

Breastfeeding Programs and Support Systems in Los Angeles County: A Needs Assessment

August 2002

UCLA Center for Healthier Children, Family and Communities

Wendelin Slusser, MD, MS

Linda Lange, DrPh, RN

A Report to :



ACKNOWLEDGEMENTS

We would like to thank the following individuals who contributed to the development of this report.

Los Angeles County Department of Health Services
Cynthia Harding
Bob Bragonier
Thelma Hayes

Los Angeles County Breastfeeding Task Force
Lisa Bollman
Alexis Neely
Karen Peters

Maternal and Child Health Access
Luz Chacon

Women, Infants and Children Supplemental Nutrition Programs

North East Valley Health Corporation-WIC
Rebecca Sheng

Public Health Foundation Enterprises-WIC
Wendy McGrail
Karen Meehan
Kiran Saluja

Research and Education Institute-WIC
Deborah Myers
Arcelia Jamarillo

Project Staff: University of California, Los Angeles- School of Public Health
Rachel Gonzalez
Sue LaVaccare
Niloufar Varahram

Los Angeles County Children and Families First Proposition 10 Commission
Aizita Magaña
Ceping Chao
Susan Neufeld
Shalonda Abubaker

TABLE OF CONTENTS

I. Introduction	1
II. The Benefits of Breastfeeding	2
Benefits to the Baby	2
Benefits to the Mother	4
Benefits to the Family	6
Benefits to Society	6
III. Breastfeeding History	7
IV. Current Initiation and Duration Rates of Breastfeeding	8
National	8
California	8
Los Angeles County	9
V. Critical Pathway to Successful Breastfeeding	10
VI. Los Angeles County Breastfeeding Assessment : Key Findings	14
Methodology	14
Sector I: Strategic Communication	14
Media	14
Legislation and Public Education	16
Sector II: Healthcare System	17
Birth Hospitals	17
Healthcare Providers	20
Insurers	23
Medi-Cal	23
Medi-Cal and Private Managed Health Plans	23
Sector III: Community Resources	26
Women, Infant and Children (WIC)	26
Home Visitation Programs	29
Breastfeeding Advocacy Groups	32
Lactation Services	34
Consultants	34
Breast pump rentals and services	35
Mother to mother support	37

TABLE OF CONTENTS

Mother to Mother Support	36
Faith - based organizations	37
Childcare services	38
Childcare Food Program	39
Schools	40
The Workplace	43
Employers	43
Unions	45
VII. Possible Strategies and Activities	47
Sector I: Strategic Communications	48
Sector II: Los Angeles County Birth Hospitals	49
Sector II: Health Care: Providers	50
Sector II: Health Care: Insurers	51
Sector III: Community Resources: WIC	52
Sector III: Community Resources: Home Visitation	53
Sector III: Community Resources: Breastfeeding Advocacy Groups	54
Sector III: Community Resources: Lactation Services: Lactation Consultants, Breast Pump Rentals	55
Sector III: Community Resources: Lactation Services: Mother to Mother Support	56
Sector III: Community Resources: Faith- Based Organizations	57
Sector III: Community Resources: Childcare	58
Sector III: Community Resources: Schools	59
Sector III: Community Resources: The Workplace: Employers and Unions	60
VIII. Conclusion	61
IX. Appendix	62
X. References	70

I. INTRODUCTION

A significant body of research demonstrates the long-term positive impact of breastfeeding on the health, development and well-being of infants and children. Breast milk provides complete nutrition for an infant, sustaining optimal hydration, nutrition and growth during the first six months of life. Compared to formula fed babies, breastfed babies have a reduced risk of infectious and chronic diseases, and greater cognitive and emotional functioning. Based on these and other findings, the American Academy of Pediatrics recommends that babies be exclusively breastfed for the first 6 months of life and be breastfed for one year or more with the addition of appropriate complementary foods (American Academy of Pediatrics, 1997).

Although the majority of all women in Los Angeles County have initiated breastfeeding by the time of hospital discharge, less than half are still breastfeeding six months later. Breastfeeding rates reflect significant racial and ethnic disparities. For example, the initiation¹ and duration² rates of breastfeeding for White and Hispanic women are much higher than rates for African American and Asian/Pacific Islander women.

The Los Angeles County Children and Families First Proposition 10 Commission (hereafter, the Commission), contracted UCLA Center for Healthier Children, Families and Communities to research the following:

- **Factors that support breastfeeding families or make breastfeeding difficult for families in Los Angeles.**
- **Existing breastfeeding capacity, resources and needs for breastfeeding support in Los Angeles County.**
- **Potential strategies for developing a breastfeeding-integrated pathway and a framework for linking resources that protect and support breastfeeding at all levels families in Los Angeles County.**

The findings presented in this report are a result of a needs assessment conducted by the UCLA Center for Healthier Children, Families and Communities, in partnership with the Los Angeles County Health Department, and in collaboration with three major Women, Infant and Children (WIC) Agencies in Los Angeles County, Public Health Foundation Enterprises (PHFE), Research and Education Institute (REI), and Northeast Valley Health Corporation, and the Breastfeeding Task Force of Greater Los Angeles.

¹“Initiation” is the start of breastfeeding after birth.

²“Duration” is the length of time women are able to sustain breastfeeding.

II. THE BENEFITS OF BREASTFEEDING

Lactation is the physiological completion of the reproductive cycle. The mother's breasts, body, and psyche prepare for lactation during pregnancy, and the newborn infant is prepared to suckle at the breast at birth. Breastfeeding delivers the ideal balance of nutrients, confers many forms of immunity, and creates the opportunity for maternal bonding with the infant (Heinig & Dewey, 1996). Human milk is the ideal food for promoting growth and development in the human infant. For a full-term, healthy infant, breast milk is the only source of nutrition needed for the first six months of life. Manufactured infant formulas attempt to reproduce the nutritional and physiological characteristics of human milk but differ considerably with respect to both nutritive and non-nutritive factors. (See Appendix 1 for a comparison of nutrient content of human milk and artificial baby milks.) Breastmilk is also easier to digest and absorb than other milk. A mother's milk contains omega-3 fatty acids and other forms of fat that are important for brain growth and development.

BENEFITS TO THE BABY

There is substantial research that demonstrates how the unique properties found only in human breast milk benefit newborns and infants. Breast milk provides complete nutrition for the infant, sustaining optimal hydration, nutrition and growth in the first six months of life. Breast milk confers a mother's immunity to disease that infant formulas cannot match. Breastfed children are provided with significant protection from numerous infectious diseases, in particular, diarrhea, otitis media, lower respiratory infections, meningitis, botulism and urinary tract infections (see Table 1). Breastfed babies also have a reduced risk for chronic diseases, including some food allergies, Type I Insulin Dependent Diabetes, Crohn's disease, lymphoma, eczema, asthma and obesity. There has also been shown to be a reduced risk of Sudden Infant Death Syndrome (SIDS) among breastfed infants (see Table 2). In addition, because breastmilk does not require preparation, it is bacteriologically safe and always fresh.

Benefits to the Baby: Health and Social

- Provides superior, species-specific nutrition for optimal growth
- Provides age-specific nutrients; composition changes to match nutritional needs
- Promotes cellular growth and differentiation
- Protects against infection, allergy, chronic disease and certain cancers
- Protects against obesity in childhood school
- Promotes bonding and development

Table 1. Protective Effects of Breast milk**Table 2. Possible Protective Effects of Breast milk**

Breastfeeding Protects from Infections (Developed Countries)
<ul style="list-style-type: none"> • Diarrheal Disease • Respiratory Infection, upper & lower • Otitis media • Bacteremia • Bacterial meningitis • Urinary tract infections • Invasive bacterial infection • Necrotizing enterocolitis • Botulism

Breastfeeding Possibly Protects from Diseases (Developed Countries)
<ul style="list-style-type: none"> • Crohn's disease • Ulcerative colitis • Celiac disease • Other chronic digestive diseases • Allergic diseases • Insulin-dependent diabetes mellitus • Leukemia • Lymphoma • SIDS

The composition of breast milk changes to match the nutritional needs of an infant. A mother's milk can change according to factors such as diet, time of day, time between feedings, and length of gestation. Mothers of pre-term babies produce milk that is uniquely suited to optimize the growth the baby (Lawrence & Lawrence, 1999).

Given the epidemic of childhood obesity, particularly for low income pre-school children it is important to note that breastfeeding can influence a child's weight later in life (Mei, Scanlon, Grummer-Strawn, Freedman, Yip, & Trowbridge, 1998). Table 3 shows the results of a study which finds that the longer a child is breastfed, the less likely that child was obese at age five and six.

Table 3: Breastfeeding Decreases Obesity Prevalence in 5-6 Year Olds

BREASTFEEDING DURATION	PREVALENCE
Never breastfed	4.5%
Two months exclusively	3.8%
Three-five months	2.3%
Six-twelve months	1.7%
More than twelve months	0.8%

Source: von Kries, Koletzko, Sauerwald, von Mutius, Barnert, Grunert, & von Voss (1999).

The fatty acids present in breast milk serve as the building blocks for the neural membranes that are essential for optimal brain development. Breastfed children demonstrate improved cognitive and emotional functioning compared to their formula fed counterparts. In a comparative study, (Mortensen, Michaelson, Sanders, & Reinisch, 2002), young adults who were breastfed for less than one month during their infancy scored an average of 6 points less on standard intelligence tests than young adults who were breastfed for 7 to 9 months during their infancy.

Benefits to the Baby: Cognitive/Developmental

- Improved IQ
- Reduced risk for infant eye disease (retinopathy of prematurity)
- Improved performance on developmental assessments including standardized tests of reading, mathematics and scholastic ability
- Better performance rating in reading and mathematics by their class teachers
- Higher levels of achievement in school-exit examinations

Preliminary evidence supports that the increased amount of olfactory input, touching, stroking and emotional contact associated with breastfeeding may affect the intellectual development of the child during the first year of life (Klaus, 1998).

BENEFITS TO THE MOTHER

Nearly every woman can breastfeed her child (including women with Cesarean deliveries, endometritis, mastitis and many premature infants and infants with special needs) There are some women, however who are recommended not to breastfeed including women who take street drugs or do not control alcohol use, have active, untreated tuberculosis, take certain medications or who are infected with the human immunodeficiency virus (HIV) (Lawrence & Lawrence, 2001).

There are numerous physical and psychological benefits for mothers who breastfeed. Women who breastfeed their baby immediately after delivery have a reduced risk of hemorrhage associated with childbirth. Breastfeeding causes an increase in the release of oxytocin, prolactin and endorphin hormones, all of which decrease

maternal stress, create a sense of maternal-well being, and enhance mothering and protective behaviors (Klaus, 1998; Labbok, 2001; Lawrence & Lawrence, 1999). Women who breastfed their babies experience a more rapid return to their pre-pregnancy weight compared to those who did not. There are also long term health benefits such as a reduced risk for premenopausal breast cancer, ovarian cancer, hip fractures in the post menopausal period and improved nutrition through child-spacing (Heinig & Dewey, 1996). Lastly, breastfeeding has also been shown to create a high sense of self-efficacy that increases the self-esteem of mothers and may reduce the risk of post-partum depression (Locklin, 1995; Locklin & Naber, 1993).

Benefits to Mothers:

- Reduced risk of ovarian cancer
- Reduced risk of breast cancer in pre-menopausal women
- Builds bone strength to protect against bone fractures in old age
- Delays the return of menstrual period, which may extend the time between pregnancies
- Helps the uterus return to its regular size more quickly than non-breastfeeding mothers
- Uses fat stored during pregnancy, thus contributing to postpartum weight loss
- Improves self esteem
- Increases the release of oxytocin, prolactin, and endorphin hormones in the mother leading to increased sense of maternal well-being and mothering behavior
- Decreases maternal stress
- No preparation necessary
- No cost to prepare

BENEFITS TO THE FAMILY

Families are critical partners in supporting breastfeeding mothers. The family of a breastfeeding mother benefits socially and economically from choosing to breastfeed. Families that breastfeed have fewer health care expenses due to the improved health of their babies. As a result, women who breastfeed and work have lower rates of absenteeism than mothers who do not (Cohen, Mrtek, & Mrtek, 1995). Financially, breastfeeding is more cost-effective than formula. Families who breastfeed can save up to \$683 a year alone in the cost of infant formula.

Benefits To Breastfeeding Families

- Fewer health care expenses because of healthier children
- In the first year of life, \$683 per infant would be saved from the family's budget, without the necessity of purchasing breast milk substitutes.
- Less missed time from work by mother because of less infant illness

BENEFITS TO SOCIETY

It is estimated that if one-half of the women who participate in the Women, Infant and Children Supplemental Feeding Program breastfed their babies for one month, \$30 million would be saved by the US government in the cost of infant formula (Walker, 1992).

In addition, it is estimated \$2.16 billion would be saved annually if all babies in the United States were breastfed exclusively for the first 12 weeks of life due to the reduced incidence of illness and disease. Approximately three billion annually would be saved from household expenses because of the reduced costs of formula purchasing, family planning benefits and decreased health care expenditures nationwide (Labbok, 1995, July).

III. BREASTFEEDING HISTORY

Breastfeeding as a form of infant nutrition has a long history. Societal attitudes toward breastfeeding as well as historical trends have impacted a woman's choice to breastfeed. Before the turn of the 20th century, breastfeeding was the nearly universal source of infant nutrition in the United States. In the 1930s, concurrent factors began to change this: the rise in utilization of maternity hospitals and the rise in utilization of artificial baby milk or "formula". Maternity hospitals increased utilization of anesthesia and narcotics during labor to alleviate pain, often leaving infants and mothers less able to initiate breastfeeding at the most critical point immediately after delivery. In addition, the standard practice of separating infants from their mothers after delivery further inhibited successful breastfeeding initiation. Formula feeding continued to gain popularity as a symbol of progress and the "modern", "efficient" and "practical" way to feed a baby (DeBruyne, Rolfes, & Whitney, 1989).

As a result, rates of breastfeeding began a decline lasting four decades. By the early 1970s, only 25 percent of mothers in the United States initiated breastfeeding, an all-time low, with only 5 percent still breastfeeding at 6 months. This period of decline contributed three important barriers to breastfeeding that persist today. First, breastfeeding was no longer recognized as a normal and optimal way to feed babies. Second, lactation management was no longer a priority for the healthcare sector and the number of physicians and nurses trained to properly support breastfeeding substantially declined. Lastly, women were left with few resources and role models in the family or the community to support or teach breastfeeding (California Department of Health Services, 1996; Wright, 2001).

The ongoing promotion of formula, particularly in hospital maternity wards, continued to negatively influence attitudes towards breastfeeding. Many believed the quality of breast milk inadequate for infants. Additionally, many argued that women could not produce sufficient enough milk to feed their newborns (Blum, 1999) . As more women sought out a less medically intrusive childbirth and maternity experience, breastfeeding duration rates began to increase (Wright, 2001). By 1998, more than 60 percent of women were choosing to breastfeed. About thirty percent were still breastfeeding at three months and 16 percent continued through the first year.

IV. CURRENT INITIATION AND DURATION RATES OF BREASTFEEDING

NATIONAL

Although national rates of breastfeeding in the United States reached an all-time high of 64.3% in 1998, the rates still do not meet the public health goals for the nation set by *Healthy People 2010*. The *Healthy People 2010* goals for breastfeeding are:

- To increase the percentage of mothers who initiate breastfeeding in the early post-partum period to at least 75%
- To increase the percentage of women who breastfeed six months or longer to at least 50%
- To increase the percentage of women who breastfeed 12 months or longer to at least 25%

The national rates also do not achieve the recommendation that babies be breastfed exclusively for the first 6 months of life and from 6-12 months with the addition of appropriate complementary foods (for additional information regarding the guidelines, see American Academy of Pediatrics, <http://www.aap.org>; World Health Organization, <http://www.who.int>; and United States Department of Health and Human Services, <http://www.os.dhhs.gov>).

Within the national breastfeeding rates there are significant racial and ethnic disparities. Less than half of African American women in the United States (44.9 percent) initiate breastfeeding compared to white (67.9 percent) and Hispanic (66.2 percent) women. At 6 months, rates of breastfeeding drop to 30.6 percent for white mothers, 28.2 percent for Hispanic mothers and 18.5 percent for black mothers (Ross Products Division, 1998).

CALIFORNIA

Recent data shows that in California the majority of women (80%) have initiated breastfeeding when they

leave the hospital with their babies, but fewer than half are breastfeeding exclusively (Florez, Taylor, & Chavez, 2000). By the time infants reach 6 months of age, the percentage of mothers breastfeeding their babies has dropped by half with this decline beginning as early as the first or second month (Ross Products Division, 1998; Slusser & Lange, in press; California DHS, 1996).

LOS ANGELES COUNTY

While overall initiation rates of breastfeeding in Los Angeles County currently meet the *Healthy People 2010 Goal*, there is significant disparity when rates of both initiation and duration are assessed by age, income, marriage status and education (see Appendices 2-7). As with women in the state of California, the majority of women in Los Angeles County (LAC) (79%) begin breastfeeding their newborns but only 40% are still breastfeeding at six months. Again, this is consistent with national and state patterns, which show a decline in breastfeeding rates after hospital discharge.

Rates of initiation and duration in LAC also show ethnic disparities. Over 80% of white and Hispanic women initiate breastfeeding, compared to just 60% of African American and 68% of Asian/Pacific Islanders. By six months, a much higher percentage of white (50%) and Hispanic (42%) women continue to breastfeed, compared to African American (22%) and Asian/Pacific Islander (25%) women (Office of Health Assessment and Epidemiology, 2001, February).

Compared to other counties in California, Los Angeles ranks poorly. Although there was an increase of 8% in breastfeeding rates in both California and in Los Angeles County between 1994 and 1998, Los Angeles County still ranks 48th of 58 counties in the state for breastfeeding, based on the breastfeeding rate per 100 women at time of hospital discharge. Furthermore, while California increased its exclusive breastfeeding rate by 2% (44 per 100), Los Angeles County dropped by 9% (29 per 100), ranking 54th in the state (California Maternal and Child Health Data Book, 2000). For a review of some of the socio-cultural determinants of breastfeeding please refer to Slusser and Lange (in press). In Los Angeles, fewer women start or continue to breastfeed if they are single, young, haven't graduated from college, and have a household income <200% FPL. Fewer women start to breastfeed if they live in the SPA 7 (East) or SPA 6 South (Office of Health Assessment and Epidemiology, 2001, February). (For a breakdown of breastfeeding rates by Service Planning Areas see Appendix 8).

V. CRITICAL PATHWAY TO SUCCESSFUL BREASTFEEDING

The decision to initiate and sustain breastfeeding does not occur in isolation. The “circles of influence” that surround women – the networks of family, health care providers, neighborhood, community, and culture - influence women’s beliefs and values about breastfeeding and offer both barriers against and support for breastfeeding. Breastfeeding women need support and coordination from all levels of the circles of influence (see Figure 1). The figure highlights the multiple opportunities for providing information and support to breastfeeding women.

Figure 1. Breastfeeding Environment: Individual Perspective



Figure 1 also illustrates the multifactorial influences that may impact a woman's own feelings and attitudes toward breastfeeding – feelings that are influenced not only by a woman's culture but also by her individual experiences. The reasons women choose to breastfeed are complex and varied, and may help explain variations in breastfeeding initiation rates across racial and ethnic groups. Reports in the literature document that women, regardless of infant feeding choice, are aware of the medical advantages to breastfeed (breastfeed (Shepard, Power, & Carter, 2000). Yet, in many cases, women choose not to initiate or sustain breastfeeding.

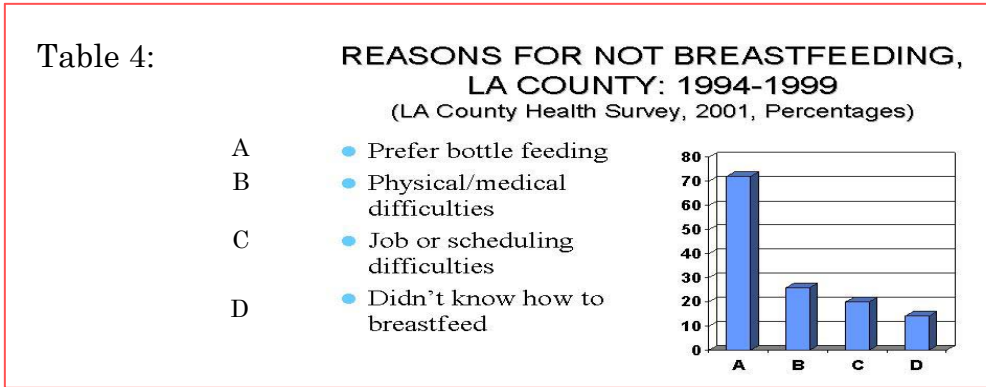
Social support plays a very influential role for all women, although the specific source of support may vary by age and ethnic group. African-American women, for example, are more likely to be influenced to breastfeed by close friends (Baranowski, Bee, Rassin, Richardson, Brown, Guenther, & Nader, 1983). Partners and maternal grandmothers are more likely to affect the breastfeeding decisions of white and Hispanic women (Baranowski et al., 1983; Bryant, 1982; Freed, Fraley, & Schanler, 1992).

Endorsements of breastfeeding as the “natural” or “right” or only way to feed infants do not always resonate positively with women (Blum, 1999). Some women who choose not to breastfeed, who are physically unable to breastfeed or unable to sustain breastfeeding when they leave the hospital or return to work or school may experience feelings of guilt or inadequacy. The decision to breastfeed requires that a woman, her partner and family be informed about the benefits of breastfeeding, and receive education and encouragement from health care providers and the hospital staff who provide care for her and her newborn during pregnancy, birth, and post-partum. Without this support a family may have little sense that the community in which they live values or approves of what they have chosen to do and can support them to achieve their breastfeeding goals.

In spite of low initiation and duration rates, women who live in the western part of the United States, including California, regardless of race or ethnicity, are more likely to breastfeed than women living in other parts of the country (Ryan, 1997). At the same time, acculturation into American society contributes to variations in rates. Newly arrived immigrant Mexican women are more likely to initiate and continue to breastfeed than more acculturated immigrants (Rassin et al. 1994). Perceptions of convenience, benefits to the infant, and personal comfort level, as well as the balance among these factors, can also vary according to race and ethnicity. Baranowski and colleagues (1983) found that, for African-American women, the balance between the benefits to the infant and the inconvenience of breastfeeding to themselves may be important, while for Caucasian mothers the benefit to the infant is seen as the most important factor in deciding to breastfeed.

Hispanic mothers appeared to be influenced most by the convenience factor; some described breastfeeding as inconvenient.

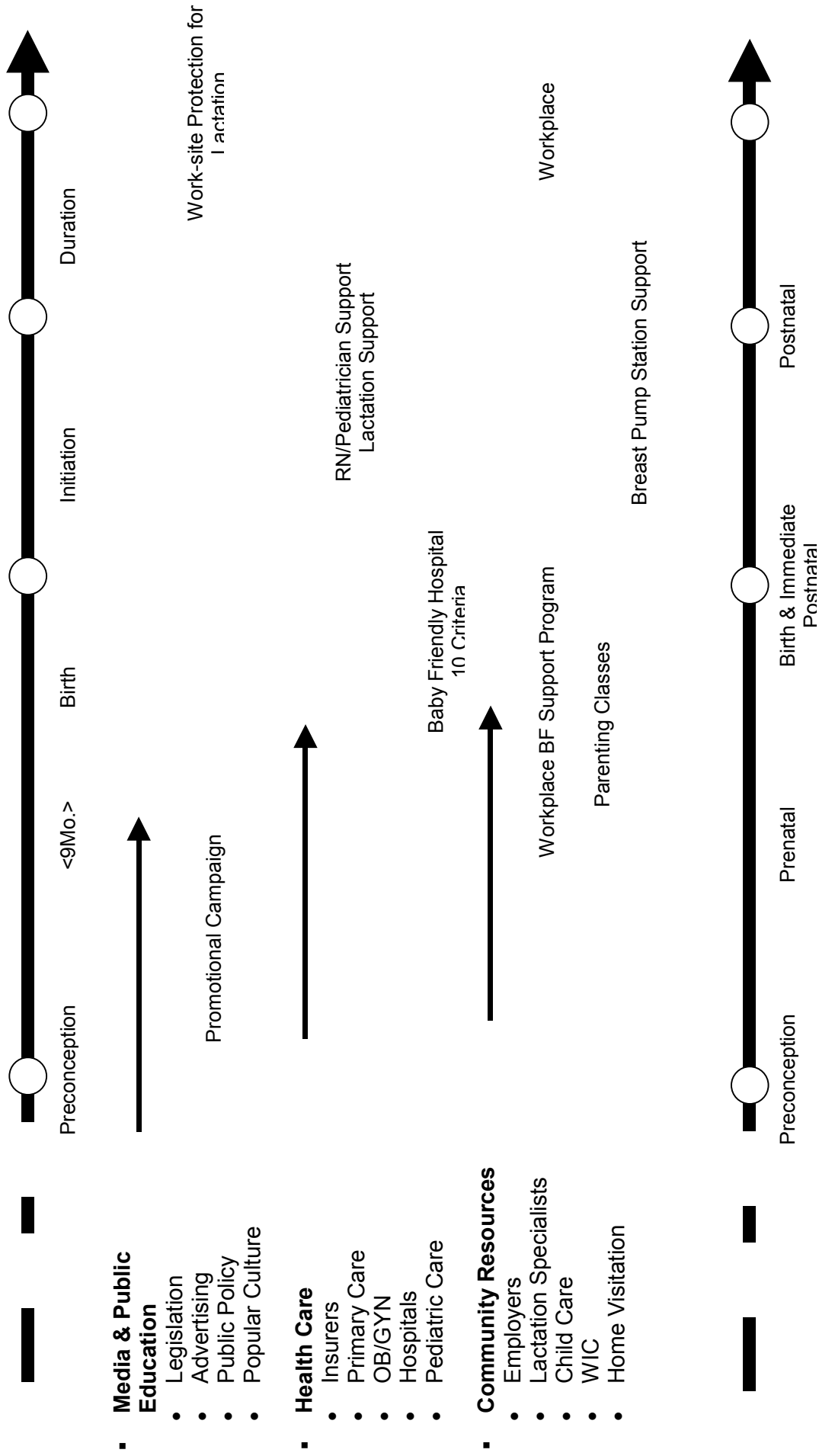
Some studies report that mothers with low levels of body satisfaction choose not to breastfeed (Lawrence & Lawrence, 1999). In a health survey conducted in Los Angeles, women cited the following reasons for not initiating breastfeeding: a preference for bottle-feeding, a physical or medical difficulty, job or scheduling difficulties and “did not know” how to breastfeed (Office of Health Assessment and Epidemiology, 2001, February).



Regardless of the reasons why a woman decides to breastfeed or not, it is critical to be sensitive and provide support to the family in their infant feeding decision. Lack of successful breastfeeding is most often a reflection of a poor system of support and education (Lawrence & Lawrence, 1999). Health professionals have a professional obligation to provide accurate information about breastfeeding to a woman and allow her to make an informed choice. This information should always be presented with the acknowledgement that a woman is able to make an informed choice about breastfeeding that is best for her and her family.

To build community-wide breastfeeding support systems, an important set of elements should be in place along a pathway leading to successful initiation and duration of breastfeeding (see Figure 2). This pathway incorporates the complexity of the breastfeeding decision-making process and the important family, community and societal factors that influence the decision to breastfeed. The four most critical periods in the successful breastfeeding pathway are preconception, pregnancy, birth, and immediately following birth (Howard, Howard, & Weitzman, 1993; Howard, Howard, Weitzman, & Lawrence, 1994; Howard, Howard, Lawrence, Andresen, DeBlieck, & Weitzman, 2000; Gartner, Black, & Eaton, 1997; Kogen, Kotelchuk, Alexander, & Johnson, 1994). It is during these times that women who wish to breastfeed require the most information, support and clinical expertise.

Figure 2. Breastfeeding Pathway
Breastfeeding Initiation and Duration: Staging Service Sectors



VI. LOS ANGELES COUNTY BREASTFEEDING ASSESSMENT

METHODOLOGY

A standard review of the literature was conducted along with a review of current and relevant policy and legislative activities specific to Los Angeles County and California. The UCLA Center for Healthier Children, Families and Communities in partnership with the Los Angeles County Department of Health Services and in collaboration with the three major Los Angeles WIC agencies, Public Health Foundation Enterprises (PHFE), Research and Education Institute (REI), and Northeast Valley Health Corporation, and the Los Angeles Breastfeeding Task Force identified and interviewed informants in each of the following sectors: Strategic Communication, Health Care and Community Resources, including the Workplace (please refer to Appendix 9 for a directory of key informants, collaborators, leaders and stakeholders.)

KEY FINDINGS BY SECTOR

SECTOR I:

STRATEGIC

COMMUNICATION

- ◆ **Media**
- ◆ **Legislation & Public Education**

Media

A review of recent coverage of breastfeeding in film, television, radio and print revealed breastfeeding to be an issue rarely addressed in the media. In comparison, bottle-feeding is portrayed more often and as less problematic (Henderson, Kitzinger &

Green, 2000). In advertising, breastfeeding has appeared only as a backdrop in ads promoting the use of formula. When breastfeeding is addressed it is mostly in the context of the news such as the release of new research or high-profile lawsuits such as a 1998 reported incident where a woman had been asked to stop breastfeeding in public and had filed suit against a local branch of a national bookstore chain in Los Angeles. The lawsuit was settled resulting in a change in policy for the national chain and local press coverage.

The statute's main purpose was to heighten public awareness of the woman's right to breastfeed. The law also helps to mitigate the barrier of breastfeeding in public, which is identified as one of the major barriers for breastfeeding women (Guttman & Zimmerman, 2000). There is no information of whether this law has helped reduce this barrier to breastfeeding.

When breastfeeding is included in television storylines it is most often portrayed as being funny, sexual, or negative. A sampling of the story lines of television shows in 2001 revealed that only three featured breastfeeding and only one presented breastfeeding as a normal behavior. Key informants from television and film stated that breastfeeding is a non-issue. Producers and writers who were interviewed did not consider breastfeeding interesting enough to warrant inclusion in scripts or featured stories. A producer at a major Los Angeles cable network considered breastfeeding to be an uncontroversial woman's issue that does not appeal to writers and producers.

Standards and Practices divisions for network television are not concerned with the portrayal of breastfeeding on television as long as there is no nudity or exposure of the female breast. On the other hand, cable television is less concerned with nudity and will portray breastfeeding with more exposure of the breast. Even without these standards, exposure of the breast even as part of a positive portrayal of breastfeeding may not be perceived as such, for various reasons, including modesty particularly by low-income women (Bryant C, 1982).

A review of radio programs revealed that only two talk and information shows on a local Los Angeles public radio station last year included breastfeeding topics. A review of the print media (Los Angeles Times and two magazines with national circulation, Time and Newsweek) found that the majority (12 of 19) of articles published in 2001 represented breastfeeding favorably. All of the articles were related to recent research relating on the benefits of breastfeeding, news events or articles about public figures who breastfeed.

Recent legislation has been effective in promoting public education about breastfeeding. In almost half of the United States, including California, legislation has been enacted to provide women with legal protection to breastfeed in public. Some federal and state laws and municipal ordinances address negative social attitudes towards breastfeeding. The intent of many of these laws is not to legalize breastfeeding in public but to clarify the rights of women to breastfeed in public and distinguish it from being a criminal offense, such as indecent exposure or public nudity. In 1997, California law (CA AB 157) gave women the specific right to breastfeed in public with the intent to heighten public awareness of womens' right to breastfeed. (For a complete list of laws relating to breastfeeding in California refer to Appendix 10.)

SECTOR I: STRATEGIC COMMUNICATION KEY FINDINGS

- Breastfeeding is not a subject frequently considered or addressed in film, television and radio.
- Breastfeeding is addressed in the media mostly in the context of the news such as the release of new research or high-profile lawsuits.
- Print media reports on breastfeeding more often than other forms of media and generally portrays breastfeeding favorably.
- Bottle-feeding is portrayed more often than breastfeeding in the media.
- Exposure of the breast even as part of a positive portrayal of breastfeeding may not be perceived as such, for various reasons, including modesty particularly by low-income women
- In almost half of the United States, including California, legislation has been enacted to provide women with legal protection to breastfeed in public.
- In 1997, California, law (CA AB 157) gave women the specific right to breastfeed in public. The statute's main purpose was to heighten public awareness of womens' right to breastfeed and distinguish it from being a criminal offense, such as indecent exposure or public nudity.
- Despite CA AB 157 negative reactions to breastfeeding in public is identified as a major barrier.

SECTOR II: HEALTHCARE

- ◆ **Birth Hospitals**
- ◆ **Healthcare Providers**
- ◆ **Insurers**

Birth Hospitals

Of the 158,000 babies born in Los Angeles County in 1998, almost all were delivered in hospitals. The length of the average hospital stay after childbirth has decreased markedly over the past two decades, but due to national and state legislation regulating insurance coverage, women are now permitted to stay up to 48 hours after an uncomplicated delivery (Udon & Betley, 1998).

A hospital environment that supports breastfeeding is critical to initiation rates, especially during such shortened stays. Women who are encouraged to breastfeed by a doctor or nurse after their babies are born are four times more likely to initiate breastfeeding than mothers who do not receive similar encouragement (Slusser & Lange, in press). Seventy six percent of mothers in LA County who initiated breastfeeding reported having received encouragement while in the hospital. Sixty-five percent of women who did not initiate breastfeeding reported not having received any support to breastfeed (Office of Health Assessment and Epidemiology, 2001, February). Cedars-Sinai Medical Center reports that in 1998, 81 percent of women came to their hospital expecting to breastfeed but only 69 percent succeeded. After they opened a lactation center, 93 percent of women expect to breastfeed and 91 percent are breastfeeding at time of discharge (Jameson, 2000).

The State of California Legislature mandated the development of a statewide network of perinatal regionalization now known as the Regional Perinatal Programs of California (RPP). The goal of this program is to promote access to risk-appropriate perinatal care to women and infants, including support for lactation. Among their program activities are regional planning, data collection, hospital quality improvement activities, and development of communication networks. This network is a rich resource of information and has a history of collaboration in the hospital community. There are five regional program areas that cover Los Angeles County.

Currently, there is no standard of care within the California hospital system to support breastfeeding. The

“hospital system” can be considered to include large hospital associations and owners such as the California Healthcare Association, Catholic Healthcare West, Tenet, the California Children’s Hospital Association and teaching hospitals across the state. These hospitals do not participate or collaborate in any group that works on breastfeeding promotion.

At the legislative level, however, in recognition of the important role of lactation support in birth hospitals, the California Assembly enacted a bill in 1995 requiring hospitals to provide lactation support to patients by making available a breast feeding consultant or providing information to mothers on where to receive breast feeding information (Baldwin, 2002). A 1997 compliance survey of the birth hospitals in Los Angeles County showed that while most hospitals (75%) offered prenatal classes, only 56 percent of maternity hospitals had certified lactation consultants available. Most services were provided as part of the maternity stay (47%); and fewer services were provided after discharge (15%) or through telephone consultation (19%). Few hospitals (20%), had trained OB nurses to assist with breastfeeding during delivery, the postpartum stay or during the hours that the lactation consultant was not working.

One comprehensive strategy for hospital breastfeeding support is the Baby Friendly™ initiative. The Baby Friendly Hospital™ initiative is an international evidence - based initiative that focuses on policy and procedure changes. It was developed to address hospital policies and practices related to breastfeeding. WHO/UNICEF published ten steps of maternal and infant hospital care (see Appendix 11) which, when implemented, greatly increase the probability that breastfeeding families will be successful (World Health Organization, 1989). To date, just 31 birth centers and hospitals in the US have been evaluated and deemed Baby Friendly™ . There are currently 6 hospitals in California but no Baby Friendly™ hospitals in Los Angeles. Two hospitals in Los Angeles, however have received the certificate of intent to become Baby Friendly™ California Hospital Medical Center in downtown Los Angeles and Huntington Memorial Hospital in Pasadena.

The process to become certified as a Baby Friendly™ hospital requires a considerable amount of time and resources. In 1999, Boston Medical Center, an inner city urban hospital, became the first Massachusetts Baby Friendly™ hospital after two and one-half years of work. Breastfeeding initiation rates rose at Boston Medical Center from 58 percent to 87 percent and 33 percent of mothers breastfed exclusively, up from only 6 percent (Phillip, 2000). Although the Baby Friendly™ certification fosters higher rates of breastfeeding, its expense may prohibit many hospitals from applying. Costs associated with becoming a Baby Friendly™ hospital include training the hospital staff and physicians, the evaluation, and annual fees based on number of births (Baby Friendly Hospital Initiative, <http://www.aboutus.com/a100/bfusa/>).

Hospital support for breastfeeding services can help to foster a relationship with mothers by acknowledging their role in making health care decisions for the entire family. This relationship provides an opportunity for hospitals to provide ongoing health care services to her and her family. Additionally, rates of breastfeeding should be recognized as an indicator of quality health care. Publicizing breastfeeding rates can potentially provide a competitive edge that may prompt other hospitals to improve their breastfeeding programs and systems for support. In spite of these advantages, there is not organized leadership among the hospitals to work towards making the changes to support breastfeeding families nor the Baby Friendly™ Hospital Initiative in Los Angeles.

Case #1: A community based, for-profit hospital provides breastfeeding promotion in collaboration with community partners. Breastfeeding is presented in relation with other motherhood issues, outreach is conducted to women that is culturally sensitive and language appropriate for their communities, assistance is provided to women and their children obtain insurance, and transportation is made available to the hospital. Because women make 75% of health care decisions of families, this hospital wants to be the conduit for women accessing health care. This hospital sees their services as a continuum of care through pregnancy and beyond- trying to teach women about general health prevention for cancer, diabetes, etc. They offer a prenatal class in which breastfeeding is part of curriculum, assess every woman who has a baby regarding breastfeeding, include a special teen program, and provided follow-up visits with patients in the community. In addition, they are planning lactation in-services for all nurses. Lactation support is provided through local WIC sites. WIC participates in health care provider in-service training for the hospital.

SECTOR II: HEALTHCARE • BIRTH HOSPITALS

KEY FINDINGS

- Hospitals do not currently participate in any organizations that work towards supporting families who choose to breastfeed.
- A hospital environment that is supportive of breastfeeding is an important factor for women to initiate breastfeeding.
- Birth hospitals play a key role in working with other systems to ensure breastfeeding success such as working with the WIC program, home visitation programs, primary care providers, and physicians and nurses in training.
- Hospitals are currently required by law to provide lactation support (either providing a consultant or information) to patients in California but few in Los Angeles are in compliance.
- Only 56% of maternity hospitals have certified lactation consultants and only 20% of maternity hospitals have trained OB Nurses in lactation management.
- Only two Birth Hospitals in Los Angeles County have formally committed to working towards changes in policies and procedures to become Baby Friendly™ certified.
- Supporting breastfeeding is a priority for some birth hospitals because of the potential financial benefit and patient loyalty.
- Currently, there is no standard of care or leadership within the California hospital system to support breastfeeding.

Healthcare Providers

The primary health care provider has a strong and far-reaching role in promoting, supporting and protecting breastfeeding in Los Angeles. However, studies have found that physicians are generally poorly prepared in medical school and clinical training to provide adequate breastfeeding support and advice, often relying on their own experiences or bias. In one national survey of pediatric physicians and residents, 90 percent of the respondents agreed that they should be involved in breast-feeding promotion, but their clinical knowledge and experience suggested a very low degree of competency (Freed, Clark, Lohr, & Sorenson, 1995). A smaller study of pediatric residents found only 14 percent of the total sample described themselves as confident or very confident that they could manage common breastfeeding problems (Williams & Hammer, 1995).

Obstetricians and family practitioners may also lack the necessary skills to adequately counsel. Midwives and nurses receive more education in lactation, but they too require more opportunities to learn about breastfeeding. The California State Breastfeeding Promotion Committee recommends improving professional education. The human resources to implement the recommendations exist at each medical school in California, but the limiting factor for the implementation of these recommendations is time and financial support.

The limited breastfeeding educational opportunities for health professionals contradicts the Pediatric, OB/GYN, Family Practice, Nursing and Dietician professional organizations' policies that support breastfeeding as the optimal infant feeding method (American Academy of Family Physicians, 2001; American College of Obstetricians and Gynecologists, 2000; ; American College of Nurse Midwives, 1992; American Dietetic Association, 1997; Gartner et al., 1997). These professional organizations, such as the AAP, disseminate breastfeeding information broadly. In addition to the AAP policy statement, the AAP publishes a quarterly newsletter entitled: *Breastfeeding: Best for Baby and Mother*. The recommendations by leading medical organizations endorsing breastfeeding are not supported through education and training of medical providers.

In order to provide optimal lactation management education and practice, integration of lactation management into pre-service and training curriculums is essential (Naylor, Creer, Woodward-Lopez & Dixon, 1994). Studies demonstrate the lack of information on lactation at this stage of education. For instance, in a 1992 survey, 55 percent of medical schools offered no didactic lectures on lactation or breastfeeding, and 30 percent of obstetric and pediatric residencies provided no didactic lectures on lactation or breastfeeding to their students (Newton 1992). Two of the three medical schools and four residency programs in Los Angeles currently have or are working on new programs in lactation management.

The University of California at Los Angeles is developing a lactation course that will be offered to all third year medical students during their pediatric and OB/GYN clerkship. In addition, the UCLA pediatric residents obtain practical breastfeeding experience during their newborn rotations and out patient experiences. Cedars Sinai Pediatric Residents visit the WIC program and the Santa Monica Pump Station during a one-month primary care rotation. The University of Southern California has developed a series of lectures to teach medical students and family practice residents about lactation management. In addition, there is a neonatal assessment clinic that provides health care and lactation services to newborns in collaboration with Los Angeles Children's Hospital and White Memorial residents. Residency program directors in Los Angeles have expressed interest in developing and expanding lactation education experiences. However, there is

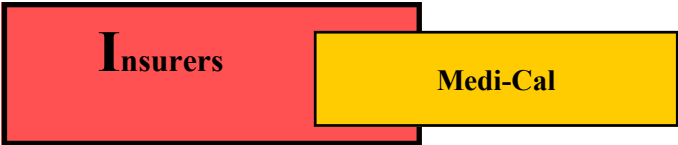
currently no collaboration or leadership among medical educators in Los Angeles to enhance lactation management education.

Most breastfeeding education for health care professionals takes place after their formal training, in continuing education courses or from experience working with breastfeeding patients. For example, some health care plans in Los Angeles such as Kaiser Permanente, are currently providing continuing lactation management education training to health care providers. There are currently several successful continuing education programs in Los Angeles but these are primary directed towards and attended by non-physician health care practitioners. Programs are offered for example by UCLA extension, the Lactation Institute and the Los Angeles Breastfeeding Task Force. Relying on continuing education does not ensure that primary care physicians are adequately equipped to provide lactation support for breastfeeding families.

SECTOR II: HEALTHCARE • HEALTHCARE PROVIDERS

KEY FINDINGS

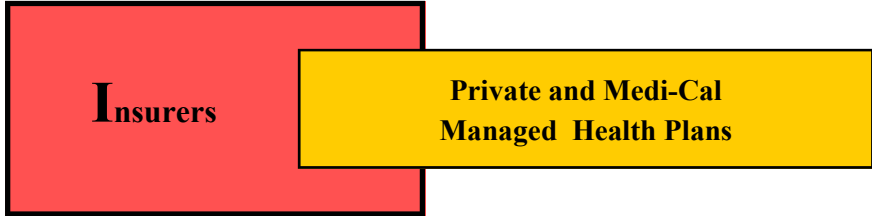
- There is a void in leadership among medical educators in Los Angeles, although there are many individuals working on lactation management educational issues within their own institutions.
- The primary health care provider has a strong and far-reaching role in promoting, supporting and protecting breastfeeding in Los Angeles.
- The recommendations by leading medical organizations endorsing breastfeeding are not supported through education and training of medical providers.
- Physicians, nurses and other health care professionals in lactation management receive limited breastfeeding /lactation management education during pre-service and clinical training.
- There are no systematic continuing educational experiences for health care providers.
- Most breastfeeding education for health professionals takes place in continuing education courses or from personal experience.
- Multiple continuing education opportunities in lactation management exist in Los Angeles but are primarily attended by non-physician health professionals.



Half of all prenatal care for women in Los Angeles County is reimbursed under Medi-Cal, thirty percent is covered by prepaid health plans, and 15 percent by private insurance. Three percent of women have no insurance (Office of Health Assessment and Epidemiology, 2000).

Medi-Cal provides a benefit for lactation support from a licensed health care professional, rental or purchase of a breast pump (durable medical equipment) and banked human milk for infants who require it (California Department of Health Services, 1998). The Comprehensive Perinatal Services Program (CPSP) is a Medi-Cal program that provides a model of enhanced obstetric services for eligible low-income, pregnant and postpartum women with services delivered by approved CPSP providers. Basic to the CPSP model is the belief that pregnancy and birth outcomes improve when routine obstetric care is enhanced with specific nutrition, lactation support, health education and psychosocial services. The CPSP client receives ongoing orientation, assessment, care plan development, case coordination, appropriate nutrition, health education, and psychosocial interventions and referrals from a multi-disciplinary team.

Medi-Cal/CPSP lactation services, along with other postpartum services, are currently time limited to 60 days post partum for mothers and babies. Even though lactation consultants are covered under CPSP through 60 days past birth and are billable through Medi-Cal, providers in the plan do not typically have relationships with consultants and the lactation consultants face challenges in receiving reimbursement from health plans. This includes services for infants with medically needy conditions such as those that would require separation of mothers and infants. The intent of these provisions is to only support lactation during adverse health circumstances for mothers or infants and does not support breastfeeding mothers as they return to work or school.



The State of California requires the two Medi-Cal managed health plans in Los Angeles, Health Net and LA

Care, to ensure that clients receive the Medi-Cal breastfeeding promotion, education and counseling benefits for which they are eligible, including referrals for professional lactation services. In practice, much of this service is provided by local WIC agencies and, in some instances, community based organizations such as La Leche League.

Health Net does not currently track the number of members who are breastfeeding. They utilize two Los Angeles County liaisons to inform all providers, members and health plans about their role in lactation services and to determine the causes of problems when problems arise. Their role includes working with local WIC agencies to provide breast pumps to women who are eligible and use telephone outreach calls to all members who are pregnant to find out where they are planning to deliver and to suggest that women talk to their provider about breastfeeding. Health Net educates plan providers through bulletins to clarify breastfeeding benefits and procedures.

LA Care, a managed care health plan founded to solely serve Medi-Cal members, estimates their five plan partners account for up to 50,000 (about 40% of births in LA and all Medi-Cal) births per year. LA Care is actively involved in the CPSP Program but does not track breastfeeding rates among plan partners. Plan partners are responsible for provider training, in addition to CPSP training. Breastfeeding mothers enrolled in LA Care usually get their pumps from WIC and not from Medi-Cal durable medical equipment (DME) contractors.

Some private health plans such as Kaiser include lactation support services in prenatal care for insured women and their families. Kaiser, for instance, serves privately insured members and Medi-Cal members. All members receive the same lactation support benefits regardless of their coverage. Rates for initiation and duration of breastfeeding are an important quality of care indicator for managed care plans but are not currently tracked.

Case Study

Kaiser Permanente Southern California, headquartered in Pasadena has won an award for best practices in breastfeeding. Services include prenatal education, support in the hospital, outpatient support, a telephone information line, pump rentals and education for health care providers (Bocchino C, 2001).

SECTOR II: HEALTHCARE • INSURERS

KEY FINDINGS

- Half of all prenatal care for Los Angeles County women is reimbursed under Medi-Cal.
- Medi-Cal/CPSP lactation services, along with other postpartum services, are currently time limited to 60 days post-partum for mothers and babies.
- Few lactation consultant services are reimbursable through health insurance, either public or private unless there is a medical need.
- Even though lactation consultants are covered under CPSP through 60 days past birth and are billable through Medi-Cal, providers in the Medi-Cal managed plan do not typically have relationships with consultants.
- Some WIC agencies supply breast pumps for Med-Cal eligible women who are medically needy, have medically needy infants, or are going back to work or school.
- Health Net and LA Care, the Medi-Cal managed care health plans in Los Angeles, do not track the number of breastfeeding mothers.
- Rates for initiation and duration of breastfeeding are important quality of care indicators for managed care providers and health care systems but are not currently tracked.

**SECTOR III:
COMMUNITY
RESOURCES**

- ◆ **Women, Infants and Children (WIC)**
- ◆ **Home Visitation Programs**
- ◆ **Breastfeeding Advocacy Groups**
- ◆ **Lactation Services**
- ◆ **Child Care Services**
- ◆ **Schools**
- ◆ **The Workplace**

Women, Infants and Children
(WIC)

Established as a pilot program in 1972 and made permanent in 1974, Women, Infants and Children (WIC) is administered at the Federal level by the Food and Nutrition Service of the U.S. Department of Agriculture (<http://www.fns.usda.gov/wic>). WIC benefits include food, nutrition counseling, breastfeeding promotion and support, substance abuse education, and referrals to local health care and social service programs such as Medicaid, immunization programs, and Food Stamps (<http://www.calwic.org>). Recognized by the American Academy of Pediatrics as a critical point of service (aap.org/policy/re0066), almost half of all US children under the age of 5 participate in this program targeted to geographic areas with high rates of infant mortality, low birth weight and low income (Rush, Leighton, Sloan, Alvir, & Garbowski, 1988).

The state of California has the largest WIC program in the nation, serving 1.25 million participants per month, with a clientele that is 69 percent Hispanic, 15 percent white, 9 percent African American and 1 percent Asian. Access to the WIC program is important in California, and especially Los Angeles County, with its large immigrant population because receiving nutrition assistance through the Food and Nutrition Service (FNS) does not contribute to the "public charge" issue for immigrants (www.calwic.org).

The Women, Infants and Children Supplemental Nutrition program (WIC) has actively supported breastfeeding for more than a decade. There has been an increase in breastfeeding in the population traditionally served by WIC, i.e. low-income (<185% FPL), African American and women with low education levels (Ross Products Division, 1998). At both the national and state program level, participation in WIC during the prenatal period has been found to increase breastfeeding initiation (Ahluwalia, Tessaro, Grummer-Strawn, MacGowan,

& Benton-Davis, 2000; Schwartz, Popkin, Tognetti, & Zohoori, 1995).

Breastfeeding is high among the California WIC population compared to other states. WIC in-hospital breastfeeding rates have risen from 50.4% in 1990 to 68.9% in 1998 and the 6-month duration has increased from 12.4% to 30.6% (Ross Products Division, 1998). However, few women who participate in WIC programs statewide breastfeed exclusively (8%) (California Department of Health Services, 1996).

Currently breastfeeding initiation among all WIC participants is lower (77%) than that among non-participants (85%). For women below 200% of poverty, there is no difference in breastfeeding rates for participants and non-participants (Office of Health Assessment and Epidemiology, 2001, February).

There are six local agency WIC programs in Los Angeles County. Each WIC agency and site administers their programs independently but each provides core perinatal services and breastfeeding support activities including a food package, referrals, and nutrition education. The three largest WIC clinics in LA County are Public Health Foundation Enterprises (PHFE), Research and Education Institute (REI), and Northeast Valley Health Corporation with additional agencies in Antelope Valley, Long Beach and Pasadena and the Watts Health Foundation. Breastfeeding rates vary by each agency. The array of WIC breastfeeding services currently available includes prenatal breastfeeding education, limited in-hospital support, post-partum support, breastfeeding support groups, breast pumps, and some breastfeeding help via warm lines. A review of the capacity of the WIC agencies in the County to serve clients shows that they vary by agency. Further, many of the programs offered by WIC agencies include minimal supplies, equipment or personnel to maintain the services.

WIC agencies are already community partners and collaborators with local hospitals, schools, and employers to promote breastfeeding for their clients. For instance, the PHFE WIC program provides breast pumps for employed women with the agreement from their employers that the mothers can pump at work. However, this agency has a caseload of 316,000 with an inventory of just 20 electric pumps for this program. Northeast Valley WIC Program has an outreach program to the local hospitals in their community providing breast pumps for all eligible mothers with infants in the neonatal intensive care unit. REI, with a caseload of 96,000, has a program where just four peer counselors make postpartum rounds in their community hospitals. PHFE has provided breast pumps to 5 schools that serve parenting teen moms. A strength of the WIC program, however, is its ability to provide services in a manner that is culturally and linguistically appropriate to the population it

serves. And all of the WIC agencies provide education to their participants regarding the California legislation that protects women to breastfeed in public and at the work place.

In California, 51 percent of WIC clients are enrolled in Medi-Cal while fewer, 20 percent, are enrolled in Cal-WORKS, a program that includes food stamps and subsidized childcare (<http://www.calwic.org>). Under the contractual agreement between the Medi-Cal Managed Care Division of the California Department of Health Services and Medi-Cal Managed Care Health Plans, LA Care and Health Net in Los Angeles, the “Plans” must refer all Medi-Cal-eligible pregnant and breastfeeding mothers to WIC. In practice, WIC agencies serve as the breast feeding referral agency for both of the Medi-Cal managed care health plans. Medi-Cal reimburses lactation services for 60 days postpartum if there is a medical need for the mother or the infant. This includes pumps, consultations, and banked human milk. This system has proven to be cumbersome and many providers are reluctant to seek reimbursement.

WIC is often the only source for breastfeeding support and for breast pumps for families insured by Medi-Cal managed care. In some communities in Los Angeles, such as the catchment area served by REI-WIC, there are no breast pump rental services available. Many providers have come to rely on WIC staff to provide breastfeeding education and other related breastfeeding services to their patients. WIC serves as the secondary provider for pumps, educational, nutrition, and support services for breastfeeding mothers insured under Medi-Cal.

There is a strong economic argument to expand WIC’s breast pump loaning program. Breast pumps cost approximately \$500 and have approximately an 8-9 year life. Using a conservative estimate of each infant breastfeeding 3 months while a breast pump is on loan, each pump would save approximately \$5,736 a year or \$45,333 for the 8 years of the life of the pump in WIC and Medi-Cal expenses. If a breastfeeding mother borrows the pump for about 3 months, 4 different infants could benefit from a single pump in one years time. These estimates are based on a report that breastfed infants who were enrolled in the Colorado WIC program saved \$478 per month in WIC and Medi-Cal expenditures in the first 6 months of their lives (Montgomery D, Splett PL, 1977).

Tracking pump rental is very time intensive and expensive for WIC. Any expansion of the breast pump loan programs must include money to administer the loan program along with the cost of new pumps. Ideally, pump rentals could come from existing non-WIC suppliers. However in some communities in Los Angeles, there are no breast pump rental services available.

SECTOR III: COMMUNITY RESOURCES • WIC

KEY FINDINGS

- The Women, Infants and Children Supplemental Nutrition program (WIC) has served pregnant, breastfeeding and postpartum women and their children under the age of 5 who have nutritional risks for more than a decade.
- There has been an increase in breastfeeding rates in the population traditionally served by WIC over the past decade.
- WIC is often the only venue for breastfeeding support for families insured by Medical managed care.
- WIC agencies are active community partners and collaborators with local hospitals, schools, and employers to promote breastfeeding for their clients.
- There is a strong economic argument to support WIC to expand their breast pump loan program.

Home Visitation Programs

In Western European countries, home visiting is a routine event for all new parents as well as for high-risk families. Registered nurses generally conduct the home visits during which they provide health education, preventive care, and social services to young families (Kammerman & Kahn, 1995). An English study found, in addition to other factors, a 24 percent increase in breastfeeding among home-visited families contributed to a reduction in post-perinatal mortality (Carpenter, Gardner, Jepson, Tayolor, Salvin, Sunderland, Emery, Pursall, & Roe, 1983). In studies in the United States that have examined models of home visiting, either universal or targeted programs, for breastfeeding mothers after they leave the hospital, the results are mixed. In one study, mothers who receive a home visit from a home health nurse after hospital discharge were more likely to meet their goals for breastfeeding than mothers who did not receive a visit (Kuan, Britto, Decolongon, Schoettker, Atherton, & Kotagal, 1999). In another, mothers were no different in breastfeeding outcomes when researchers compared a home visit to a visit at a hospital outpatient clinic in a sample of HMO subscribers (Gagnon,

Dougherty, Jimenez, & Leduc, 2002). In Alameda County, Proposition 10 has supported a Universal Home Visitation Program for all newborns within 48-72 hours after delivery. Almost all parents (95-97 percent) have accepted this program into their homes. Most parents (82%) in Los Angeles think a home visit by a health professional after the birth of a child is important. But home visiting programs for new parents are scarce in Los Angeles County with just 16 percent of families reporting a visit (Maternal, Child and Adolescent Data Summary, 2001).

In Los Angeles County home visiting programs target low-income families, families at risk for substance abuse or where children may be at risk for limitations in early childhood development. The Home Visitation Network, a new organization consisting of representatives from many home visiting programs in Los Angeles County, convenes quarterly to discuss issues relevant to visitation, referral, and education. Support for breastfeeding may be just one component of many health and social benefits offered in these programs. Each program is unique in the services it provides, including lactation services. Due to the intensity of services, these programs serve only a small number of children and parents. Home visit protocols vary by program. Four visitation programs are presented here but others include Early Head Start, Adolescent Family Life Program, and Cal-Learn.

Black Infant Health (BIH) Program

The Black Infant Health Program (BIH) was created to help reduce infant mortality and to improve the health of African American women and children. There are seven BIH health sites in Los Angeles County. These include the City of Pasadena Health Department, five contracted agencies working with the Los Angeles County Health Department, and the City of Long Beach Department of Health and Human Services. Approximately four thousand women enrolled in BIH throughout the state between 1996-98 representing 2.6% of all African-American births. Although the program is relatively small, it targets a hard to reach population with a high risk of poor birth outcomes and comparatively very low rates of breastfeeding. BIH program interventions include outreach for early prenatal care, case management, health behavior modification, social support and empowerment, prevention of risky behaviors, and promotion of father involvement. Having just completed a 2-year evaluation, one future direction of BIH program will be to expand the scope and content of breastfeeding promotion (San Diego State University Graduate School of Public Health, 2001, September).

Perinatal Outreach and Education (POE) Program

The Perinatal Outreach and Education (POE) Program provides intensive case-management for targeted at-risk pregnant women and women of childbearing age, particularly low-income women. Breastfeeding support services include staffing by a health educator trained in lactation management and a lactation support person. Due to their intensity, the POE programs are small, with as few as 35 clients. Local health departments and community agencies in all 58 California counties provide services for POE. Currently there are eight POE program sites at Community-Based Organizations in Los Angeles with an additional program extension underway.

The Prenatal Care Guidance (PCG) Program

The Prenatal Care Guidance (PCG) Program focuses on high-risk women with substance use, who are homeless, or who are under the age of 18 or over the age of 35. The program uses Public Health nurses to provide home visits to women who are CPSP clients and who meet additional program requirements. The La Leche League trains Public Health nurses as breastfeeding support counselors through a training service. The promotion of breastfeeding is an integral part of this program and is part of the LACDHS MCH five-year strategic plan from 1998 – 2004.

The Nurse Family Partnership

The Nurse Family Partnership is based on the nationally known and empirically researched home visitation model by David Olds. The criteria for enrollment is women who are first time mothers, under the age of 26 and who are less than 26 weeks pregnant. This program follows women for a period of two years (until babies are two years of age). Home visitors are trained in the basics of lactation and lactation management. A survey of breastfeeding practices in this program found that 76% of clients reported ever having breastfed. Of those 76%, 34% of the clients reported still breastfeeding at 6 months after delivery, and 25% of all clients reported breastfeeding at 6 months (note: these data are from key informants and not a published source).

SECTOR III: COMMUNITY RESOURCES

• HOME VISITATION PROGRAMS

KEY FINDINGS

- Home visitation programs deliver lactation support in targeted programs for small numbers of women at high risk for poor birth outcomes or whose children may be at risk for poor developmental outcomes.
- Lactation services are unique to each home visitation program.

Breastfeeding Advocacy Groups

The California Breastfeeding Promotion Committee Division of the Department of Health Services was created to address the disparity between the year 2000 breastfeeding objective and actual breastfeeding rates in California. In 1997, the California Department of Health Services published "Breastfeeding: Investing in California's Future" to support and guide breastfeeding efforts in the state. After the report, a strategic plan was developed with the intention to serve as a starting point for integrating breastfeeding promotion into DHS programs. The strategic plan identified 23 major objectives for the health care sector focused on policy and education. (California Department of Health Services, 1996). In response to the state's call to action, regional and community-level coalitions formed to promote and support breastfeeding. There are 28 county and cross-county Regional Breastfeeding Task Forces across California. The Regional Breastfeeding Task Forces have tried to bolster community support for breastfeeding. Their activities include support of breastfeeding initiatives, local campaigns to support breastfeeding, producing informational pamphlets for providers and consumers in the community, developing informational web sites, training local peer counselors and establishing informational hot lines for mothers. For a comprehensive view of coalition activity throughout the state of California, visit: <http://www.breastfeeding.org/bfcoalitions.htm>.

The mission of the Breastfeeding Task Force of Greater Los Angeles (LABFTF) is to: 1) improve infant and family health by making breastfeeding the cultural norm 2) to create a supportive public environment, and 3) to improve rates of initiation and duration of breastfeeding in Los Angeles County, by addressing the needs

within four sectors (government, health care, community and the media). The taskforce is a volunteer organization and meets quarterly.

Membership of LABFTF includes lactation service providers, lactation consultants, WIC personnel, La Leche League leaders, health educators, consumers, nutritionists, nurses, physicians, CPSP providers and in general, advocates and consumers interested in promoting breastfeeding. Their accomplishments include continuing education opportunities, developing a directory of some of the lactation services for Los Angeles County, and a web site for breastfeeding resources, information and events and legislation advocacy. (See www.breastfeedingtaskforla.org for additional information.)

SECTOR III: COMMUNITY RESOURCES

• BREASTFEEDING ADVOCACY GROUPS

KEY FINDINGS

- The mission of the Breastfeeding Task Force of Greater Los Angeles is to improve infant and family health by making breastfeeding the cultural norm, to create a supportive public environment, and to improve rates of initiation and duration of breastfeeding in Los Angeles County.
- The Breastfeeding Taskforce of Greater Los Angeles has developed a directory of lactation services for Los Angeles County, and a web site for breastfeeding resources, information and events and legislation advocacy.

Lactation consultants provide much of the professional breastfeeding support that is available to mothers after they leave the hospital. There are several sources of lactation training, education and certification in Los Angeles County. One source of training is the UCLA Lactation Educator Training Program that has trained health and non-health professionals for over 20 years to become lactation educators in private practice or clinic employment. Another training facility, the Lactation Institute and Breastfeeding Clinic located in Encino, California was founded in 1979 and offers undergraduate & graduate education in lactation. (See <http://www.lactationinstitute.org>) for additional information.

There is little standardization among practitioners in lactation. The only current standard that exists is the International Board Certified Lactation Consultant exam, which is not mandatory. Individuals must meet the International Board Certified Lactation Consultants eligibility requirements and pass an independent examination administered by the International Board of Lactation Consultant Examiners (IBLCE) (Lawrence and Howard, 2001).

Because state licensing does not regulate lactation consulting there is no means to know exactly how many lactation consultants are in Los Angeles County. The IBLCE does not currently keep any records of the demographic characteristics of the lactation consultants that are certified by them. Although the IBLCE and the Breastfeeding Task Force of Los Angeles publish a directory of Lactation Consultants annually, it contains only those breastfeeding professions (educators, counselors or consultants) who choose to be listed and want to advertise their services.

A review of the lactation consultant services in the LABFTF directory reveals few lactation consultant services that are reimbursable through health insurance, either public or private, unless there is a medical need. Returning to work and needing a pump to maintain milk supply does not currently qualify as a medical need.

Although Medi-Cal and CPSP are mandated to provide limited lactation support through their certified providers, most lactation consultants are private entrepreneurs. Although there are some practitioners who provide services at lower cost or clinics that provide free services, the expense of services provided by lactation consultants outside of a medical setting are covered entirely by families. Even if lower-income families chose to

pay out-of-pocket for lactation service, the majority of lactation consultants listed are located in more affluent areas of the County, leaving lower income areas with few if any available lactation consultants

SECTOR III: COMMUNITY RESOURCES

• LACTATION SERVICES • CONSULTANTS

KEY FINDINGS

- Lactation consultants provide much of the professional breastfeeding support that is available to mothers after they leave the hospital.
- There is little standardization among practitioners in lactation /state licensing required of lactation consultants.
- Lactation consultants tend to practice in more affluent areas of the county.
- Few lactation consultant services are reimbursable through health insurance, either public or private unless there is a medical need.

Lactation Services

Breast Pump Rentals and Services

Most women who breastfeed and are separated from their infants for any reason, such as illness, going to work or school, use a breast pump to maintain their milk supply. Individual entrepreneurs, hospitals, and the WIC Program provide breast pump services through rentals or sales. Breast pump rental for Medi-Cal clients is reimbursed as durable medical equipment (DME) under contract to Medi-Cal. However finding a DME provider in Los Angeles County that provides breast pumps can be difficult. The geographic distribution of the pump rental providers is uneven and less available in low-income communities. Advertising by private breast pump rental and businesses and entrepreneurs is conducted on the internet, in birth hospitals, through health care providers, word of mouth or in local publications.

SECTOR III: COMMUNITY RESOURCES

• LACTATION SERVICES • BREAST PUMP RENTALS AND SERVICES

KEY FINDINGS

- There are gaps in breast pump rental services in Los Angeles County with very few providers serving the Medi-Cal population.

Lactation Services

Mother to Mother Support

La Leche League

In the mid 1950's when breastfeeding rates dropped to close to 20%, a group of mothers who advocated breastfeeding over formula created an organization, the La Leche League, dedicated to providing mother to mother education, information, support, and encouragement to women who want to breastfeed. Today, La Leche League is an international grass roots organization with over 3,000 groups in 48 countries. (For additional information, see <http://www.lalecheleague.org>.)

La Leche League is a source of local community support for many breastfeeding mothers and aims to meet the cultural and breastfeeding needs of the community in which they are formed. All groups are independent and conduct their own fundraising. Services are based upon the needs of women within their designated area but information and training is standardized for all group leaders.

Participation is voluntary and all meetings and services are free. The groups most often promote their services and recruitment through local advertising and word of mouth. They also serve as a lactation referral source for perinatal agencies throughout the County.

There are a total of 8 La Leche League Groups in Los Angeles County located in the South Bay, San Pedro, Long Beach, the Westside, Hollywood, San Gabriel, San Fernando Valley and Torrance. No additional Leche League groups have formed to serve the needs of the remainder of the County. La Leche League serves only a small portion of the Los Angeles community but specific information about how many women are served by

this organization in Los Angeles is unknown.

SECTOR III: COMMUNITY RESOURCES

• LACTATION SERVICES • MOTHER TO MOTHER SUPPORT

KEY FINDINGS

- Leche League provides community based mother to mother education, information, support, and encouragement to women who want to breastfeed.
- La Leche League serves only a small portion of the Los Angeles community.

F **faith-based Organizations**

Of the faith-based organizations contacted (i.e., churches, synagogues, temples) breastfeeding support was not a primary objective in program services provided to families. Rather, a common theme among interviews was an expressed feeling of “individualized support” per family. Some respondents felt religious organizations were not an appropriate place to obtain information on breastfeeding and that women should obtain information from their doctors and hospitals. Other respondents said they would refer women to La Leche League or other lactation programs if women requested breastfeeding information or services.

One exception is Parish Nursing, a specialized area of professional nursing practice that focuses on health promotion through health ministry within a faith community. Some Parish Nursing programs offer breastfeeding services. Hospitals with parish nursing services provide a wide range of educational classes and services regarding breastfeeding, including a mother and baby home follow-up program after hospital discharge.

Case Study

The Parish Nursing Program at an urban medical center provides resources to the congregation for maintaining and improving their well-being in a holistic manner through prayer and worship. It is jointly sponsored by the hospital and local churches, and is intended to help fulfill the church's healing mission. The services of the Parish Nursing Program include: assisting parishioners in recognizing and understanding the relationship between faith, attitudes, lifestyles, habits and their overall health and well-being; conducting various types of whole person health education and training for individuals and groups; providing personal and confidential health counseling and advice on individual health problems. Breastfeeding promotion is included in education and counseling.

SECTOR III: COMMUNITY RESOURCES

• FAITH-BASED ORGANIZATIONS

KEY FINDINGS

- Very few faith-based organizations provide breastfeeding information

Child Care Services

The past two decades have seen an increase in the number of women (from 32% to 57.9%) with infants under the age of one returning to work (Hamilton, 1998). Women with infants currently have few child care choices when they return to work or school. In California there are over 9,000 licensed child care centers and approximately 30,880 licensed family child care providers, meeting only 21% of the estimated need for licensed care. More than 50% of children under 6 have working parents and more than half of these children are in care outside the home. Between 1996 and 1998, the increase in child care slots for infants was 14%, the highest for any age group, yet only 4% of child care center slots are for children 0-24 months. (For additional information, see <http://www.rnetwork.org>.)

In Los Angeles County, there are approximately 2,200 child care centers and between 5,000 and 7,000 licensed family child care homes in Los Angeles County. The majority of child care agencies contacted reported that there is no structured information given to parents on breastfeeding (i.e., no pamphlets). In general, breastfeeding services are ad hoc and individually tailored towards the needs of the women, thus only if a mother asks about breastfeeding they are referred to an outside agency. A common referral is La Leche League. There are currently no data on breastfeeding rates in child care settings, or on the knowledge, attitudes and practices of daycare workers related to breastfeeding. Infant feeding in childcare, including breastfeeding, is regulated under state licensing standards. In California, these recommendations include only a proviso that parents be "permitted" to provide formula or breast/mother's milk for their babies while in day care centers. Other states have taken a more proactive stance in supporting breastfeeding in child care settings. For example, Delaware stipulates, "every effort shall be made to accommodate the needs of the child who is being breastfed". Mississippi's regulations explicitly support breastfeeding, "breast milk is the recommended feeding for infants and should be encouraged and supported by child care facility and staff" (<http://www.NRC.UCHSC.edu>).

Breastfeeding support programs in daycare settings are scarce, with notable exceptions in some schools and worksites. Opportunities to educate future and current daycare workers in breastfeeding include working with the Coalition of Community Colleges to integrate breastfeeding educational material into the early childhood development courses. Breastfeeding subject material could also be presented at the local meetings held by the Family Child Care Association, Child Resource and Referral Agencies, and Early Head Start Program. In addition, opportunities exist for the WIC program and health care providers to provide child care sites and provide breastfeeding support, education, referrals, case management, advice on handling breast milk, and provision of breast pumps.

Child Care Food Program

The Child Care Food Program is a state and federally funded program that gives financial aid to licensed child-care centers and day care homes. The United States Department of Agriculture (USDA) provides funds and a reimbursement plan for the State Nutrition and Education Department to administer the childcare food program. Any public or private nonprofit institution providing nonresidential day care may be eligible to receive aid. The objectives of the program are to: (1) Improve the diets of children under 13 years of age by providing the children with nutritious, well-balanced meals and (2) Develop good eating habits in children that will last through later years.

Important requirements for infant meal services pertaining to breast milk includes a rule which eliminates whole cow's milk from the infant meal pattern by requiring that all meals and snacks served to infants, up to one year of age, include breast milk or iron fortified infant formula. The rule also allows reimbursement for meals served to infants, from birth through seven months that exclusively contain breast milk. This collaboration fosters the support of breastfeeding activities and makes breast milk a reimbursable meal. However, the Child Care Food Program only reimburses childcare programs for breast milk feedings prepared and given by staff. There is no reimbursement if mothers directly breastfeed their infants, which might be a disincentive to childcare providers of breastfed infants.

SECTOR III: COMMUNITY RESOURCES

• CHILDCARE

KEY FINDINGS

- There are no data on the breastfeeding, knowledge, attitudes, and practices of child care workers.
- There are no data on breastfeeding rates among infants in childcare.
- The Child Care Food Program only reimburses childcare programs for breast milk feedings prepared and given by staff.

Schools

Building breastfeeding education programs for school age children may be an important element to promote the practice of breastfeeding later in life. A current lack of positive exposure to breastfeeding throughout childhood and adolescence may contribute to low breastfeeding initiation rates (Leffler, 2000). In Los Angeles County, 50% of the mothers who initiated breastfeeding made the decision to breastfeed prior to their pregnancy, and 31% of the mothers who did not initiate breastfeeding made this decision prior to their pregnancy (Office of Health Assessment and Epidemiology, 2001, February).

Since school audiences include both males and females they are ideal candidates for receiving breastfeeding information. Because current breastfeeding educational efforts primarily target women, exposing young males to breastfeeding information is important (Leffler, 2000). The opportunity to reach boys and girls before they internalize social misconceptions of breastfeeding suggests that the school-aged population may be particularly appropriate for such education.

The New York State Department of Education is the only state with a Breastfeeding Curriculum. With a grant in 1996 from the United States Public Health Service, Maternal and Child Health Bureau by the New York State Department of Health, Bureau of Women’s Health, it was developed in collaboration with the New York State Department of Education and the New York State Breastfeeding Advisory Council.

The Breastfeeding Curriculum serves as a practical classroom tool for educators relevant to the entire k-12 grade levels. The lessons were intended to help students develop positive attitudes toward breastfeeding and designed as a tool to help integrate the subject of breastfeeding into other established academic subjects (i.e., science, math, health, social studies, language arts, nutrition, Family Life, etc). The curriculum encourages flexibility and creativity in the classroom and can be presented at the teacher’s discretion. The curriculum is available on the New York State Department of Health’s website. (For additional information , see [http:// www.health.state.ny.us/nysdoh/b_feed/main.htm](http://www.health.state.ny.us/nysdoh/b_feed/main.htm)). The curriculum has not currently been systematically implemented, disseminated, nor evaluated.

Case Study

Comprehensive CAL-SAFE (School Adolescent Family Education) program at a local high school.

A local high school with a new teen-parenting program funded through the State, provides breastfeeding support for new parents. The school has a nursery on the campus site, space for breast milk expression, and pumps supplied by WIC. Students begin the program when the child is 6-weeks old. The pregnant students who are new to the program are able to observe the moms who pump, breastfeed and return to class, and thus serve as positive role models for breastfeeding. Program staff also conduct home visits with parents after the baby is born and encourages breastfeeding.

Although no public schools in Los Angeles County have a breastfeeding curriculum, some local high schools have elective classes that could include breastfeeding subject matter. A representative from one Los Angeles school district revealed that the elective course, *Relationships/Health* offered in the 10th grade level does not cover the topic of breastfeeding even though it covers the subjects of birth control, pregnancy, childcare, and abortion. In addition, the *Family Living/Parenting* elective, an advanced course offered in the 11th and 12th grades includes subject matter such as pregnancy planning, childcare, parenting and child development, but provides no information on breastfeeding. Teachers expressed a desire and need for breastfeeding resources that would enable them to incorporate breastfeeding topics into their curriculum.

Some alternative or continuation high schools, specifically for high risk and pregnant teens or teen mothers, do have some accommodations for pregnant and breastfeeding teens, including access to breast pumps from local a local WIC agency in five alternative schools. There is no formal collaboration between the WIC and the schools except for the loan of pumps to students who need them. These schools provide a range of parenting and breastfeeding information and childcare services.

SECTOR III: COMMUNITY RESOURCES

• SCHOOLS

KEY FINDINGS

- Breastfeeding educational programs for school age children may be important to promote the practice of breastfeeding later in life.
- Although no public schools in Los Angeles County have a breastfeeding curriculum, some local high schools have elective classes that could include breastfeeding subject matter.
- A small number of alternative high schools that serve pregnant and lactating teenagers have developed informal breastfeeding support programs and collaborate with WIC to loan breast pumps.

Although working mothers start to breastfeed as frequently as mothers who don't work, fewer continue through six months. In 1998, for instance, 64.4 percent of all US employed mothers initiated breastfeeding, but only 24.4 percent remained breastfeeding at 6 months and 12.5 percent at one year, figures lower than for women who are not working (DHHS 1998; Ross Products Division, 1998).

Lactation programs, generally included with work/life benefits such as childcare subsidies, are offered by 15 percent of large employers (<http://my.shrm.com>). In addition to being few in number, employer programs tend to be insular and not linked to birth hospitals, health plans, childcare or other community providers. Some programs are restricted to female employees while others include male employees and spouses such as the one at Los Angeles Department of Water and Power (LADWP) (Cohen, Lange & Slusser, 2002). Barriers in the work place cited by employers include: resentment from co-workers because of the extra time off granted to employees to breastfeed or express milk, their current employee status and amount of work, the gender of management, and the amount of space available for lactation purposes. Information that may encourage employers to support breastfeeding might include new legislation, cost savings and positive public relations (Brown, Poag, & Kasprzycki, 2001).

The Pregnancy Discrimination Act enacted in 1978, prohibits workplace discrimination on the basis of pregnancy, childbirth, or related medical conditions. Federal courts however, have not interpreted this to include breastfeeding, even though the intent of Congress was to include it. Some states and the federal government are using the legislative process to protect working and breastfeeding mothers. At the federal level, the proposed Breastfeeding Promotion Act (HR 285) amends the Civil Rights Act of 1964 to protect breastfeeding by new mothers; to provide for a performance standard for breast pumps; and to provide tax incentives to encourage breastfeeding. (For additional information, see <http://www.house.gov/maloney/>).

California laws that support or protect workingwomen date from 1998 with the California Concurrent Assembly Resolution. The resolution "encourages the State of California and California employers to support and encourage the practice of breastfeeding, by striving to accommodate the needs of employees, and by ensuring that employees are provided with adequate facilities for breastfeeding and expressing milk for their children." It also asks the Governor to "declare by executive order that all State of California employees be provided with adequate facilities for breastfeeding and expressing milk" .

<http://www.lalecheleague.org>). CA AB 1025, the Lactation Accommodation Act, introduced by California Assemblyman Dario Frommer, supercedes this resolution. Effective January 1, 2002, AB1025 amends the California Labor Code to require employers to provide employed mothers a reasonable amount of time and an appropriate place to express breast milk during the workday. The bill was sponsored by the California Council of Machinists, and is supported by the California Nurses Association, the California Medical Association, the American Federation of State, County, and Municipal Employees (AFSCME), the California Dietetic Association, Kaiser Permanente, the American College of Obstetricians and Gynecologists, and the March of Dimes (<http://www.breastfeedingtaskforla.org/>) (See Appendix 12 for more information about CA AB 1025.)

The passage of this law affords an opportunity to educate employers, unions, and especially working women about the bill. Supporting education and technical assistance at this critical juncture may be particularly important since many women may be hesitant to challenge their employers, bring a complaint through legal channels, or find support in their unions. Key informant interviews with the union representatives and human resource representatives revealed that many people are unaware of the law or do not consider it a high priority. However, there has been dissemination among the legal community and employers. One large Los Angeles law firm, Gibson, Dunn, and Crutcher featured this new law on the front page of their newsletter that covered 2002 CA legislation. The California Chamber of Commerce will be holding a series of Labor Law Training Seminars across the state to update business on all labor legislation enacted since January, including the Lactation Accommodation Act. And, the State of California is sending a letter to 150,000 employers to notify them of the new law.

Employers that provide accommodations for mothers to continue breastfeeding after returning to work have found positive results including lower absenteeism, higher company loyalty, higher employee morale and lower health care costs. A sick child is a frequent cause of absenteeism among both employed mothers and fathers. The Los Angeles Department of Water and Power and Aerospace Corporation in El Segundo are companies that pioneered the establishment of employee lactation support services in 1988. A study of these two Los Angeles County corporations found twice as many absences related to a sick baby among employees who did not breastfeed compared to those who did (Cohen et al, 1995). Another company (Aetna, Inc.) estimated their investment in a lactation program to have a return of \$2.18 for every dollar spent on lactation programs and Home Depot saw savings of over \$40,000 per year in reduced absenteeism (Washington Business Group on Health, 2000).

A work site lactation program is now one of the criteria used for rating the 100 Best Companies for Working

Mothers issued by Working Mother's magazine. Among those rated this year, not one of the headquarters was based in Los Angeles County. However DWP and CIGNA Corporation and Aetna, both with offices in Los Angeles, have received "Workplace Models of Excellence" awards from the National Healthy Mothers, Healthy Babies Coalition in 2000 for their lactation programs (National Healthy Mothers, Healthy Babies, 2000).

Case Study

Beginning in 1988, Los Angeles Department of Water and Power (DWP), a public utility in Los Angeles with 9,000 employees, was one of the first companies to offer lactation support for its employees and their families, now totaling 3,000 participants. By promoting breastfeeding as a family issue in a predominantly male company, DWP has been successful in using new marketing strategies to educate supervisors as well as male and female employees about breastfeeding. This employer has developed its lactation support program in conjunction with other comprehensive family-friendly benefits. DWP provides its lactation program through its childcare services that also includes adoption assistance, expectant parent services, a fathering program and parenting classes.

The Workplace

Unions

The union representatives contacted in Los Angeles reported policies on breastfeeding that were not part of collective bargaining agreements. According to the union representatives that were interviewed, the upper management in unions would not consider the subject of breastfeeding as a high priority and representatives would hesitate to discuss it with them. A notable exception, however, was a union representative who not only supported breastfeeding but also was instrumental in the passage of CA AB 1025 that requires employers to provide reasonable time and accommodations to breastfeed. This representative was motivated by a negative breastfeeding experience of a union member. In his opinion breastfeeding was sexualized on the job and kept hidden.

This opinion was echoed by a female union representative who herself had used a breast pump at work and reported that employees had not requested space or time to pump because they do not feel comfortable breastfeeding at work. She explained that female workers most often use their 6 months of disability leave after they

have their baby and then stop breastfeeding when they return to work. She said educating women about the benefits of breastfeeding and providing a space to breastfeed may encourage breastfeeding in the workplace.

The responses from union representatives to the new Lactation Accommodation Act were mixed. A representative of a local union who represent service sector workers wasn't aware of the new legislation regarding breastfeeding in the workplace (CA AB 1025) but offered to share the information with staff. Ordinarily the union informs members of new laws through newsletters and, in some cases where a new law significantly affects them, a letter is sent. At the time of this report unions did not feel that CA AB 1025 warranted informing members of its passage and did not have any plans to notify members. Another representative was aware of CA AB 1025 but had no plans to notify members even though the representative had a great personal interest in breastfeeding.

SECTOR III: COMMUNITY RESOURCES

• WORKPLACE • UNIONS

KEY FINDINGS

- Women with infants and toddlers are the fastest growing segment of today's labor force.
- Although working mothers initiate breastfeeding as frequently as mothers who don't work, fewer continue through six months.
- Employers who provide lactation programs for mothers to continue breastfeeding after returning to work have found positive results including lower absenteeism, higher company loyalty, higher employee morale and lower health care costs.
- Very few unions feel breastfeeding support in the workplace is an relevant issue.
- Women appear to be reluctant to request breastfeeding support from their employers.
- Effective January 1, 2002, AB1025 amends the California Labor Code to require employers to provide employed mothers adequate time and an appropriate place to express breast milk during the workday.
- Employers and unions may be unaware of the new CA law and/or how to implement it.
- Few union representatives are informing their members about CA AB 1025.

VIII. POSSIBLE STRATEGIES AND ACTIVITIES

This assessment of breastfeeding systems in Los Angeles gives a snapshot of the *Circles of Influence* that surround women and their families. The key findings identified in this assessment of services and support available for breastfeeding families in Los Angeles County, revealed significant gaps within the three major sectors of communications, health care, and community resources. On the plus side of the gap are the facilitators, the stakeholder organizations and institutions already protecting, promoting and supporting breastfeeding, largely through advocacy and a public education function but also through statute, regulation and some programs and services. These include the advocacy organizations and governmental institutions. On the other side of the gap are the health care system stakeholders, responsible for direct services for breastfeeding women and their children, and the many community stakeholders, with notable exceptions, that should be playing a role in the breastfeeding environment but are not.

In order to bridge the gaps in support and service, there is a need to bring sectors together through the following strategies in order to work towards a more integrated and coordinated system for breastfeeding families in Los Angeles:

- **Leadership Development**
- **Strategic Communication (media and public education)**
- **Capacity building**
- **Evaluation and Dissemination**

The following possible activities address key findings and provide opportunities to achieve an integrated and comprehensive breastfeeding support system for Los Angeles County.

SECTOR I: STRATEGIC COMMUNICATIONS

Breastfeeding is not frequently addressed in film, television and radio and most often appears in context of the news such as the release of new research or high-profile lawsuits. In comparison, bottle-feeding is portrayed more often. In 1997, California, law (CA AB 157) gave women the specific right to breastfeed in public. But despite this law negative reactions to breastfeeding in public is identified by women as a major barrier. Exposure of the breast even as part of a positive portrayal of breastfeeding may not be perceived as such, for various reasons, including modesty particularly by low-income women. The need for improved public awareness and sensitivity of breastfeeding and the needs of breastfeeding women is high. In order to provide more accurate and positive portrayals of breastfeeding to the general public the role of media is critical.

POSSIBLE ACTIVITIES

- Provide expertise and resources to the media on breastfeeding to members of the entertainment industry (i.e., writers, producers and directors) for scripts or news stories to increase the number of positive portrayals of breastfeeding in the media.
- Build awareness of CA AB 157 among women and their community.
- Identify and incorporate representatives from various media outlets to participate in a breastfeeding leadership coalition.
- Identify messages that address the issue of breastfeeding in public and deliver them in appropriate medians such as local papers and bill boards.
- Educate and publicize the legislation that protects women to breastfeed in public and at the work place.
- Develop a continuous quality improvement (CQI) process to measure the proactive approach to utilizing the media and legislation for public education to promote breastfeeding.
- Develop a tracking system to evaluate changes in the representation of breastfeeding in the mass media.

SECTOR II: **H**ealth Care ♦ **B**irth Hospitals

Hospitals, insurers and providers are key stakeholders in the promotion and support of breastfeeding. Currently these three are not systematically collaborating or actively working together to support breastfeeding. Although hospitals are required by law to provide lactation support to patients in California, few are in compliance and there is no breastfeeding standard of care.

Possible Activities

- Support the role hospitals play to support breastfeeding by developing minimum competencies.
- Support expanding breastfeeding support beyond the hospital setting by working with health care workers such as home visitation programs, primary care providers, and physicians and nurses in training.
- Provide technical support to hospitals to become Baby Friendly™ Hospitals.
- Identify and incorporate hospital representatives and clinicians from various birth hospitals to participate in a breastfeeding leadership coalition.

SECTOR II: Health Care ♦ Providers

The primary health care provider has a strong and far-reaching role in promoting, supporting and protecting breastfeeding in Los Angeles. Physicians, nurses and other health care professionals receive limited breastfeeding /lactation management education during pre-service and clinical training and continuing education opportunities in lactation management are primarily targeted to and attended by non-physician health professionals. While many significant medical associations have endorsed recommendations that babies be exclusively breastfed for the first six months of life and with the addition of food for one year, there is a void in required leadership within the health care system to implement and support these.

POSSIBLE ACTIVITIES

- Support activities to integrate lactation management into pre-service and training curriculums through TA and capacity building.
- Build on the successes of the continuing education courses for non-physicians in Los Angeles and provide support for the development of innovative continuing education opportunities in lactation management targeted at medical providers.
- Expand the role physicians, obstetrical doctors, pediatricians, nurse practitioners, nurses, midwives, and nutritionists play to support breastfeeding by developing minimum competencies.
- Identify and incorporate health care providers and representatives from medical associations such as the American Academy of Pediatrics and American College of Obstetricians and Gynecologists, to participate in a breastfeeding leadership coalition.

SECTOR II: Health Care ♦ Insurers

Half of all prenatal care for Los Angeles County women is reimbursed under Medi-Cal but Medi-Cal/CPSP lactation services, along with other postpartum services, are currently time limited to 60 days post-partum for mothers and babies. Few lactation consultant services are reimbursable through health insurance, either public or private unless there is a medical need. Health Net and LA Care, the Medi-Cal managed care health plans in LA, do not track the number of breastfeeding mothers or rates of initiation and duration of breastfeeding.

POSSIBLE ACTIVITIES

- Support tracking of rates of initiation and duration of breastfeeding by managed care providers and use rates as a quality of care indicators.
- Support efforts to target insurers to improve lactation support services and reimbursement for providers.
- Identify and recruit representatives from Medi-Cal and private health plans and health plan members in Los Angeles to participate in a breastfeeding leadership coalition.

SECTOR III: Community Resources ♦ WIC

WIC agencies are active community partners and collaborators with local hospitals, schools, and employers to promote breastfeeding for their clients but often the only venue for breastfeeding support for families insured by Medi-cal managed care. The WIC breast pump loan program is one of the few sources or pumps for low-income women returning to work or school. The money saved in health and formula costs provide a strong economic argument to support WIC to expand this program.

POSSIBLE ACTIVITIES

- Support the expansion of the WIC breast pump loan program.
- Support the bridging of relationships between the WIC agencies and local hospitals, schools, and employers to promote breastfeeding for their clients.
- Maintain relationships with representatives from WIC in Los Angeles County to participate in a breastfeeding leadership coalition.

SECTOR III: **C**ommunity Resources ♦ **H**ome Visitation

Home visitation programs that deliver lactation support target women at high risk for poor birth outcomes or whose children may be at risk for poor developmental outcomes. The lactation services are unique to each home visitation program and the programs are only serve a small percentage of new mothers in Los Angeles County.

Possible Activities

- Outreach to home visitation programs to incorporate breastfeeding support and referrals.
- Provide lactation education and training opportunities to home visitors.
- Identify and incorporate representatives from Home Visitation programs in Los Angeles County to participate in a breastfeeding leadership coalition.

SECTOR III: **C**ommunity Resources ♦ **B**reastfeeding Advocacy Groups

The Breastfeeding Task Force of Greater Los Angeles have provided continuing education opportunities for health care providers, as well as developed a directory of lactation services for Los Angeles County and a web site for breastfeeding resources, information and events and legislation and advocacy.

Possible Activities

- Support the Breastfeeding Taskforce of Greater Los Angeles directory of lactation services for Los Angeles County.
- Maintain participation of representatives from the Breastfeeding Taskforce of Greater Los Angeles to participate in a breastfeeding leadership coalition

SECTOR III: **C**ommunity Resources ♦

Lactation Services: Lactation Consultants, Breast Pump Rentals

Lactation consultants provide much of the professional breastfeeding support that is available to mothers after they leave the hospital. Lactation consultants tend to practice in more affluent areas of the county and few lactation consultant services are reimbursable through health insurance, either public or private unless there is a medical need. In addition, there are very few breast pump rental providers in Los Angeles County serving the Medi-Cal population.

Possible Activities

- Identify insurers to improve lactation support services and reimbursement for providers.
- Promote insurers to provide lactation support benefits that aren't limited to medical need.
- Develop strategies to provide incentives for lactation consultants and breast pump rental services to serve low-income areas of Los Angeles.
- Identify and incorporate lactation consultants and providers of breast pump rentals to participate in a breastfeeding leadership coalition.

SECTOR III: **C**ommunity Resources ♦

Lactation Services: Mother to Mother Support

La Leche League provides community based mother-to mother-education, information, support, and encouragement to women who want to breastfeed but only serves a small portion of Los Angeles County.

Possible Activities

- Assess the capacity of La Leche to expand to other communities in Los Angeles County.
- Identify and incorporate representatives from the La Leche League to participate in a breastfeeding leadership coalition

SECTOR III: **C**ommunity Resources ♦ **F**aith-Based Organizations

Very few faith-based organizations provide breastfeeding information and felt they were not an appropriate place to obtain information on breastfeeding.

Possible Activities

- Outreach to faith-based organizations incorporate breastfeeding support and referrals.
- Identify and incorporate faith-based organizations to participate in a breastfeeding leadership coalition.

SECTOR III: Community Resources ♦ Child Care

There are currently no data available on the breastfeeding, knowledge, attitudes, and practices of child care workers or on breastfeeding rates among infants in childcare. The Child Care Food Program reimburses child care programs for breast milk feedings but only those prepared and given by staff.

POSSIBLE ACTIVITIES

- Determine the rates of breastfeeding among infants in childcare.
- Assess the needs of breastfeeding mothers with children in day care and the capacity of day care centers to accommodate them.
- Educate the public about the Child Care Food Program to reimburse childcare programs for breast milk feedings prepared and given by the mother.
- Outreach to child care centers and referral agencies to incorporate breastfeeding support and referrals.
- Identify and incorporate child care centers, referral agencies and working families to participate in a breastfeeding leadership coalition.

SECTOR III: **C**ommunity Resources ♦ **S**chools

Breastfeeding educational programs for school age children may be important to promote the practice of breastfeeding later in life. There are currently no public schools in Los Angeles County that have a breastfeeding curriculum, although some local high schools have elective classes that could include breastfeeding subject matter and a small number of alternative high schools that serve pregnant and lactating teenagers have developed informal breastfeeding support programs and collaborate with WIC to loan breast pumps.

Possible Activities

- Promote positive exposure to breastfeeding throughout childhood and adolescence.
- Support activities that help incorporate breastfeeding education in high school courses that are already dealing with sensitive issues such as pregnancy and child rearing.
- Develop programs that help expand breastfeeding support programs that serve pregnant and lactating teenagers.
- Identify and incorporate schools and teen parents to participate in a breastfeeding leadership coalition.

SECTOR III: **C**ommunity Resources ♦ **T**he Workplace: **E**mployers and **U**nions

Women with infants and toddlers are the fastest growing segment of today's labor force. Although working mothers initiate breastfeeding as frequently as mothers who don't work, fewer continue through six months. Employers who provide lactation programs for mothers to continue breastfeeding after returning to work have found positive results including lower absenteeism, higher company loyalty, higher employee morale and lower health care costs. However, very few unions feel breastfeeding support in the workplace is a relevant issue and women appear to be reluctant to request breastfeeding support from their employers.

Effective January 1, 2002, AB1025 amends the California Labor Code to require employers to provide employed mothers adequate time and an appropriate place to express breast milk during the workday. Unfortunately, employers and unions may be unaware of the new CA law and/or how to implement it and few union representatives are informing their members about of CA AB 1025.

Possible Activities

- Communicate the benefits of providing accommodations for breastfeeding mothers to employers and unions.
- Build upon existing efforts to inform employers and unions about the new lactation accommodation legislation.
- Provide technical assistance and support to those employers and union representatives to help provide accommodations for breastfeeding mothers in compliance with AB 1025.
- Identify and incorporate employers, union representatives, breastfeeding working mothers and working fathers to participate in a breastfeeding leadership coalition.
- Track progress among employers who support breastfeeding at the work place.

VIII. CONCLUSION

Discussion, communication, planning and leadership development with leaders and families are required within each community in order to determine how to best address the findings of this report. Particular attention should be paid to community leadership development as a foundation for sustaining breastfeeding efforts in all communities. To be successful, an integrated and comprehensive breastfeeding support system must be constructed and measured not only through continued financial stability but by the capacity of community leaders, hospitals and insurance companies, and the health care providers to accept ownership for protecting, promoting and supporting breastfeeding. This can be accomplished through evaluation and accountability for the goals and outcomes in each community. Currently there is no broad, collaborative or integrated community based leadership to take ownership of breastfeeding

In order to bridge the gaps in support and service, there is a need to bring sectors together through leadership development, communication (media and public education), targeted partnerships, and capacity building to work towards a more integrated and coordinated system for breastfeeding families in Los Angeles.

IX. APPENDIX

Appendix 1: Summary of Differences Between Milks

	HUMAN	COW	FORMULA
Protein	Correct amount; easy to digest	Too much; difficult to digest	Partly corrected
Fat	Enough essential fatty acids; lipase to digest	Lacks essential fatty acids; no lipase	Essential fatty acids; no lipase
Vitamins	Enough	low A & C	Added

Summary of Differences Between Milks (Cont.)

	HUMAN	COW	FORMULA
Minerals	Enough	Too many	Partly corrected
Iron	Small amount, well absorbed	Small amount; not well absorbed	Added; not well absorbed
Water	Enough	Extra needed	May need extra

Appendix 2:

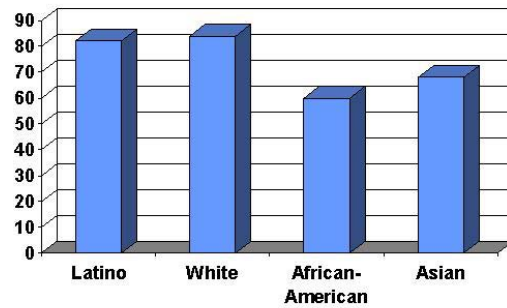
	Percent	(95% CI)	Percent	(95% CI)
All Mothers	79%	<u>+2</u>	40%	<u>+2</u>
Maternal Age at Child's Birth (in years)				
13-19	71%	<u>+6</u>	25%	<u>+5</u>
20-29	79%	<u>+2</u>	42%	<u>+3</u>
30 or older	83%	<u>+3</u>	44%	<u>+4</u>
Marital Status				
Married or Living Together	83%	<u>+2</u>	44%	<u>+2</u>
Single*	68%	<u>+5</u>	29%	<u>+4</u>
Maternal Education				
Less than High School	76%	<u>+3</u>	40%	<u>+4</u>
High School Graduate	77%	<u>+4</u>	35%	<u>+4</u>
Some College or Trade School	82%	<u>+3</u>	39%	<u>+4</u>
College or Post Graduate Degree	87%	<u>+3</u>	51%	<u>+5</u>
**Household Income				
Less than 100% FPL	76%	<u>+3</u>	38%	<u>+4</u>
At least 100% and Less than 200% FPL	77%	<u>+3</u>	38%	<u>+4</u>
At least 200% and Less Than 300% FPL	82%	<u>+4</u>	39%	<u>+5</u>
3005 FPL or Above	88%	<u>+3</u>	50%	<u>+5</u>
Residence by Service Planning Area				
Antelope Valley	79%	<u>+8</u>	42%	<u>+10</u>
San Fernando Valley	83%	<u>+4</u>	46%	<u>+5</u>
San Gabriel Valley	81%	<u>+4</u>	39%	<u>+5</u>
Metro	81%	<u>+5</u>	37%	<u>+6</u>
West	83%	<u>+7</u>	48%	<u>+9</u>
South	76%	<u>+5</u>	38%	<u>+6</u>
East	75%	<u>+5</u>	38%	<u>+6</u>
South Bay	78%	<u>+5</u>	40%	<u>+6</u>

(Los Angeles County Health Survey, 2001)

Appendix 3:

PREVALENCE OF BREASTFEEDING INITIATION, LA COUNTY: 1994-1999

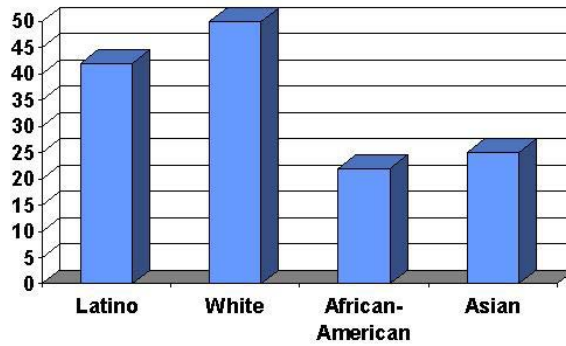
(LA County Health Survey, 2001, Percentages)



Appendix 4:

BREASTFEEDING PREVALENCE SIX MONTHS OR LONGER, LA COUNTY: 1994-1999

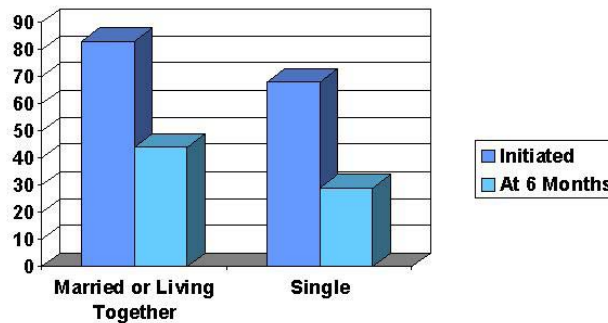
(LA County Health Survey, 2001, Percentages)



Appendix 5:

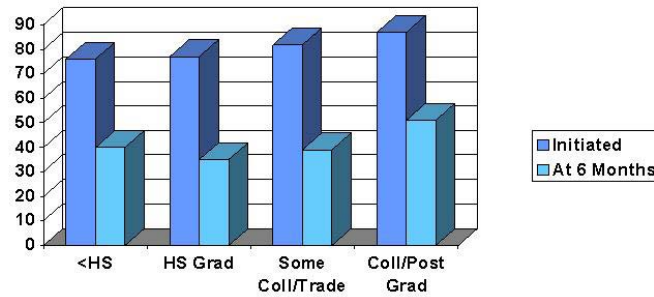
BREASTFEEDING RATES IN LA COUNTY BY MARITAL STATUS: 1994-1999

(LA County Health Survey, 2001, Percentages)



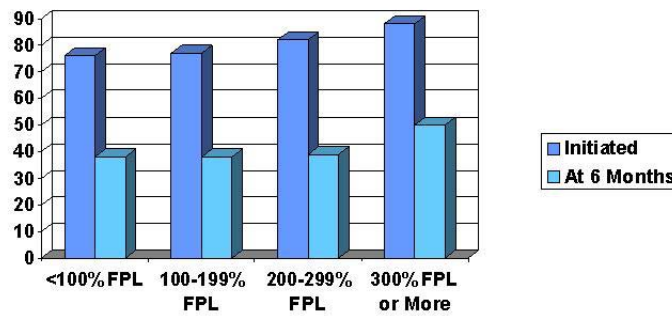
Appendix 6:

**BREASTFEEDING RATES IN
LA COUNTY BY MATERNAL EDUCATION:
1994-1999** (LA County Health Survey, 2001, Percentages)



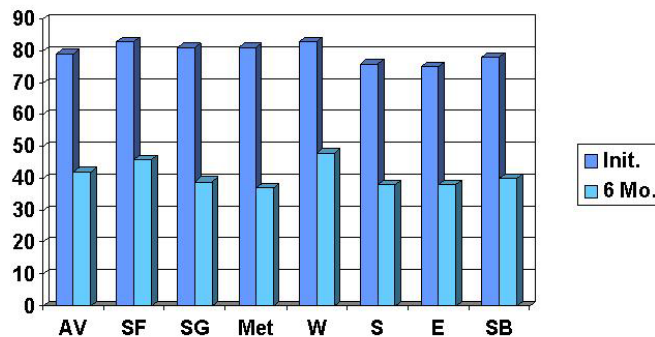
Appendix 7:

**BREASTFEEDING RATES IN
LA COUNTY BY HOUSEHOLD INCOME:
1994-1999** (LA County Health Survey, 2001, Percentages)



Appendix 8:

**BREASTFEEDING RATES IN
LA COUNTY BY SERVICE PLANNING AREA
(SPA): 1994-1999**
(LA County Health Survey, 2001, Percentages)



Appendix 9: Key Informant Organizations

Sector I. Strategic Communication

Media

Lifetime Cable TV (New York, NY)
Women In Film (Los Angeles, CA)
KABC-AM(Los Angeles, CA)
KPCC-FM (NPR radio) (Los Angeles, CA)
Lehr News Hour (Washington, D.C.)
National Public Radio-NPR (Washington, DC)
Director's Guild of America (Los Angeles, CA)
WB Network TV(Los Angeles, CA)
CBS Television (Los Angeles, CA)
Writer's Guild of America (Los Angeles, CA)
Screen Actor's Guild (Los Angeles, CA)
Harpo Films (Chicago, IL)
Entertainment Industries Council (Los Angeles, CA)
Children's TV Workshop (Boston, MA)
MTV Cable TV(Los Angeles, CA)
ABC Television (Los Angeles, CA)
Fox Broadcasting (Los Angeles, CA)
NBC Television (Burbank, CA)
Working Mothers Magazine (Los Angeles, CA)

Sector II. Health Care System

Los Angeles Department of Health Services
Community Perinatal Network, serving Central and East Los Angeles and Monterey Park
LA Care Health Plan, Los Angeles, CA
Mission and Community Hospitals, Huntington Park, CA
The Pump Station, Santa Monica, CA
Beach Cities Health District Breastfeeding Support Center, Redondo Beach, CA
Health Net, Pasadena, CA
Kaiser Permanente of Southern, California, Pasadena, CA.
Glendale Hospital Perinatal Services, Glendale, CA
Limerick, Burbank, CA
School of Medicine, University of Southern California
Kaiser Permanente Los Angeles Medical Center, Los Angeles, CA
California Hospital Medical Center, Los Angeles, CA
UCLA Extension School, Los Angeles, CA
The Lactation Institute, Encino, CA
Little Company of Mary Hospital, Torrance, CA
Providence Health System of San Fernando Valley, Burbank, California
Queens Care Health , Los Angeles, CA

Sector III. Community Resources

Schools

Los Angeles County Office of Education, Los Angeles, CA
California State Department of Education, Sacramento, CA
New York State Department of Education, Albany, NY
New York State Department of Health, Albany, NY
American Academy of Pediatrics, California Chapter 2, Los Angeles, CA
Santa Monica High School, Santa Monica, CA
Valle Lindo Continuation High School, El Monte, CA
McAlister High School (LAUSD)
Pomona High School, Pomona, CA
El Monte Union High School District, El Monte, CA

La Leche League

South Bay/Beach Cities Group (contact)
San Pedro & Palos Verdes Peninsula
LA/Westside
Greater Long Beach
Hollywood/Silverlake
San Gabriel Valley
San Fernando Valley
Torrance/South Bay Milky

Faith-Based Organizations

The Islamic Center of Southern California
The Jewish Federation of Greater Los Angeles
Catholic Archdiocese of Los Angeles, The Office of Family Life
All Peoples Christian Center, Los Angeles, CA

Child Care

State of California Office of Education, Nutrition Services Division
Options-Child Care & Human Services Agency, Baldwin Park, CA
Connections for Children Child Care Resource & Referral, Santa Monica, CA 90405
Children's Home Society of California, Long Beach, CA
Child Care Information Service, Pasadena, CA
Crystal Stairs, Inc, Los Angeles, CA
Mayos Referral Program, Montebello, CA
Families Caring for Families / Family Resource Center, Lancaster, CA,
Child Care Resource Center, Van Nuys, CA

Home Visiting

Home Visitation Network of LA County
Hope Street Family Center, Los Angeles, CA
Vista Del Mar Child and Family Services Home-Safe Child Care, Los Angeles, CA
Volunteers of America Los Angeles Head Start, Harbor City, CA
Plaza de la Raza Head Start State Pre-School, Santa Fe Springs, CA
Venice Family Clinic, Venice, CA

The Workplace

Unions

MCH Services, Inc, Los Angeles, CA

International Machinist Union

Service Employees International Union (SEIU) Local 660

LA County Federation of Labor

Service Employees International Union (SEIU) -City Workers Union Local 347

Service Employees International Union (SEIU) - Health and Safety Workers Local 1877

United Food & Commercial Workers Union-local 770

LA School Employees Union

Employers

Restaurant Association

Garment Association

Mothers at Work Program

Appendix 10 : California Breastfeeding Legislation

The California Assembly has acknowledged the importance of breastfeeding. Recent achievements at the legislative level in California to protect, promote and support breastfeeding families are substantial and support the implementation of our strategic plan. They are the following:

CA AB 977, 1995 that requires all hospitals and maternity care facilities to make available a lactation consultant or to provide information on where to receive breastfeeding information.

CA, AB 157 adds section 43.3 to the Civil Code, 1997: This law basically protects a mother to breastfeed in public. Breastfeeding rights notwithstanding any other provision of law, a mother may breastfeed her child in any location, public or private, except the private home or resident of another, where the mother and child are authorized to be present.

CA Assembly Concurrent Resolution 155, 1998: This measure encourages the State of CA and employers to support and encourage the practice of breastfeeding by striving to accommodate the needs of employees with a focus on facilities for breastfeeding and expressing breast milk.

CA AB 1814, 2000: This bill required the Judicial Council to adopt a rule of court to specifically allow the mother of a breastfed child to postpone jury duty for a period of one year. CA AB 1025, 2001: This bill requires employers to provide a reasonable amount of unpaid break time and to make reasonable efforts to provide the use of an appropriate room for an employee to express breast milk for an employee's infant child.

Appendix 11: The Ten Steps to Successful Breastfeeding

Have a written breastfeeding policy that is routinely communicated to all health care staff.

Train all health care staff in skills necessary to implement this policy.

Inform all pregnant women about the benefits and management of breastfeeding.

Help mothers initiate breastfeeding within an hour of birth.

Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

Give newborn infants no food or drink other than breastmilk, unless medically indicated.

Practice "rooming in" by allowing mothers and infants to remain together 24hours a day.

Encourage breastfeeding on demand.

Give no artificial teats, pacifiers, dummies, or soothers to breastfeeding infants.

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center.

Appendix12: CA AB 1025, the Lactation Accommodation Act

Provides Tax Incentives for Employers: The bill encourages employers to set up a safe, private, and sanitary environment for women to express (or pump) breast milk by providing a tax credit for employers who set up a lactation location, purchase or rent lactation-related equipment, hire a lactation consultant or otherwise promote a lactation-friendly work environment. Many companies would be able to receive a tax credit of up to fifty percent of their related expenses.

Seeks Minimum Safety Standards for Breast Pumps: the bill requires the Food and Drug Administration to develop minimum quality standards for breast pumps to ensure that products on the market are safe and effective based on efficiency, effectiveness, and sanitation factors (in addition to providing full and complete information concerning breast pump equipment).

Allows Breastfeeding Equipment to Be Tax Deductible: the bill amends the tax laws to include breastfeeding equipment and services as deductible medical care expenses.

X. REFERENCES

Ahluwalia, I. B., Tessaro, I., Grummer-Strawn, L. M., MacGowan, C., & Benton-Davis, S. (2000, June). Georgia's breastfeeding promotion program for low-income women. *Pediatrics*, *105*, Article e85. Retrieved July 30, 2002, from <http://www.pediatrics.org/cgi/content/full/105/6/e85>

American Academy of Family Physicians (2001, Fall). *Family physicians supporting breastfeeding. Breastfeeding policy position statement.*

American Academy of Pediatrics. Retrieved July 30, 2002, from <http://www.aap.org>

American Academy of Pediatrics (1997). Breastfeeding and the use of human milk (RE9729). *Pediatrics*, *100*, 1035-1039.

American College of Nurse Midwives. (1992, July 27). *Clinical practices statement on breastfeeding.* Washington, DC: American College of Nurse Midwives. Retrieved July 30, 2002, from <http://www.acnm.org/prof/breast>

American College of Obstetricians and Gynecologists. (2000, July). *Breastfeeding: Maternal and infant aspects* (ACOG Educational Bulletin No. 258). Washington, DC: American College of Obstetricians and Gynecologists.

American Dietetic Association. (1997). *Position of the American Dietetic Association: Promotion of breastfeeding.* Washington, DC: American Dietetic Association. Retrieved July 30, 2002, from <http://www.eatright.org/adap0697>

Baby Friendly Hospital Initiative. (n.d.). Retrieved July 30, 2002, from <http://www.aboutus.com/bfusa>

Baldwin, E. (n.d.). Breastfeeding and the law. *La Leche League.* Retrieved July 30, 2002, from <http://www.lalecheleague.org/LawMain.html>

Baranowski, T., Bee, D.E., Rassin, D., Richardson, C., Brown, J., Guenther, N., & Nader, P.R. (1983). Social support, social influence, ethnicity and the breastfeeding experience. *Social Science and Medicine*, *17*, 1599-1611.

Breastfeeding: Investing in California's future. Breastfeeding Promotion Committee report to California Department of Health Services, Primary Care and Family Health. (1996). California Department of Health Services.

Breastfeeding support at the workplace: Best practices to promote health and productivity (Issue No. 2). (2000). Washington Business Group for Health.

Breastfeeding Task Force of Greater Los Angeles. Retrieved July 30, 2002, from <http://www.breastfeedingtaskforla.org>

- Brown, C., Poag, S., & Kaprzycki, C. (2001). Exploring large employers' and small employers' knowledge, attitudes and practices on breastfeeding support in the workplace. *Journal of Human Lactation*, 17, 39-46.
- Blum, L. M. (1999). *At the breast: Ideologies of breastfeeding and motherhood in the contemporary United States*. Boston, MA: Beacon Press.
- Bryant, C. (1982). The impact of kin, friend and neighbor networks on infant feeding practices. *Social Science and Medicine*, 16, 1757-1765.
- California Child Care Resource and Referral Network. Retrieved July 30, 2002, from <http://www.rnetwork.org>
- California Department of Health Services. (1996). *Breastfeeding: Investing in California's Future*. California Department of Health Services.
- California Department of Health Services. (1998). *Medi-Cal program breastfeeding benefits*. California Department of Health Services.
- California Maternal and Child Health Data Book*. (2000, May). California Department of Health Services.
- California WIC Association. Retrieved July 30, 2002, from <http://www.calwic.org>
- Carpenter, R., Gardner, A., Jepson, M., Tayolor, E., Salvin, A., Sunderland, R., Emery, J., Pursall, E., & Roe, J. (1983). Prevention of unexpected infant death. Evaluation of the first seven years of the Sheffield Intervention Programme. *Lancet*, 8327, 723-727.
- Cohen, R., Lange, L., & Slusser, W. (2002). A description of a male-focused breastfeeding promotion corporate lactation program. *Journal of Human Lactation*, 18, 61-65.
- Cohen, R., Mrtek, M. B., & Mrtek, R. G. (1995). Comparison of maternal absenteeism and infant illness rates among breastfeeding US women in two corporations. *American Journal of Health Promotion*, 10, 148-153.
- Congresswoman Carolyn B. Maloney. Retrieved July 30, 2002, from <http://www.house.gov/maloney>
- DeBruyne, L. K., Rolfes, S. R., & Whitney, E. N. (1989). *Life Cycle Nutrition*. St. Paul, Minnesota: West Publishing Co.
- Florez, C., Taylor, D., & Chavez, G. (2000, May). *California Maternal and Child Health Data Book*. California Department of Health Services.
- Freed, G. L., Clark, S. J., Lohr, J. A., & Sorenson, J. R. (1995). Pediatrician involvement in breastfeeding promotion: A national study of residents and practitioners. *Pediatrics*, 96, 49-494.
- Freed, G. L., Fraley, J. K., & Schanler, R. J. (1992). Attitudes of expectant fathers regarding breast-feeding. *Pediatrics*, 90 (2 Pt. 1), 224-227.
- Gagnon, A. J., Dougherty, G., Jimenez, V., & Leduc, N. (2002). Randomized trial of postpartum care after hospital discharge. *Pediatrics*, 109, 1074-1080.

- Gartner, L., Black, L. S., & Eaton, A. P. (1997). Breastfeeding and the use of human milk. *Pediatrics*, *100*, 1035-1039.
- Guttman, N., & Zimmerman, D. R. (2000). Low-income mothers' views on breastfeeding. *Social Science and Medicine*, *50*, 1457-1473.
- Hamilton, J. (1998). Breastfeeding in the workplace. In W. Slusser, L. Lange, & S. Thomson (Eds.), *Report of the National Breastfeeding Committee* (pp. 46-50). Los Angeles: University of California Los Angeles Center for Healthier Children, Families and Communities.
- Healthy People 2010*. Retrieved July 30, 2002, from <http://www.health.gov/healthypeople/>
- Heinig, M. J., & Dewey, K. G. (1996). Health effects of breastfeeding for mothers: A critical review. *Nutrition Research Reviews*, *9*, 89-110.
- Henderson, L., Kitzinger, J., & Green, J. (2000). Representing infant feeding: Content analysis of British media portrayals of bottle feeding and breastfeeding. *British Medical Journal*, *321*, 1196-1198.
- Howard, C. R., Howard, F. M., Lawrence, R., Andresen, E., DeBlicke, E., & Weitzman, M. (2000). Office prenatal formula advertising and its effect on breastfeeding patterns. *Obstetrics and Gynecology*, *95*, 296-303.
- Howard, C. R., Howard, F. M., & Weitzman, M. (1993). The physician as advertiser: The unintentional discouragement of breastfeeding. *Obstetrics and Gynecology*, *81*, 1048-1051.
- Howard, C. R., Howard, F. M., Weitzman, M., & Lawrence, R. (1994). Antenatal formula advertising: Another potential threat to breastfeeding. *Pediatrics*, *94*, 102-104.
- Jameson, M. (2000, September). A natural formula for success. *Los Angeles Times*.
- Kammerman, S. B., & Kahn, A. J. (1995). *Starting right: How America neglects its youngest children and what we can do about it*. New York: Oxford University Press.
- Klaus, M. (1998). Breastfeeding: Advantages with a focus on child development. In W. Slusser, L. Lange, & S. Thomson (Eds.), *Report of the National Breastfeeding Committee* (pp. 20-26). Los Angeles: University of California Los Angeles Center for Healthier Children, Families and Communities.
- Kogan, M., Kotelchuk, M., Alexander, G., & Johnson, W. (1994). Racial disparities in reported prenatal care advice from health care providers. *American Journal of Public Health*, *84*, 82-88.
- Kuan, L. W., Britto, M., Decolongon, J., Schoettker, P. J., Atherton, H. D., & Kotagal, U. R. (1999). Health system factors contributing to breastfeeding success. *Pediatrics*, *104*, Article e28. Retrieved July 30, 2002, from <http://www.pediatrics.org/cgi/content/full/104/3/e28>
- La Leche League. Retrieved July 30, 2002, from <http://www.lalecheleague.org/>
- Labbok, M. H. (2001). Effects of breastfeeding on the mother. *Pediatric Clinics of North America*, *48*, 143-158.

Labbok, M. H. (1995, July). Models for cost savings associated with breastfeeding. Paper presented at International Lactation Consultant Association Conference, Scottsdale, Arizona. Conference syllabus, pp. 23-24.

Lactation Institute. Retrieved July 30, 2002, from <http://www.lactationinstitute.org/>
Jameson, M. (2000, September). A natural formula for success. *Los Angeles Times*.

Kammerman, S. B., & Kahn, A. J. (1995). *Starting right: How America neglects its youngest children and what we can do about it*. New York: Oxford University Press.

Klaus, M. (1998). Breastfeeding: Advantages with a focus on child development. In W. Slusser, L. Lange, & S. Thomson (Eds.), *Report of the National Breastfeeding Committee* (pp. 20-26). Los Angeles: University of California Los Angeles Center for Healthier Children, Families and Communities.

Kogan, M., Kotelchuk, M., Alexander, G., & Johnson, W. (1994). Racial disparities in reported prenatal care advice from health care providers. *American Journal of Public Health, 84*, 82-88.

Kuan, L. W., Britto, M., Decolongon, J., Schoettker, P. J., Atherton, H. D., & Kotagal, U. R. (1999). Health system factors contributing to breastfeeding success. *Pediatrics, 104*, Article e28. Retrieved July 30, 2002, from <http://www.pediatrics.org/cgi/content/full/104/3/e28>

La Leche League. Retrieved July 30, 2002, from <http://www.lalecheleague.org/>

Labbok, M. H. (2001). Effects of breastfeeding on the mother. *Pediatric Clinics of North America, 48*, 143-158.

Labbok, M. H. (1995, July). Models for cost savings associated with breastfeeding. Paper presented at International Lactation Consultant Association Conference, Scottsdale, Arizona. Conference syllabus, pp. 23-24.

Lactation Institute. Retrieved July 30, 2002, from <http://www.lactationinstitute.org/>

Lawrence, R. A., & Howard, C. R. (2001). The role of lactation specialists. A guide for physicians. *Pediatric Clinics of North America, 48*, 517-523.

Lawrence, R. A., & Lawrence, R. M. (1999). *Breastfeeding: A guide for the medical professions* (5th ed.). New York: Mosby.

Lawrence, R. M., & Lawrence, R. A. (2001). Given the benefits of breastfeeding, what contraindications exist? *Pediatric Clinics in North America, 48*, 235-251.
Locklin, M. P. (1995). Telling the world: Low income women and their breastfeeding experiences. *Journal of Human Lactation, 11*, 285-291.

- Leffler, D. (2000). US high school age girls may be receptive to breastfeeding promotion. *Journal of Human Lactation*, 16, 36-40.
- Locklin, M. P. (1995). Telling the world: Low income women and their breastfeeding experiences. *Journal of Human Lactation*, 11, 285-291.
- Locklin, M. P., & Naber, S. J. (1993). Does breastfeeding empower women? Insights from a select group of educated, low-income, minority women. *Birth*, 20 (1), 30-35.
- Maternal health outcomes for Los Angeles County: Maternal, child and adolescent data summary*. (2001).
- Mei, Z., Scanlon, K. S., Grummer-Strawn, L. M., Freedman, D. S., Yip, R., & Trowbridge, F. L. (1998, January). Increasing prevalence of overweight among US low-income preschool children: The Centers for Disease Control and Prevention Pediatric Nutrition Surveillance, 1983 to 1995. *Pediatrics*, 101, Article e12. Retrieved July 30, 2002, from <http://www.pediatrics.org/cgi/content/full/101/1/e12>
- Montgomery, D., & Splett, P. L. (1977). Economic benefits of breastfeeding infants enrolled in WIC. *Journal of American Dietetic Association*, 97, 379-385.
- Mortensen, E. L., Michaelsen, K. F., Sanders, S. A., & Reinisch, J. M. (2002). The association between duration of breastfeeding and adult intelligence. *JAMA*, 8, 2365-2371.
- National Healthy Mothers, Healthy Babies Coalition (2000). *Workplace models of excellence*.
- National Resource Centers for Health and Safety in Child Care. Retrieved July 30, 2002, from <http://nrc.uchsc.edu/>
- Naylor, A. J., Creer, A. E., Woodward-Lopez, G., & Dixon, S. (1994). Lactation management education for physicians. *Seminars in Perinatology*, 18, 525-531..
- New York State Department of Health. Retrieved July 30, 2002, from <http://www.health.state.ny.us/nysdoh/search/index.htm>
- Newton, E. (1992). Breastfeeding/lactation and the medical school curriculum. *Journal of Human Lactation*, 8, 122-124.
- Office of Health Assessment and Epidemiology. (2000). *Health of Angelinos*. Los Angeles, CA: Los Angeles County Department of Health Services. Retrieved July 30, 2002, from <http://www.lapublichealth.org/ha/reports/angelenos/angelenos.htm>
- Office of Health Assessment and Epidemiology. (2001, February). LA Health: Breastfeeding practices in Los Angeles County. *LA Health at a Glance*. Los Angeles, CA: Los Angeles County Department of Health Services.
- Phlipp, B. L. (2000, Summer). Becoming a baby-friendly hospital: The process of change. *Advances in Family Centered Care*, 6.
- Rassin, D. K., Markides, K. S., Baranowski, T., Richardson, C. J., Mikrut, W. D., & Bee, D. E. (1994). Acculturation and the initiation of breastfeeding. *Journal of Clinical Epidemiology*, 47, 739-746.

- Ross Products Division. (1998). *Breastfeeding trends through 2000*. Abbott Laboratories. Retrieved July 30, 2002, from <http://www.ross.com/aboutRoss/Survey.pdf>
- Rush, D., Leighton, J., Sloan, N. L., Alvir, J. M., & Garbowski, G. C. (1988). Background and introduction. *American Journal of Clinical Nutrition*, 48, 394-411.
- Ryan, A. S. (1997). The resurgence of breastfeeding in the United States. *Pediatrics*, 99, E12.
- San Diego Breastfeeding Coalition. Retrieved July 30, 2002, from <http://www.breastfeeding.org/bfcoalitions.html>
- San Diego State University Graduate School of Public Health. (2001, September). *California Black Infant Health Program Evaluation Report: Program Planning and Implementation 1994-1998*. Retrieved July 30, 2002, from <http://www.uic.edu/sph/cade/mchepi/meetings/nov2000/BIH%20evaluation.ppt>
- Schlaud, M., Seidler, A., Slaje, A., Behrendt, W., Schwartz, F. W., Ende, M., Knoll, A. & Grugel, C. (1995). Organochlorine residues in human breast milk: Analysis through a sentinel practice network. *Journal of Epidemiology and Community Health*, 49, 17-21.
- Schwartz, J. B., Popkin, B. M., Tognetti, J., & Zohoori, N. (1995). Does WIC participation improve breastfeeding practices? *American Journal of Public Health*, 85, 729-731.
- Shepherd, C. K., Power, K. G., & Carter, H. (2000). Examining the correspondence of breastfeeding and bottle-feeding couples' infant feeding attitudes. *Journal of Advanced Nursing*, 31, 651-660.
- Slusser, W. M., & Lange, L. (in press). Breastfeeding in the United States today: Are families prepared? In N. Halfon, K. T. McLearn, M. A. Schuster (Eds.), *Child rearing in America: The condition of families with young children*. Cambridge University Press.
- Society for Human Resource Management. Retrieved July 30, 2002, from <http://www.shrm.org/>
- Udon, N. U., & Betley, C. L. (1998). Effects of maternity-stay legislation on 'drive-through deliveries'. *Health Affairs*, 17, 208-215.
- United States Department of Health and Human Services. Retrieved July 30, 2002, from <http://www/os/dhhs.gov>
- von Kries, R., Koletzko, B., Sauerwald, T., von Mutius, E., Barnert, D., Grunert, V., & von Voss, H. (1999). Breastfeeding and obesity: Cross-sectional study. *British Medical Journal*, 319, 147-150.
- Walker, M. (1992). Breastfeeding the premature infant. *NAACOG's Clinical Issues in Perinatal and Women's Health Nursing*, 3, 620-633.
- Williams, E. L., & Hammer, L. D. (1995). Breastfeeding attitudes and knowledge of pediatricians-in-training. *American Journal of Preventive Medicine*, 11, 26-33.
- Women, Infants and Children. Retrieved July 30, 2002, from <http://www.fns.usda.gov/wic/>
- World Health Organization. Retrieved July 30, 2002, from <http://www.who.int>

World Health Organization. (1989). *Protecting, promoting and supporting breast-feeding: The special role of maternity services (a joint WHO/UNICEF statement)*. Geneva, Switzerland: World Health Organization.

Wright, A. L. (2001). The rise of breastfeeding in the United States. *Pediatric Clinics of North America*, 48, 505-516.