

# A Policy Brief: Improving Access to Lactation Support for Mothers in Los Angeles County, CA

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## Problem Statement

Breastfeeding rates are rising in the United States, however there is still a drastic decrease in exclusive breastfeeding rates after mothers leave the hospital. The World Health Organization describes exclusive breastfeeding as when an infant receives nothing other than breastmilk and suggests infants be breastfed exclusively for the first six months of life (WHO, n.d.). In California, 7 out of 10 of mothers are exclusively breastfeeding in the hospital, half are exclusive at 3 months postpartum and a quarter at 6 months postpartum (CDPH, 2016). **This policy brief will address that decline in breastfeeding rates by detailing current issues, research and interventions around lactation support and demonstrating one method to improve accessibility of lactation support for LA County mothers through enhancing Baby-Friendly Hospital policies.**

## Importance

This decline in exclusive breastfeeding rates is of concern because mothers and infants are missing the many health benefits associated with breastfeeding. For infants, breastfeeding reduces risk of gastrointestinal infections, Infant Death Syndrome, and childhood obesity, while for mothers, breastfeeding has been shown to reduce risk of postpartum depression, diabetes, and breast and ovarian cancer (US Public Health Service, 2011). However, mothers still struggle to meet the World Health Organization's breastfeeding guidelines as mentioned previously. This can be attributed to numerous external factors influencing a mother's breastfeeding duration, such as inadequate maternity leave, social norms, and a lack of education, resources and support. Providing mothers with easily accessible lactation support in addition to their informal social support could address some of the discrepancy between the proportion of mothers exclusively breastfeeding in the hospital and those exclusively breastfeeding at 3 and 6 months postpartum (AAFP, 2013).

## Populations Impacted

LA County ranks 43rd out of 50 counties in California for exclusive breastfeeding rates and according to the 2014 LA County Breastfeeding Summit, half of mothers left the hospital exclusively breastfeeding, 3 out of 10 were exclusive at 3 months and 1 out of 10 at 6 months postpartum. This is much lower than California's exclusive breastfeeding rates as a whole and as shown in Graphic 1, there are persisting regional disparities in exclusive breastfeeding rates. Women who give birth in the East or South regions of LA County have much lower exclusive breastfeeding rates than women in the North or West regions. Lastly, there are evident racial disparities in LA County, where African American women have the lowest rates of breastfeeding overall (Breastfeed LA, 2014).

## Previous Efforts

Doula Care and Breastfeeding Outcomes:	Lactation Consultants and Breastfeeding Outcomes:	Baby-Friendly Hospital Initiative:
<p>Methods:</p> <ul style="list-style-type: none"> <li>Prospective cohort study in a northern California hospital</li> <li>Mothers were assigned to a standard of care or doula-care group on an as-available doula basis</li> <li>Doula-care provided birthing assistance and 2 breastfeeding-focused postpartum home-visits</li> </ul>	<p>Methods:</p> <ul style="list-style-type: none"> <li>Mothers were assigned to receive the standard of care or the intervention, which integrated lactation consultants (CLCs) into routine practice</li> <li>The intervention group met with a CLC twice prenatally, once in the hospital after giving birth and for optional home-visits through 3 months postpartum</li> </ul>	<p>Details of the initiative:</p> <ul style="list-style-type: none"> <li>An initiative implemented into hospitals following the Ten Steps to Successful Breastfeeding</li> <li>“Assists hospitals with giving all mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding” (Baby-Friendly USA, n.d.)</li> <li>Lactation consultants are available for mothers in the hospital postpartum</li> </ul>
<p>Results:</p> <ul style="list-style-type: none"> <li>Women who received doula care had significantly higher odds of breastfeeding at 6 weeks postpartum than mothers receiving standard of care (Nommsen-Rivers et al., 2009)</li> </ul>	<p>Results:</p> <ul style="list-style-type: none"> <li>Mothers in the LC group had a much greater odds of exclusive breastfeeding at 1 and 3 months postpartum than mothers receiving standard of care (Bonuck et al., 2014)</li> </ul>	<p>Outcomes:</p> <ul style="list-style-type: none"> <li>Baby-Friendly practices have proven to impact the likelihood of a mother exclusively breastfeeding for the first 6 months of an infant's life (WHO, n.d.)</li> </ul>

## Recommendations

According to the 2014 LA County Breastfeeding Summit, trends point towards the majority of infants in LA County being born in a Baby-Friendly hospital by 2019 (Breastfeed LA, 2014). Therefore, changing Baby-Friendly Hospital policies in LA County has the potential to reach many mother-infant dyads and impact exclusive breastfeeding rates in LA County.

The key policy change recommendations to the Baby-Friendly Hospital policies will aim to improve 3 and 6 month exclusive breastfeeding rates among LA County mothers by ensuring mothers have lactation support extending beyond the hospital (C.Petran and C.Harvey, personal communication, March 9, 2018).

### Current Baby-Friendly Policies

“Step 5: Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants” (Baby-Friendly USA, 2016).

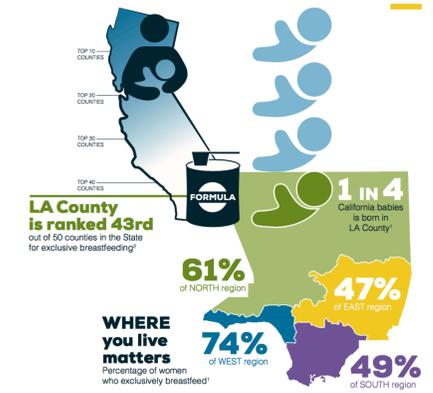
“Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center” (Baby-Friendly USA, 2016).

### Proposed Updates to Baby-Friendly Policies

Step 5:  
1. An **IBCLC** will meet with mothers while still in the hospital to show them how to breastfeed and maintain lactation, even if they are separated from their infant.  
2. An IBCLC will show mothers how to use their breast pump and store pumped breastmilk properly.

Step 10:  
1. Mothers will receive a minimum of two home-visits with an IBCLC trained in cultural competency (scheduled while in the hospital).  
2. Hospitals will provide a list of all breastfeeding resources and support groups available in the area.  
3. Hospitals will ensure time is set aside during all infant check-ups for mothers to see an IBCLC.

## Populations Impacted Cont. (Graphic 1)



Graphic 1 from Breastfeed LA, 2014

## Implementation

To implement these policy changes, LA County hospitals would need additional IBCLCs to ensure one is available after delivery, for home-visits, and infant check-ups. One way this could be achieved is by providing subsidized opportunities for working RNs to earn an IBCLC license as well as provide a cultural competency training to all current IBCLCs. To aid in a mother's transition from the hospital to home, the hospital must ensure that the 1st home-visit with the IBCLC is scheduled before the mother discharges. Lastly, these home-visits will address more than breastfeeding such as sleep, baby-wearing, positive relationships, educating the mother's support system, and connecting with other resources. This ensures that many of the mother's concerns are addressed and resources and support are provided to encourage exclusive breastfeeding or any breastfeeding goals the mother may have.

This policy change should be implemented into one Baby-Friendly LA County hospital as a pilot study and then evaluated for its impact on 3 and 6 month exclusive breastfeeding rates before extending into all LA County Baby-Friendly hospitals.

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