Introduction

Breast milk provides the best nourishment to ensure a newborn’s health and immunity. Breastfed infants have a lower risk of developing certain infectious and noninfectious diseases such as diarrhea, ear infections, and leukemia. They also have a lower risk of developing some chronic conditions including diabetes, asthma, and childhood obesity.

Breastfeeding also benefits mothers. Mothers experience a decreased risk of developing Type 2 diabetes and breast and ovarian cancers. Additionally, breastfeeding promotes intimate bonding between mothers and infants resulting in psychosocial benefits for both.

There are also economic benefits associated with breastfeeding. Breastfeeding reduces direct costs (e.g., purchases of formula and medical expenditures associated with conditions that can be prevented by breastfeeding) and indirect costs (e.g., wages parents lose while caring for an ill child), as well as the cost of premature death. In LA County, if 90% of mothers were to breastfeed exclusively for six months, the result would be a savings of $408 million per year.

The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, and the World Health Organization (WHO) all recommend exclusive breastfeeding for the first six months after birth and continued breastfeeding, with the introduction of appropriate foods, for at least 1 year.

Recognizing the importance of breastfeeding, Healthy People 2020 (HP 2020) set the following targets.

<table>
<thead>
<tr>
<th>Any breastfeeding</th>
<th>HP 2020 Target</th>
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</thead>
<tbody>
<tr>
<td>Initiation</td>
<td>81.9%</td>
</tr>
<tr>
<td>At least 6 months</td>
<td>60.6%</td>
</tr>
<tr>
<td>At least 1 year</td>
<td>34.1%</td>
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</table>

<table>
<thead>
<tr>
<th>Exclusive breastfeeding</th>
<th>HP 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 3 months</td>
<td>46.2%</td>
</tr>
<tr>
<td>At least 6 months</td>
<td>25.5%</td>
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</tbody>
</table>

Since the majority of women in the United States deliver their babies in hospitals, hospital policies and practices are important in supporting a mother’s decision to breastfeed. In 1991, WHO and the United Nations Children’s Fund (UNICEF) launched the Baby-Friendly Hospital Initiative (BFHI), a global effort to implement practices that protect, promote, and support breastfeeding. The initiative includes “Ten Steps to Successful Breastfeeding” (see Box, page 2), which have shown success in increasing breastfeeding rates across all populations.
Breastfeeding-Related Hospital Practices

The 2011 Los Angeles County Health Survey (LACHS) included four questions that are part of the Ten Steps to Successful Breastfeeding. Biological mothers of children ages 0-5 years were asked: 1) Did you breastfeed or feed breast milk in the first hour after birth? 2) Was your child fed only breast milk at the hospital? 3) Did your child stay in the same room with you in the hospital (i.e., rooming-in)? and 4) Did the hospital give you a telephone number to call for help with breastfeeding?

- Only 55.4% of children ages 0-5 years were breastfed in the first hour after birth, 40.9% were fed only breast milk while at the hospital, 81.1% stayed in the same room with their mother, and 80.3% of their mothers were given a telephone number to call for help with breastfeeding (Table 1).
- Being breastfed in the first hour was highest among children with white mothers (60.3%), followed by Asian/Pacific Islander (57.7%), Latina (56.1%), and African American mothers (34.9%*).
- Being fed only breast milk at the hospital was less common among children whose mothers have less than high school or a high school education (32.1% and 27.7%, respectively) compared to mothers with some college or trade school (47.0%) and mothers with a college or post graduate degree (50.5%).
- There was an inverse trend between mother’s age at child’s birth and rooming-in: 94.6% of children whose mothers were 13-19 years of age at the child’s birth reported rooming-in, followed by 81.3% with mothers 20-29 years, and 79.6% with mothers 30 years or older.
- Mothers with lower incomes had lower percentages of receiving a telephone number from the hospital to call for help with breastfeeding: 71.5% of mothers living below the federal poverty level (FPL) reported receiving a phone number, compared to >90% of mothers at or above 200% FPL.
- Overall, 23.0% of children’s mothers reported experiencing all 4 hospital practices, with the highest percentage among children with white mothers (31.5%), followed by Asian/Pacific Islander and Latina mothers (22.9%* and 21.5%, respectively), and African American mothers (11.1%*).
- As mother’s education level and household income increases, so does her report of experiencing all 4 hospital practices.

* The estimate is statistically unstable (relative standard error ≥23%).

Baby-Friendly Hospital Initiative: Ten Steps to Successful Breastfeeding

1. Have a written policy that is 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 1 hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they are separated from their infants.
6. Practice exclusive breastfeeding. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice “rooming in” – allowing mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding. Allow infant to feed at the earliest sign of hunger.
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.
Breastfeeding in LA County

- Overall, 87.4% of children ages 0-5 years were ever breastfed (i.e., initiation) (Figure 1).

- At six months the breastfeeding rate dropped to 44.9%, and at one year dropped to just 19.9%.

- While 72.5% of children ages 0-2 years were exclusively breastfed on the day of birth, this rate dropped drastically to only 45.4% by the third day (Figure 1).

- Exclusive breastfeeding rates dropped to 30.9% at 3 months and to just 9.9% at 6 months.
Hospital Practices & Breastfeeding

When looking at each hospital practice in relation to any breastfeeding or exclusive breastfeeding, we found the following (Table 2):

- Children who were breastfed in the first hour after birth had much higher initiation and duration rates for both any breastfeeding and exclusive breastfeeding than children who were not breastfed in the first hour.

- Similarly, children who were fed only breast milk at the hospital had significantly higher rates of initiation and duration for both any breastfeeding and exclusive breastfeeding than did children who were not fed only breast milk at the hospital.

- Rates of any breastfeeding at 6 and 12 months as well as exclusive breastfeeding rates and duration were slightly higher for children rooming-in compared to those not rooming-in.

- Children whose mothers reported receiving a telephone number from the hospital to call for help with breastfeeding had slightly higher rates of initiation and any breastfeeding at six months, as well as slightly higher rates and duration of exclusive breastfeeding than those children whose mothers reported they did not receive a phone number.

### Table 2: Any or Exclusive Breastfeeding Initiation and Duration by Hospital Practices, LACHS 2011

<table>
<thead>
<tr>
<th>Breastfed in 1st Hour</th>
<th>Percent 95% CI</th>
<th>Percent 95% CI</th>
<th>Percent 95% CI</th>
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<th>Percent 95% CI</th>
<th>Percent 95% CI</th>
<th>Percent 95% CI</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100.0% 100.0 - 100.0</td>
<td>53.6% 46.3 - 60.8</td>
<td>24.2% 18.2 - 30.2</td>
<td>89.5% 79.6 - 99.4</td>
<td>89.8% 79.4 - 99.1</td>
<td>73.7% 60.0 - 87.4</td>
<td></td>
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</tr>
<tr>
<td>No</td>
<td>71.3% 64.1 - 78.5</td>
<td>34.2% 26.1 - 42.3</td>
<td>14.6% 8.3 - 20.9</td>
<td>55.0% 40.6 - 69.4</td>
<td>55.2% 42.1 - 68.4</td>
<td>48.8% 35.9 - 61.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fed only Breast Milk</td>
<td>Yes</td>
<td>100.0% 100.0 - 100.0</td>
<td>53.6% 46.3 - 60.8</td>
<td>24.2% 18.2 - 30.2</td>
<td>89.5% 79.6 - 99.4</td>
<td>89.8% 79.4 - 99.1</td>
<td>73.7% 60.0 - 87.4</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>78.6% 73.1 - 84.1</td>
<td>34.2% 26.1 - 42.3</td>
<td>14.6% 8.3 - 20.9</td>
<td>55.0% 40.6 - 69.4</td>
<td>55.2% 42.1 - 68.4</td>
<td>48.8% 35.9 - 61.8</td>
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<tr>
<td>Rooming-in</td>
<td>Yes</td>
<td>86.7% 82.7 - 90.8</td>
<td>46.4% 40.5 - 52.4</td>
<td>20.5% 15.7 - 25.3</td>
<td>75.1% 65.1 - 85.0</td>
<td>75.1% 65.1 - 85.0</td>
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<td>75.1% 65.1 - 85.0</td>
</tr>
<tr>
<td>No</td>
<td>90.0% 85.4 - 94.6</td>
<td>38.3% 25.8 - 50.8</td>
<td>16.7% 7.9 - 25.5</td>
<td>60.8% 38.1 - 83.4</td>
<td>60.8% 38.1 - 83.4</td>
<td>60.8% 38.1 - 83.4</td>
<td>60.8% 38.1 - 83.4</td>
<td></td>
</tr>
<tr>
<td>Given Phone # for Help</td>
<td>Yes</td>
<td>89.2% 85.5 - 92.8</td>
<td>46.3% 40.2 - 52.3</td>
<td>18.7% 14.0 - 23.4</td>
<td>74.0% 63.9 - 84.0</td>
<td>74.0% 63.9 - 84.0</td>
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<td>74.0% 63.9 - 84.0</td>
</tr>
<tr>
<td>No</td>
<td>80.9% 71.0 - 90.8</td>
<td>37.7% 25.0 - 50.4</td>
<td>19.9% 10.5 - 29.3</td>
<td>64.2% 40.5 - 88.0</td>
<td>64.2% 40.5 - 88.0</td>
<td>64.2% 40.5 - 88.0</td>
<td>64.2% 40.5 - 88.0</td>
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</tr>
</tbody>
</table>

*Any breastfeeding reported by biological mothers of children ages 0-5 years; Exclusive breastfeeding reported by biological mothers of children ages 0-2 years.

Technical Notes

1. Due to difficulty recalling when formula or food were introduced to an infant by mothers of children ages 3-5 years, exclusive breastfeeding was analyzed only for children 0-2 years old.

2. Because the rate of exclusive breastfeeding declined so drastically by one month, data are not presented for longer durations by hospital practices as they are not stable.
Children whose mothers reported experiencing all four hospital practices had significantly higher rates of initiation and any breastfeeding at 6 and 12 months compared with children whose mothers experienced only some or none of the hospital practices (Figure 2).

Children whose mothers reported experiencing all four hospital practices had significantly higher rates and duration of exclusive breastfeeding compared with children whose mothers experienced only some or none of the hospital practices (Figure 3).

**Recommended Actions**

**Mothers and Families:**
- Encourage mothers to attend prenatal classes to learn about breastfeeding.
- Enable mothers to be comfortable in discussing her desire and intention to breastfeed with her clinician, family, friends and other women through mother-to-mother support groups.
- Give mothers the support they need to breastfeed their babies.
- Take advantage of programs to educate family members including fathers, partners, and grandmothers about breastfeeding.

**Cities and Communities:**
- Strengthen programs that provide mother-to-mother support and peer counseling.
- Use community-based support groups (e.g., La Leche League and WIC) to promote and support breastfeeding.
- Partner with the health care community to support mothers once home from the hospital to continue breastfeeding. New mothers need access to trained individuals with established relationships in the health care community who are flexible enough to meet mothers’ needs outside of traditional work hours and locations, and provide consistent information.

**Health Care Community:**
- Encourage women to discuss their desire and plans to breastfeed with their clinicians during prenatal care and again when she is in the hospital or birth center. This will enable clinicians to give the type of information and assistance necessary for mothers to be successful.
- Hospitals should take advantage of opportunities to support mothers who want to breastfeed during prepartum visits and postpartum care, as well as in hospital discharge planning.
• Include basic support and education for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.

• More hospitals can incorporate the recommendations of UNICEF/WHO’s Baby-Friendly Hospital Initiative (www.babyfriendlyusa.org).

• Ensure access to International Board Certified Lactation Consultants who, as health care professionals, are an expert source of assistance for breastfeeding mothers.

• Participate in the Los Angeles County Department of Public Health's Regional Hospital Breastfeeding Consortium (www.breastfeedla.org/healthcare/regional-hospital-breastfeeding-consortium).

**Employers:**

• Develop and implement a worksite lactation accommodation policy in compliance with state and Federal law.

• Work toward establishing paid maternity leave for employed mothers.

**Policymakers:**

• Support community-based organizations that promote breastfeeding, especially in vulnerable communities.

• Support compliance with the International Code of Marketing of Breast Milk Substitutes, a global health policy framework for breastfeeding promotion adopted by the WHO in 1981. Developed as a public health strategy, the code recommends restrictions on the marketing of breast milk substitutes, such as infant formula, to ensure that mothers are not discouraged from breastfeeding and that substitutes are used safely, if needed.
What LA County Has Been Doing to Advance the Baby-Friendly Hospital Initiative

• Currently, there are 57 maternity hospitals in LA County.

• In 2005, Glendale Memorial Hospital became the first hospital to be designated Baby-Friendly in LA County.

• In 2008, First 5 LA’s Baby-Friendly Hospital Initiative invested $10.5 million to fund hospitals in LA County to become Baby-Friendly. Currently, 16 hospitals have received grants and 5 more will begin soon.a

• The LA County Board of Supervisors’ 2009 Breastfeeding Initiative requiring all three County-run hospitals to become Baby-Friendly came to fruition in 2012. The Board then adopted a motion in 2012 to encourage all hospitals in LA County to achieve Baby-Friendly designation and all employers to adopt lactation accommodation policies.

• Currently, 13 hospitals in LA County have received Baby-Friendly designation, accounting for approximately 18% of births in the County.c

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• In 2012, California Senate Bill 502 passed requiring all maternity hospitals to have an infant feeding policy in line with the 10 Steps to Successful Breastfeeding. Currently, SB 402, which would require all hospitals to have Baby-Friendly designation by 2025, was passed by the Senate and is awaiting Assembly vote.

To maintain their Baby-Friendly designation, hospitals must be re-designated every five years. The re-designation includes a visit from Baby-Friendly USA to perform a quantitative and qualitative assessment including interviews with administration, medical staff, and patients as well as an examination of policies and procedures related to the Ten Steps of Successful Breastfeeding. The report is then reviewed by an External Review Board to determine whether to be re-designated Baby-Friendly.

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a. Beverly Hospital, California Medical Center, East LA Doctors Hospital, Garfield Medical Center, Greater El Monte Community Hospital, Hollywood Presbyterian Medical Center, Memorial Hospital of Gardena, Monterey Park Hospital, Pacific Alliance Medical Center, Pomona Valley Hospital, Providence Little Company of Mary, San Gabriel Medical Center, St. Francis Medical Center, St. Mary Medical Center, Valley Presbyterian Hospital, White Memorial Medical Center, Centinela Hospital, Citrus Valley, Good Samaritan, Norridge Hospital MC, Providence St. Joseph.

b. Baby Friendly Hospitals in LA County by year of designation:
   2005 - Glendale Memorial Hospital
   2007 - Providence Holy Cross Medical Center
   2010 - Kaiser Permanente: Downey & Los Angeles
   2011 - Henry Mayo Newhall Memorial Hospital, Kaiser Permanente: Baldwin Park, Paramount City, & Woodland Hills; Olive View-UCLA Medical Center
   2012 - Harbor-UCLA Medical Center, LAC+USC Medical Center, Kaiser Permanente: South Bay & West Los Angeles.

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the County. The 2011 survey collected information on a random sample of 8,036 adults and 6,013 children. The survey was conducted for the Los Angeles County Department of Public Health by Abt SRBI Inc., and was supported by grants from First 5 LA, the Los Angeles County Department of Mental Health, and Department of Public Health programs including the Tobacco Control and Prevention Program, the Emergency Preparedness and Response Program, Substance Abuse Prevention and Control, and Environmental Health.