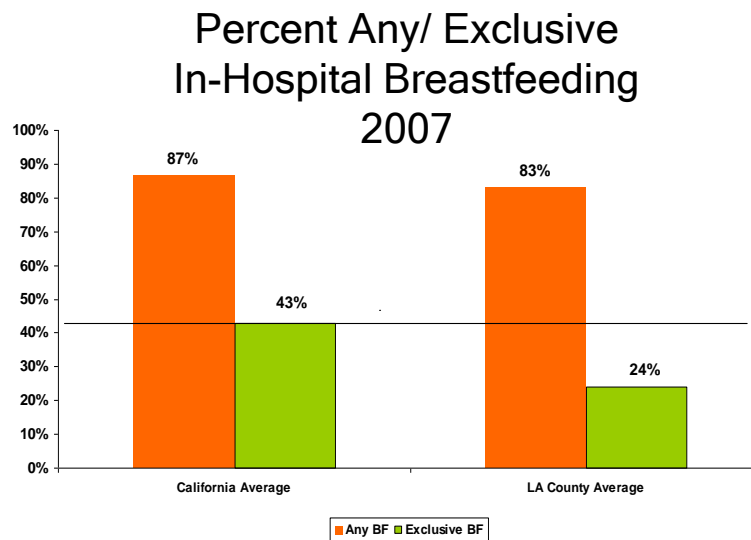
The Ten Steps to Successful Breastfeeding:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Using Public Data to Improve Breastfeeding Rates in California

The good news is that women in California, including those in Los Angeles, know that breastfeeding is best and have made the decision to breastfeed. In fact, almost nine out of ten women in California breastfeed in the hospital. The bad news is that few of those women are exclusively breastfeeding.

The large gap between the percentage of women who decide to breastfeed and those who exclusively breastfeed means that most mothers are unable to build and maintain a milk supply for their growing babies. Much of this gap may be attributed to the practices in the hospitals in which they deliver.



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

Using public data collected by the hospitals themselves from all infants between 24 – 48 hours old and reported to the Genetic Disease Branch of the California Department of Public Health, the UC Davis Human Lactation Center published “Closing the Gap: Using Public Data to Improve Breastfeeding Rates in California”. This report shed light on what differentiates hospitals that rank among the top 15 and the bottom 15 in terms of exclusive breastfeeding.

Hospitals ranked at the bottom of the list share the practices of routinely separating mothers and babies for many hours, and the routine supplementation of virtually all babies with infant formula. When babies are housed in the nursery, they cannot breastfeed. Evidence supports that both the mothers and babies have a difficult time establishing breastfeeding after lengthy separations. While formula supplementation of breastfeeding due to medical needs will continue to exist, the high rates of

LA County ranks 44th out of 51 California counties in its rate of exclusive breastfeeding in the hospital.

LA County hospitals dominate the list of hospitals with the lowest rates of exclusive breastfeeding.

supplementation in the lowest scoring hospitals indicate that it is a routine practice, and not a result of case-by-case assessments for medical need. Hospitals in Los Angeles County dominate the list of the lowest scoring hospitals.

Hospitals ranked at the top of the list are predominately located in Northern California and San Diego County. These hospitals share the practice of “Baby Friendly” policies that are evidence-based. Their supplementation rates are low. The State data show that when hospitals implement model policies, exclusive breastfeeding rates rise, regardless of the ethnicity and income level of the mothers who deliver there.

Evidence and practice guidelines for implementing model or “Baby-Friendly” policies are readily available. The California Model Policies Toolkit is a web-based resource rich in information to guide and support any facility with the will to embark on the process of quality improvement in its maternity and newborn care.

What Mothers' Stories Reveal



Six Los Angeles mothers shared their breastfeeding stories at the Summit. Two described positive hospital experiences where they were encouraged by the nurses and received excellent care from NICU nurses helping them to exclusively provide breast milk to their special care babies. In addition, many of the mothers reported having benefited from support groups or breastfeeding classes offered through the hospital, in WIC, and in the community.

“When I delivered, they handed me a coupon for formula. Something needs to change for our babies; something needs to change very quickly.”

But other stories offer concrete, personal examples of what the data describe – hospital practices that are not supportive of mothers’ decisions to breastfeed. One mother described the emotional and psychological stress of wondering if her baby would ever return to the breast after having been formula-fed at the hospital. Two other mothers shared that there was no one available to provide them with correct information to address lactation problems, and they were discharged with sore nipples and engorgement. Both required clinical assistance, which they paid for out-of-pocket after hospital discharge.

More information about the mothers’ stories is included in the appendix.

Framing the issues

“The old adage applies – every system is caught in doing what the system was designed to do. And our system works perfectly to exclude breastfeeding.”

Neal Halfon, MD, MPH

Are the high rates of formula supplementation and early cessation of breastfeeding a result of hospital policies and practices that are not conducive to the initiation and continuation of breastfeeding? Or, are mothers to blame for their breastfeeding failures?

Success or failure in breastfeeding is not about the individual mother. Solutions that attempt to arm each mother with a list of do’s and don’ts will not remedy the root problem. All mothers and babies deserve to receive care that utilizes best practices and is free of policies, practices, and environmental influences that undermine exclusive breastfeeding, and thus maternal and child health and wellbeing. Instead, mothers are caught in a rigid system resistant to change. Evidence shows it is the system itself that needs to change for the outcome to improve.

We need to direct our focus towards identifying and revising hospital policies and practices that interfere with the mother and her baby’s ability to learn to breastfeed, rather than focusing on how mothers should change. There are numerous unnecessary reasons, some without any medical basis, why mothers and infants are separated during the first crucial hours of birth, thus compromising breastfeeding success. One example is the separation of the baby from its mother for the first photograph. Isn’t there a better way? Why not have the baby photographer take the baby’s photograph at the mother’s bedside?

Much of what happens during the lifespan has to do with nutritional issues stemming from pregnancy and the earliest years of life. Many chronic diseases that manifest themselves later in life can be prevented or mitigated by greater attention to health and nutritional practices earlier in life, beginning with the first feedings. Hospitals can play a critical role in prevention by offering care that promotes and supports exclusive breastfeeding. The tools for hospitals to provide perinatal care that is supportive of health throughout the life span are already available; they just need to be implemented.

Our system needs to be retooled to provide preventive information and care, and breastfeeding is the ultimate prevention tool. The time is ripe for creating strategic alliances and partnerships so that breastfeeding can take its place on the emerging national health agenda.

Rethink. Talk in terms of the risks of formula, not the benefits of breastfeeding. Breastfeeding is not a lifestyle choice.

Reframe. Breastfeeding is a public health and social justice issue. It’s a health right, a civil rights issue, and a feminist issue. It is also a fight for market share with the manufacturers of infant formula who profit from high rates of supplementation and early cessation of breastfeeding. As the breastfeeding rates go up, the formula direct marketing practices will fight back.

Reform. We all need to be involved in the paradigm shift: hospitals; WIC; worksites, especially those that employ low-wage workers; child care, community groups with a broader health and social justice focus.

Recommendations

Summit participants working within the same broadly defined sectors brainstormed to offer suggestions on what groups and individuals in their sector could do within the scope of responsibility and the realm of possibilities for that sector to help increase rates of exclusive breastfeeding.

The recommendations made by each sector group are presented below.



Hospitals and Healthcare

Actively promote physician involvement

- Identify physicians who are already well-informed breastfeeding advocates to encourage other physicians to support breastfeeding throughout the perinatal care continuum.
- Encourage obstetricians and pediatricians to work together to achieve the best breastfeeding outcomes for mothers and babies.
- Provide physician education.
 - Create and disseminate educational materials for physicians.
 - Include information about the International Code of Marketing of Breastmilk Substitutes and how to create a practice that complies with this World Health Organization resolution.

- Include physicians' office managers and staff in the educational process so they are able to provide better breastfeeding support and a "breastfeeding-friendly" office environment. One way to do this is with "lunch and learn" sessions.
- Create mechanisms for physicians and lactation professionals to collaborate:
 - Invite physicians to make rounds with lactation professionals.
 - Have lactation professionals in outpatient settings send follow-up reports to physicians.
 - Designate lactation consultants on staff in the NICU to work collaboratively with the neonatologists.
 - Redesign flow sheets and electronic charting so that physicians can see the progress notes and plan of care written by the lactation staff.

Work with and Educate Hospital Administrators

- Hospital administrators who are advocates for improving the hospital's breastfeeding support program are essential.
- Identify management "spark plugs" and encourage them to form a team to promote the message.
 - Key administrators can get breastfeeding on the agendas of the appropriate committee meetings.
 - Administrators can revise breastfeeding policies and documentation systems, and allocate assets for the provision of breastfeeding services and equipment.
 - Examples: investing in hiring lactation consultants and educators to achieve an appropriate ratio of lactation staff to patients for effective breastfeeding support; having a sufficient number of hospital grade breast pumps available for use by mothers who need them.

Approach Breastfeeding as a Quality Improvement Issue

- Use quality improvement language to describe the problems in delivering quality breastfeeding care.
- Create an accountability infrastructure by developing core measures and competencies for breastfeeding.
- Change the culture of the facility by implementing required staff education.
- Create physician accountability by creating physician profiles for performance on breastfeeding actions. Approach the AAP to consider this.
- Require physician orders for formula.
- Handle infant formula in the same manner as medications, e.g. store in a locked location, require documentation in a central log, require confirmation at bedside, etc.
- Tackle the more doable breastfeeding-friendly steps first. Leave the harder steps for last (eliminating discharge bags usually falls within this category).

Create Mechanisms for Hospitals to Improve Together

- Hospitals can learn from one another by participating in a breastfeeding improvement networking group.
- The Hospital Association of Southern California (HASC) can help create a common vision around breastfeeding services.
 - HASC has a clearinghouse for information on how to implement model policies and a breastfeeding resource book for the public and providers.
- When hospitals are successful in becoming Baby-Friendly, publish accounts of the process, including the strategies they employed to overcome barriers, so that other hospitals may learn from that experience.

Educate Expectant and New Mothers

- Begin educating expectant mothers about breastfeeding early in their prenatal care.
- Approach breastfeeding education from the perspective that mothers DO want to breastfeed, and choose language accordingly.
 - For example: Ask, “How can I help you with breastfeeding?” instead of “Do you want to breastfeed or formula feed?”
- Offer breastfeeding support groups on the postpartum units as an efficient way to provide education for newly delivered mothers, and to allow mothers to share their experiences and concerns and receive support from each other.

Partner with Community Agencies

- Partner with outside clinics and agencies such as WIC to provide a seamless continuum of prenatal and post-discharge support.

Advocate for Increased Funding for Essential Breastfeeding Services

- Educate insurance providers about the short- and long-term financial benefits of supporting breastfeeding and the importance of covering the costs of lactation services and breast pumps.
- Educate elected officials about the need for more financial support for prenatal, in-patient, and follow-up breastfeeding services, and universal home visitation within 72 hours after delivery.

Community

Increase Access to Lactation Support Services and Insurance Coverage

- Lactation services should be available and accessible to all women after hospital discharge as well as during the hospital stay. This assistance should be available 24 hours a day, 7 days per week and covered by private and public insurance. Services should also be geographically and linguistically accessible.
 - Encourage employers to research health care plans that provide reimbursement for lactation services.
 - Organized labor unions could provide model language for collective bargaining agreements on health plan coverage to ensure that lactation services are covered.
 - Breastfeeding support should be included in home health services.
 - Increase availability of support groups for prenatal and breastfeeding mothers.
 - Have a lactation consultant available through 211.

Empower Women to Advocate for Themselves through Consumer Education

- Prenatal education should include a focus on preparing women to advocate for themselves during their hospital stay to drive consumer demand toward baby friendly hospital policies.
- WIC and community organizations should step in to advocate for mothers who have difficulty advocating for themselves due to language, cultural, or socioeconomic barriers.
- Include information about the right to breastfeed in public and the right to pump at work in prenatal and postpartum education.
- Utilize the report, “Closing the Gap: Using Public Data to Improve Breastfeeding Rates in California”, as part of a consumer advocacy approach. Target hospital administrators with this report.

Build and Broaden Coalitions

- Build strategic alliances with people and organizations that work on broader issues of health and wellbeing as a way to expand the network of advocates. Examples: churches; mental health agencies; childcare facilities; agencies that work on disaster preparedness; immunization programs, etc.
 - Expand activities during Breastfeeding Awareness Month as a way to increase outreach and connections with other community programs.

Enhance the Effectiveness of Training, Messaging and Dissemination of Information

- Reframe breastfeeding as a health equity and social justice issue.
- Craft messages carefully so that mothers feel supported.
- Create a multidisciplinary coalition within the L.A. County health departments to review data and come up with strategies for community education across different program areas.
- Incorporate breastfeeding materials into existing Speakers Bureau materials in the health departments and agencies.

- Ensure that all health care workers who provide breastfeeding information receive adequate and ongoing training, including nurses, home visitors, health educators, case managers, etc., to ensure that the information they provide is current and consistent.

Regulate Formula Marketing

- Work toward enforcement of the Code for the Marketing of Breastmilk Substitutes within the public sector by banning direct marketing of formula in magazines and commercials, as was done with tobacco.

Leverage the Upcoming Food Packages in WIC

- Promote the upcoming changes in the WIC food package as a way to increase exclusive breastfeeding rates. Ensure that all WIC agencies are consistent in their message and implementation of the new policy to not give formula to breastfeeding moms in the first month postpartum.
- Leverage the food package changes to increase collaboration among WIC, clinics and hospitals with all sectors supporting each other toward the goal of promoting and supporting exclusive breastfeeding.
- Increase WIC outreach to governmental agencies that work with families and children, such as the Department of Children and Family Services (DCFS), so they are aware that WIC is a resource for breastfeeding support.

Increase Access to Worksite Support

- Disseminate information about the right to lactation accommodation in the workplace under California law to Human Resources Departments.
- Develop policies and model language for collective bargaining agreements to ensure that the California Lactation Accommodation law is implemented and mothers are able to pump in the workplace.
- Work with labor unions to ensure that the California Lactation Accommodation law is being implemented in large industries and sectors.

Advocacy and Policy

Advocate for breastfeeding

- Build strategic alliances with organizations working on the broader issues of health and social justice that have access to legislators and people that can be organized.
- Link breastfeeding to other critical issues, such as obesity, SIDS prevention, feminism, poverty prevention efforts, child care, WIC, 0-5, etc., to build a broad network of breastfeeding advocates.
- Unify the breastfeeding community with a consistent message and strategy at a national and community level, with WIC central to this effort.
- Conduct legislative visits and provide current hospital and WIC breastfeeding data that are organized in such a way as to be compelling to legislators; e.g. by zip code, congressional district, etc.
- Frame breastfeeding as a taxpayer issue. Public funds are spent on formula through the WIC Program.
- Create stronger alliances to lend support to future proposed legislation, i.e., hospitals, California Hospital Association, etc., and get their support on requiring implementation of breastfeeding-friendly hospital policies and moving hospitals towards Baby Friendly certification.

Regulate Formula Marketing

- Work toward enforcement of the WHO Code for the Marketing of Breastmilk Substitutes within hospitals and other healthcare settings. Approach it as an ethics issue.
- Identify elected representatives who are supportive of enforcing the WHO Code and other breastfeeding issues and work with their health deputies.

Ensure Quality in the Delivery of Healthcare Services

- Ensure that CPSP providers who receive reimbursement for patient health education provide quality services.
- Explore the possibility of requiring hospitals to have a written breastfeeding policy for Joint Commission accreditation.
- Look into making breastfeeding a HEDIS (Health Effectiveness and Data Information Set) measure, particularly related to obesity prevention. (HEDIS is a tool used by health plans to measure performance).

Increase Access to Worksite Support

- Ensure compliance with the California Lactation Accommodation Law, particularly for low wage workers.
- Require hospitals as employers, and other employers with a high percentage of women of reproductive age to enforce all regulations related to breastfeeding.
- Require health plans to include prenatal breastfeeding education.

Nursing and Medical Education

- Survey nursing and medical schools to see if and how breastfeeding is included in the curricula.
- Survey pediatric and ob/gyn residency programs in the LA area to see if and how breastfeeding is included in their training.
- Include breastfeeding competencies in the certification and licensure processes for physicians and nurses.
- Include basic breastfeeding information and competencies for all nursing students as part of the curriculum.
- Offer physician-specific lactation training with CEU credit for practicing physicians.
- Require CEUs in lactation as a requirement for license renewal.
- Recognize physicians with training in lactation as “Baby-Friendly” physicians.

Appendix 1

Tools for Change

Breastfeeding Task Force of Greater Los Angeles www.breastfeedla.org

- Subscribe to the email newsletter for updates on new research, seminars, legislation, lactation services resource directory, etc.
- Utilize the website as an on-line breastfeeding reference library

A Fair Start for Better Health: California Hospitals Must Close the Gap in Exclusive Breastfeeding Rates – A Policy Update on California Breastfeeding and Hospital Performance - 2007

Depends on Where You Are Born: California Hospitals Must Close the Gap in Exclusive Breastfeeding Rates - 2008

Produced by the California WIC Association and the UC Davis Human Lactation Center

Available at www.calwic.org

AHRQ Report on Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries

Evidence Report/Technology Assessment, Number 153

Agency for Healthcare Research and Quality

U.S. Department of Health and Human Services

540 Gaither Road

Rockville, MD 20850

www.ahrq.gov

Breastfeeding: Investing in California's Future

Breastfeeding Promotion Committee Report to the California Department of Health Services, Primary Care and Family Health Division, January 2007

[Breastfeeding: Investing in California's Future \(2007\) Full Report \(PDF, 8MB\)](#)

Breastfeeding and the Use of Human Milk

American Academy of Pediatrics Policy Statement

PEDIATRICS Vol. 115, No. 2, February 2005

"Breastfeeding: Maternal and Infant Aspects,"

American College of Obstetricians and Gynecologists (ACOG), Committee Opinion #361

Obstetrics & Gynecology, February 2007 issue

California Department of Public Health Breastfeeding Data

<http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>

The Baby Friendly Hospital Initiative **<http://www.unicef.org/programme/breastfeeding/baby.htm>**

Baby friendly USA www.babyfriendlyusa.org

International Code of Marketing of Breast Milk Substitutes

World Health Organization (WHO), Geneva 1981

http://www.who.int/nutrition/publications/code_english.pdf

Model Hospital Policy Recommendations On-Line Toolkit

California Department of Public Health

<http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/MainPageofBreastfeedingToolkit.aspx>

Ban the Bags <http://www.banthebags.org>

The Business Case for Breastfeeding - Steps to Creating a Breastfeeding Friendly Worksite: Employees' Guide to Breastfeeding and Working

US Department of Health and Human Services, Health Resources and Services Administration

<http://ask.hrsa.gov/detail.cfm?PubID=MCH00250>

Breastfeeding Laws in California <http://www.breastfeedingtaskforla.org/breastfeeding-laws.htm>

Appendix 2

Effective Actions to Increase Exclusive Hospital Breastfeeding

Excerpted from “A Fair Start for Better Health: California Hospitals Must Close the Gap in Exclusive Breastfeeding Rates – A Policy Update on California Breastfeeding and Hospital Performance”

1. CA Dept of Public Health must continue to provide appropriately collected and accurately reported yearly hospital breastfeeding performance data so that the public remains informed about this important maternity care issue.
2. The CA Dept of Public Health must continue to provide training and technical assistance to hospitals, strategically targeting low-performing institutions serving large numbers of low-income women of color.
3. All California hospitals should rid their environments of formula marketing materials and end the practice of providing free formula to mothers who have decided to breastfeed their infants.
4. All California hospitals should work together to include assessments of breastfeeding education and support as a mandatory feature of quality improvement and assurance systems.
5. Collaborative partnerships comprised of state and local advocacy groups, state agencies, healthcare insurers, and medical professionals should convene to target and improve breastfeeding policies and practices in the lowest-performing regions and hospitals.
6. Because culturally and linguistically appropriate support for breastfeeding can reduce health care costs for years to come, policy makers and healthcare insurers must make in-hospital breastfeeding support services for all women a top priority. Efforts to improve access should include the following:
 - Streamlining regulation and reimbursement for breastfeeding-related services and supplies through Medi-Cal.
 - Training for all hospital staff and steps taken to ensure sufficient numbers of culturally and linguistically competent providers are available.
 - Taking full advantage of the rich resources and technical assistance available to support hospitals to become Baby Friendly or to implement the California Model Hospital Policies.
7. Medical providers must ensure that all pregnant women, regardless of income or racial/ethnic background, have the opportunity to make an informed and careful decision whether to feed only breast milk during their hospital stay so as to build the demand for in-hospital support services.
8. The California WIC Program should leverage upcoming changes to the WIC food packages by working with state and federal agencies, advocacy groups, and healthcare providers to seek environmental and policy changes that will strengthen broad community support for exclusive breastfeeding.

Appendix 3

What Mothers' Stories Reveal

Vignettes of six mothers who shared their stories

Mother # 1: Bilingual, with an 8-month-old and a two-year-old, both currently breastfeeding. With the older one, she was not asked about breastfeeding in the hospital, nor given any information or advice. She began exclusively breastfeeding at home. She felt more confident with her second child, and was determined not to have anyone feed him formula at the hospital. In this case, the nurses asked her about her feeding plan, and she was supported in her decision. Her second baby was exclusively breastfed from birth. Her husband and his family opposed her decision to breastfeed, but she stood firm. Now he is proud that his children's mother is breastfeeding them. She credits WIC and the help of a Breastfeeding Peer Counselor for her breastfeeding success and helping turn her husband around.

Mother #2: Monolingual Spanish speaker, who is a first time mother with a 9-month-old son. Despite the wealth of prenatal information she received, she had some doubts and was a little afraid. When she arrived at the hospital, she informed the staff that she wanted to breastfeed. After an unplanned C-section, the baby was formula-fed during a period of separation. She attended a breastfeeding class while in the hospital which reinforced her desire to breastfeed her baby. She was determined to breastfeed him but was worried about what would happen at home since he was being formula-fed at the hospital. The first day at home was very stressful, but she kept at it. Within a day, she eliminated the formula, and continues to breastfeed. She feels her son is active and smart, and compares favorably with her friends' babies who are being formula-fed. She attends a WIC breastfeeding support group, which she finds helpful.

Mother #3: Monolingual Spanish speaker with 5 exclusively breastfed children. She stopped breastfeeding her oldest at 2 ½ years at the advice of her physician. She stopped breastfeeding another child also at the advice of a physician when she became ill and needed medication. Her one-month-old twins were born six weeks early. She was well supported at the NICU where they received only breast milk during their week-long stay. They grew and developed well and were discharged earlier than expected.

Mother #4: English speaker with a 14-year-old and a three-month-old. A teen mother when her first was born, she credits her mother with encouraging and supporting her to breastfeed. Her hospital experience with her 3-month-old was very positive. She was asked about breastfeeding repeatedly, and a breastfeeding support group was held on the postpartum floor. She is employed outside the home and has returned to work. She pumps 3 times per day. Her boss is very supportive of breastfeeding and she appreciates that.

Mother #5: English speaker with a 5-year-old and a 13-week-old. The older child was in the NICU for 3 weeks, where the lactation consultant was very helpful and supportive. The mother was proactive in asserting her feeding plans and her baby was fed only breast milk while in the hospital. The second child

was born in a different hospital. The nurses were not helpful and seemed to have outdated breastfeeding information. She was discharged from the hospital with engorgement. She called La Leche League, but they were not equipped to provide her with the urgent clinical care she needed. Her insurance company refused to pay for the services of a lactation consultant, so she paid out of pocket.

Mother #6: English speaker with a 3-year-old and a one-month-old. She found that the mothers' support group offered through the health district in her community was a big help in her first breastfeeding experience. She had difficulty nursing her second baby in the hospital and was discharged with sore nipples. No follow-up clinic was available. She found help from a home visiting lactation consultant, which was not paid for by her insurance.

What helped you breastfeed?

- Advice from mother.
- Learning about breastfeeding while pregnant.
- Skin- to- skin time with baby right after delivery.
- Support in the hospital.
- Knowing who to call when a problem arose.
- Getting instruction and a pump from the NICU nurses
- Being shown how to latch on both twins together.
- Getting an electric breast pump from WIC after discharge.
- Meeting with other mothers in a new mothers or WIC breastfeeding support group
- Getting support at the workplace, and having an understanding boss.
- Being required to attend a parenting class that provided breastfeeding information while attending a high school program that allowed teen moms to have their baby nearby to feed every two hours.

What made it harder to breastfeed?

- Hospital didn't ask about breastfeeding, and she needed to be her own advocate.
- Nurse formula-fed the baby and the baby had bloody stools once home.
- Received incorrect information from the nurse when the lactation consultant wasn't on duty; experienced pain and bleeding as a result.
- Baby was taken away for 6 hours and returned with a pacifier.
- Family was embarrassed that she would breastfeed in public.
- Neither the OB nor pediatrician ever mentioned breastfeeding.
- No one at the hospital was able to help. La Leche League couldn't provide the needed clinical advice.
- Insurance took a long time to approve a consultation with a lactation consultant and she had to pay out of pocket.
- Received formula info at the first OB visit, including a calendar with formula advertising – a daily reminder to formula feed.

Appendix 4

Speakers – Presentations and Introductions

Listed in order of appearance on the Summit program:

Karen Peters, MBA, RD, IBCLC	Breastfeeding Task Force of Greater LA
Cynthia Harding, MPH	Los Angeles County Department of Public Health, First 5 LA
Denise Parker, IBCLC	Kaiser Permanente
Neal Halfon, MD, MPH	UCLA Center for Healthier Children, Families, and Communities
Touraj Shafai, MD	American Academy of Pediatrics
Larry Grummer-Strawn, PhD	Centers for Disease Control and Prevention
Ana Reza	Hospital Association of Southern California
Jane Heinig, PhD, IBCLC	UC Davis Human Lactation Center
Alex Sosa, MA, IBCLC	South LA Health Projects/LA BioMed
Laurie True, MPH	California WIC Association
Kiran Saluja, MPH, RD	Public Health Foundation Enterprises WIC Program
Carolina Reyes, MD	Los Angeles Best Babies Network
Wendelin Slusser, MD, MS	UCLA Center for Healthier Children, Families, and Communities Venice Family Clinic
Facilitation	Gina Airey, MBA
Summit coordinator	Deborah Myers, MS, CNS, CLE South LA Health Projects/LA BioMed
Editors	Deborah Myers; Cynthia Epps, MS, IBCLC; Luz Chacon, MPH, CLE SLAHP
Volunteer Coordinator	Ellen Steinberg, BSN, LCCE, IBCLC
Outreach	Olga Vigdorichik, MPH, CHES, LA Co. DPH
Ambiance	Lindsey Nelson, First Right
Graphic Design (flyer)	Paula Golden, Northeast Valley Health Corporation
Translation (Mothers panel)	Rebeca Pastrana-Sheng, BS, IBCLC Northeast Valley Health Corporation

Plus the contributions of 40+ other volunteers of the Breastfeeding Task Force of Greater LA

Appendix 5

Roster of Summit Participants

Berneva Adams, MD
Kaiser Permanente
909-556-9216
Berneva.J.Adams@kp.org

Gina Airey, MBA
Gina Airey Consulting
818-571-0432
Gina@GinaAirey.com

Angela Albright
Associate Dean
California State University, Dominguez Hills
310-243-2047
aalbright@csudh.edu

Susan Aldana, IBCLC
La Leche League
susan.aldana@gmail.com

Kathleen Alfe
Administrative Director
Northridge Hospital
818-349-6337
kathy.alf@chw.edu

Lizz Alund
Director, TFS
El Nido Family Centers
818-896-7776
lalund@elnidofamilycenters.org

Gretchen Andrews, IBCLC
Lactation Consultant
Inland Empire Breastfeeding Coalition
951-533-3606 cell
lacladee@aol.com

Vanessa Annibali, IBCLC
PHFE-WIC Program
626-856-6650
alma@phfewic.org

Lisa Anson, RN
West Hills Hospital & Medical Center
818-676-4165

Debbie Aronson, RN, IBCLC
310-600-9194
debzaics@hotmail.com

Georgina Ayala, CBE
California Hospital Medical Center
323-581-8348
ayalaprenatal@yahoo.com

Andrea Misako Azuma
Project Manager, Healthy Eating Active Living
Kaiser Permanente Southern California
626-405-5572
Andrea.M.Azuma@kp.org

Lori Bacsalmasi
Maternal Child Clinical Education Specialist
Providence St Joseph Medical Center
818-847-6420
lori.bacsalmasi@providence.org

Jeanie Badertscher, RNC, MSN, CNS
Pamona Valley Hospital Medical Center
909-469-9488
jeannie.badertscher@pvhmc.org

Conrado Barzaga, MD
Senior Program Officer
First 5 LA
213-482-9387
cbarzaga@first5la.org

Sylvia Bavarsad, RNC, IBCLC
St. Francis Medical Center
sylviabavarsad@dochs.org

Leslie Becarria
Program Director
El Nido Family Centers
323-971-7360
lbecarria@elnidofamilycenters.org

Dymphna Berger, IBCLC
Watts Healthcare Corporation
323-568-3076
dymphgruitters@msn.com

Vasni Briones
Social Work Intern
Kaiser Permanente
626-814-6408
diana.rivera-beltran@kp.org

Patricia Britt, RN
Director of Couplet Care and Pediatrics
California Hospital Medical Center
213-742-5925
pbritt@chw.edu

Gwendolyn Brown, RN, CLC
Kaiser Permanente
323-857-3415
Gwendolyn.m.brown@kp.org

Palanda Brownlow
Health Policy Analyst
First 5 LA
jcorrea@first5la.org

Chris Buehner
Sales Consultant
Medela
Chris.Buehner@medela.com

Patricia Burkholder, RN
Director Maternal Child Health
Providence Holy Cross Medical Center
818-496-4670
patricia.burkholder@providence.org

Jennifer Castaldo, RN
MCH Director
Valley Presbyterian Hospital
dannielle.jackson@valleypres.org

Luz Chacon, MPH, CLE
MCH Specialist III
South LA Health Projects
323-757-7244 x266
lchacon@slahp.org

Carmen Chavez
chavez_carmen@yahoo.com

Suparb Chiaravanont, RD
Associate Director, WIC
Watts Health Care
323-568-4410
suparb.chiaravanont@wattshealth.org

Kathy Cone, Manager
School Readiness Initiative
Child Care Resource Center
818-717-1093
kccone@ccrcla.org

Michelle Connors
Director L&D and PP
Fountain Valley Hospital
626-422-9885
mjconnors29@yahoo.com
Melinda Cordero
Associate Director
Vision y Compromiso
promotorasinCA@aol.com

Janet Davila
Marian Medical Center
805-739-3388
Janet.davila@chw.edu

Michelle Diaz, RN
Director, Family Birth Center
Downey Regional Medical Center
562-904-5448
michelle.diaz@drnci.org

Debora Edmunds, CLE
Sales Consultant
Medela
310- 709-9108
Debora.Edmunds@medela.com

Gail Eldridge, RN
West Hills Hospital & Medical Center
818-676-4155

Cynthia Epps, MS, IBCLC
MotherWork
310-968-0387
motherwork2001@aol.com

Kittie Frantz, RN, CPNP-PC
LAC/USC MEDICAL CENTER
323-226-2236
frantz@usc.edu

Janice French, CNM, MS
Director of Programs
LA Best Babies Network
213-250-7273 x 115
ifrench@labestbabies.org

Ginny Gamel, RN
Director of Clinical Services
MOMS Orange County
714-972-2610
ggame@oc-moms.org

Jaime Garcia, MD
Regional Vice President,
Greater LA Area Hosp. Assoc. of So. CA
213-538-0702
jgarcia@hasc.org

Diane Gaspard, RD, MA
Chief, Community Health Services
SLABBC
South Los Angeles Health Projects
323-757-7244, 281
dgaspard@slahp.org

Christine Gibson, RN, PHN
LA Dept of Public Health
949-697-6670
cgibson@ph.lacounty.gov

Ruthie Gonsoski
Perinatal Program Manager
818-885-8500, ext 2326
Ruth.gonsoski@chw.edu

Gale Gould
Clinical Director
Women's Services Torrance Memorial Medical Center
310-325-9110 ext 5545
Gale.Gould@tmcc.com

Larry Grummer-Strawn, PhD
Nutrition Branch Chief
Center for Disease Control and Prevention
770-488-6048
lxg8@cdc.gov

Neal Halfon, MD, MPH
Center for Healthier Families and Communities
UCLA
310-794-0967
nhalfon@ucla.edu

Catherine Halzle
Student of Nursing
Mt. St. Mary's College
818-523-9004
catherineanne11@mac.com

Cynthia Harding, MPH
Director
Maternal, Child & Adolescent Health Programs Los Angeles
Dept. of Public Health
310-794-2728
charding@ph.lacounty.gov

Claudia Haro
Resource Writer
626-350-1841
charo@211la.org

Tracy Hartley
B*E*S*T Doula Service
818-448-0817
tracy@bestdoulas.com

Suzanne Haydu, MPH, RD
Nutrition and Physical Activity Coordinator California
Department of Public Health
916-650-0382 / fax 916-650-0304
Suzanne.Haydu@cdph.ca.gov

Jane Heinig, PhD, IBCLC
Editor in Chief
Journal of Human Lactation
UC Davis
Human Lactation Center-Dept of Nutrition
530-752-8681
mjheinig@ucdavis.edu

Bonnie Henson, RN, BS, IBCLC
Chief Financial Officer
BTFGLA
LC- Miller Children's Hospital
bhenson@memorialcare.org

Margaret Herman, RN, BSN
Executive Director
Women's Services Miller Children's Hospital, LBMMC
562-933-2777
mherman@memorialcare.org

Michael D. Hersh, Esq.
CTA/NEA
California Teachers Assoc.
562-478-1348
mhersh@cta.org

Fred Herman, MD
Long Beach Health Department
562-570-4076
fherman697@aol.com

Jill Hidalgo, RN, BSN, IBCLC
Board Member BTFGLA
Kaiser Permanente
llij@pacbell.net

Everett L. "Red" Hodges
President
Violence Research Foundation
rmbiz@cox.net

Liz Hotsko
Summit Registrar
BTFGLA
310-374-1012
admin1@breastfeedla.org

Therese Hughes
Senior Field Representative
for Congresswoman Linda T. Sanchez
562-860-5050
therese.hughes@mail.house.gov

Robin Johnson,
Director
LA Best Babies Network
213-250-7273 X128
rjohnson@labestbabies.org

Martee Jones-King, RN
Nursing Supervisor
Harbor UCLA Medical Center
310-635-4184
neonatal36@sbcglobal.net

Heidi Kent, MPH, RD
Deputy Director
South LA Health Projects WIC Program
323-757-7244
hkent@slahp.org

Lynn Kersey
Executive Director
Maternal and Child Health Access
213-749-4261
lynnk@mchaccess.org

Mariam Khoury, RNC
Clinical Director
Kaiser Bellflower
562-461-4682
mariam.f.khoury@kp.org

Sheree Kruckenberg
Vice President
Women & Children's Issues
California Hospital Association
skruckenberg@calhospital.org

Kayellen Lascheck
Health Education Assistant II
Riverside County Community Health Agency
951-358-5440
klascheck@co.riverside.ca.us

Christine Lee
Nutritionist PHFE-WIC
leehyunju82@gmail.com

Maria Lieras, RN
Nurse Manager
LA County Dept of Children and Family Services
213-351-5724
lieram@dcfs.lacounty.gov

Lucy Lin
Program Officer
First 5 LA
213-482-7546
llin@first5la.org

Gwen Lipsey
BFTGLA
310-663-6235
Gwen@Family-Doula.com

Christina Luarca
Program Coordinator
Hosp. Assoc. of So. California
714-750-0788
cluarca@hasc.org

Cecilia Maldonado
Nutrition Specialist
Los Angeles County Office of Education
562-940-1737
maldonado_cecilia@laoe.edu

Lori Matzner
Assistant Director
Maternal Child Providence
St. Joseph Medical Center
818-847-6401
Lori.Matzner@providence.org

Linda McGee
Nurse Educator / Lactation
Consultant Kaiser Permanente LAMC
323-783-1634
linda-mcgee@att.net

Wendy McGrail, MPH, RD
Senior Nutritionist PHFE-WIC
626-856-6650
wendy@phfewic.org

Delanie McKendrick, RN, IBCLC
Huntington Memorial Hospital
626-285-4433
delandrob@aol.com

Cathy McNeill-Heckler
Perinatal Educator
Kaiser Permanente
626-851-7362
alphacat7@hotmail.com

Karen Meehan, MPH, RD, IBCLC
Breastfeeding Manager
PHFE WIC Program
626-856-6650
karen@phfewic.org
Douglas Melnick, MD
Los Angeles County Dept. of Public Health
323-980-6844
dmelnick@ph.lacounty.gov

Clarissa Mendoza, PHN
Nurse Family Partnership
562-704-9286
cmmendoza001@msn.com

Rosa Mendoza
Breastfeeding Peer Counselor
South Los Angeles Health Projects
323-757-7244

Rosa Meza
Manager
Valley Presbyterian Hospital
(818-902-3966)

Lorraine Miles, RN, IBCLC
Board Member BTFGLA UCLA Extension
909-595-9620
BBLMM@aol.com

Gayle Minden
InJoy Birth and Pregnancy Videos
303-447-2082 x113
gminden@injoyvideos.com

Marisela Montoya, MS, RD, IBCLC
Public Health Associate
City of Long Beach-NSD-WIC Program
562-570-4462
marikmontoya@aol.com
marisela_montoya@longbeach.gov

Andrea Morris, MSN, RNC, CCRN
Neonatal Clinical Nurse Specialist
Citrus Valley Medical Center
626-813-2974
amorris@mail.cvhp.org

D'Ann Morris
DNO Health
Los Angeles Urban League
323-299-9660, ext 224
d'ann.morris@laul.org

Deborah Myers, MS, CNS, CLE
President Elect BTFGLA
Chief, Nutrition Services
South Los Angeles Health Projects, Ste. 601
323-905-1235
dmyers@slahp.org

Lindsey Nelson
Board Member BTFGLA
First Right
818-720-8523
lindseyn@firstright.org

Terri Nikoletich, RN, MSN, MPH, CNS
Board Member BTFGLA
Director, MCAH
City of Long Beach DHHS
562-570-4272
Teresa.Nikoletich@longbeach.gov

Kara November
Medical Student
LAC/USC
LA, CA 90041

Sandi Oba, CLE
Glendale Memorial Hospital
818-507-4191
soba@chw.edu

Kim O'Connell RN, CLC
LBMCC
562.933.2779
kimmyoconnell@yahoo.com

Joanne Parker, RN
Beverly Hospital
323-725-4216
jparker@beverly.org

Roberta Parsley
Marion Medical Center
805-739-3388
roberta.parsley@chw.edu

Christine Partridge, RD, IBCLC
Breastfeeding Supervisor
PHFE-WIC Program
626-856-6650
christine@phfewic.org

Rebeca Pastrana-Sheng, BS, IBCLC
Board Member, BTFGLA
Director, Breastfeeding Services
Northeast Valley Healthcare Corp.
WIC Program
818-898-1388
rebecapastrana@nevhc.org

Geraldine Perry-Williams
MCAH Director
Pasadena Public Health Department
626-744-6092
gperry-williams@cityofpasadena.net

Karen Peters, RD, MBA, IBCLC
Executive Director BTFGLA
310-374-1012
kpeters@breastfeedla.org

Kathye Petters-Armitage, MPH, CLE
661-297-2630
kparmitage@yahoo.com

Arlene Pilarca, RN
Kaiser Bellflower Hospital
562-461-4143
Arlene.P.Pilarca@kp.org

Amelia Raila
Sales Representative
Ameda Breastfeeding Products
818-512-6824
ame.raila@ameda.com

Glenda Randolph, CLE
Breastfeeding Coordinator
San Bernardino County WIC
909-387-6336
grandolph@dph.sbcounty.gov

Carolina Reyes, MD
Executive Director LA Best Babies Network
213-250-7273 ext123
creyes@labestbabies.org

Karina Reyes-Gonzalez
Health & Mental Health Services Specialist SBCC
School Readiness Program
310-414-2090
kreyes@sbaycenter.com

Ana Reza
Director
Public Resources Hosp. Assoc. of So Ca.
714-750-0788
areza@hasc.org

Carmen Rezak, CPNP
626-806-6674
carmenrezak123@gmail.com

Diana Rivera-Beltran
Program Manager
Kaiser Permanente
626-814-6408
diana.rivera-beltran@kp.org

Mark Roberts, MD
Chief Medical Officer
Miller Children's Hospital
562-933-8602
mroberts@memorialcare.org

Elaine Robertson, RN, IBCLC
Board Member BTFGLA
St Johns Medical Center
310-829-8944
capilly@aol.com

Karen Robinson-Stark, PhD
Program Officer
First 5 LA
krobinson@first5la.org

Kiran Saluja, RD, MPH
Board Member BTFGLA
Associate Director
PHFE WIC
626-856-6618 x202
kiran@phfewic.org

Mary Sammer, MS, RD
Nutrition Services Director
North County Health Services
760-752-4324
msammer@nchswic.org

Carly Sanchez
Program Manager
El Nido Family Centers
661-274-4192
csanchez@elnidofamilycenters.org

Sandi Oba, CLE
Glendale Memorial Hospital
818-507-4191
soba@chw.edu

Tonia Sandoval, PHN
Community Liaison Public Health Nurse
LA County Dept of Health
Whittier Health Center
561-716-8060
tfogel@ph.lacounty.gov

Gayle Schachne, RD, MPH
Director, WIC Program
Northeast Valley Health Corporation
818-898-1388 ext. 41619
gayles-wic@nevhc.org

Touraj Shafai, MD
Chair, Committee for Breastfeeding
AAP
shafai.s@aol.com

Sarah Shealy, CNM
Nurse Midwife,
Assistant Director ABSN Program
Mount Saint Mary's College
sshealy@msmc.la.edu

Rita Shertick, RN
Downey Regional Medical Center
562-904-5200
ritashertick@juno.com

Brenda Sifuentes
Care Coordinator
SHIELDS for Families, Inc.
310-668-9091
bsifuentes@shieldsforfamilies.org

Wendelin Slusser, MD, MS, FAAP
UCLA Center for Healthier Families and Communities
& Venice Family Clinic
310-392-8630
wslusser@ucla.edu

Patricia Smith, RN
Director L&D
California Hospital Medical Center
213 742-5691
smithp@chw.edu

Nandini Sodhi
Area Health Officer SPA 1 and 2
Department of Public Health LA County
818-487-0028
nsodhi@ph.lacounty.gov

Alex Sosa, MA, IBCLC
Nutrition/Breastfeeding Services
South Los Angeles Health Projects-WIC
323-905-1236
asosa@slahp.org

Amy Star
Program Director
Hosp. Assn. of So. California
714-750-0788
astar@hasc.org

Ellen Steinberg, BSN, RN, IBCLC
President BTFGLA
818-345-4439
esteinberg@breastfeedla.org

Ron Steward
Executive Director
Violence Research Foundation
resteward@cox.net

Jennifer Stewart
Senior Nutritionist
Riverside County Community Health Agency
951-358-5440
jvstewart@co.riverside.ca.us

Arthur Strauss, MD
NICU Medical Director
Miller Children's Hospital
562-933-8100
astrausmd@yahoo.com

Rita Stuart
Perinatal Director
San Dimas Community Hospital
909-599-6811 ext 2630
RSTUART@primehealthcare.com

Frank Tamborello
Hunger Action Los Angeles
213-388-8228
frank@hungeractionla.org

Laurie True, MPH
Executive Director
CA WIC Association
916-488-2280
ltrue@calwic.org

Basia Szadja, MD
Medical Resident
Mattel Children's Hospital
UCLA
BSzajda@mednet.ucla.edu

Jacqueline Valenzuela
jvalenzuela@ph.lacounty.gov

Mary Ann Tsutsumi RN, CLE, IBCLC
TLC BABIES CPR, INC.
661-513-2026
glygrayson@earthlink.net

Yolanda Vera
Director
LA Health Action
213-346-3240
yvera@lahealthaction.org

Rosane Vieira, CLE
818-943-3413
vieirarr@aol.com

Olga Vigdorichik, MPH
Board Member BTFGLA
LA County Dept of Public Health
818-766-3920
ovigdorichik@ph.lacounty.gov

Neetha Vilasagar, MD
Harbor-UCLA Medical Center
Medical Center Pediatrics
vilasagar@gmail.com

May Wang
Associate Professor UCLA
310-206-5306
maywang@ucla.edu

Maggie Whitman, RN, IBCLC
Board Member BTFGLA
St. Francis Medical Center
310-243-7279 pager
maggiew-bfn@sbcglobal.net

Stephen Wimbrough, MBA, BHSMRN
Clinical Director NICU/Newborn/Respiratory Neonatal St.
Francis Medical Center
310-900-2019
stevewimbrough@dochs.org

Kim Wyard
CEO
Northeast Valley Health Corporation
818-898-1388 ext 41620
KimWyard@nevhc.org

Linda Yang, MD
Regional Medical Director
626-216-5997
LYANG@EARTHLINK.NET

Margaret Lynn Yonekura, MD
California Hospital Medical Center
213-742-5974
yonekura@chw.edu

Leigh Zimmerman RN, CLE,
Supervisor, Mother-Baby Outpatient Services
St. John's Regional Medical Center
blue-glass@hotmail.com
Leigh.Zimmerman001@chw.edu