

Kaiser Permanente Policy Story, v1, No. 9

Promoting and Supporting Breastfeeding

- Breastfeeding offers numerous health benefits to babies and mothers, but rates of breastfeeding in the U.S. remain low.
- Increasing breastfeeding rates has become a public health priority among prominent organizations, such as the World Health Organization, the United Nations Children’s Fund, the Centers for Disease Control and Prevention, and the Partnership for a Healthier America.
- Kaiser Permanente has made a major public commitment to promote and support breastfeeding. In 2013, all Kaiser Permanente hospitals will meet standards established by either The Joint Commission or the Baby-Friendly Hospital Initiative.
- Kaiser Permanente’s strategies for improvement in breastfeeding practices will be disseminated publicly to help improve care across the United States.

Policy Context

In 1991, the World Health Organization and the United Nations Children’s Fund launched the Baby-Friendly Hospital Initiative, which listed 10 actions that health care providers could take to support breastfeeding.¹ The Centers for Disease Control and Prevention developed its first breastfeeding targets in the *Healthy People 2000* plan, and has included additional targets in *Healthy People 2010* and *2020*.

In 2011, U.S. Surgeon General Regina Benjamin, MD, issued a “Call to Action to Support Breastfeeding,” enlisting health care providers, employers, public health organizations, and communities.² In addition, the U.S. Department of Health and Human Services has designated lactation counseling and support and breastfeeding equipment rentals as preventive services, which must, therefore, be provided by private health plans at no out-of-pocket cost. Finally, the Partnership for a Healthier America and Michelle Obama’s *Let’s Move* campaign endorsed breastfeeding as a strategy for preventing childhood obesity.

The Challenge

A strong evidence base demonstrates the numerous health benefits of breastfeeding. Breastfeeding protects against acute health conditions in infants, such as ear infections, diarrhea, and sudden infant death syndrome, and problems in later childhood,

such as asthma, diabetes and obesity.³ Breastfeeding mothers are at lower risk for breast and ovarian cancer later in life. The Institute of Medicine recommends that mothers breastfeed exclusively (no formula or food supplementation) for six months, and continue to breastfeed for at least one year.⁴ Although 75 percent of mothers in the U.S. breastfeed at birth, only 23 percent continue to breastfeed for one year, and only 14 percent breastfeed exclusively for the first six months.⁵ In 2010, researchers estimated that up to \$13 billion a year in medical and indirect costs could be saved in the U.S. if 90 percent of mothers breastfed exclusively for the first six months.⁶

Because they are in contact with mothers many times throughout pregnancy and in the child’s first year of life, health care providers have a unique opportunity to improve breastfeeding rates in the nation. However, mothers report receiving conflicting advice on breastfeeding from their doctors. Many providers do not have the training or resources to equip mothers with the knowledge and skills they need to be successful.⁷

Kaiser Permanente Solution

In November 2011, Kaiser Permanente signed a commitment with the Partnership for a Healthier America to support breastfeeding as a measure of hospital quality and a key strategy in improving the health of women and children. By January 1, 2013, all

Kaiser Permanente hospitals will participate in The Joint Commission's Core Measures program, which tracks rates of exclusive breastfeeding at hospital discharge, and/or will be designated as "Baby-Friendly." Hospitals must meet 10 criteria outlined by the Baby-Friendly Hospital Initiative:

1. Develop a written breastfeeding policy and routinely communicate it to staff.
2. Give staff the skills necessary to implement this policy.
3. Inform pregnant women about benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation.
6. Give food or drink other than breast milk to babies only when medically indicated.
7. Allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Do not give pacifiers or artificial nipples to breastfeeding infants.
10. Foster breastfeeding support groups and refer mothers to them post-discharge.

As part of a continuum of support, Kaiser Permanente goes beyond the certification criteria to offer online tools and information, breastfeeding classes, and referrals to lactation consultants. Expectant mothers are encouraged to enter prenatal care early and to develop a birth plan that includes preferences for feeding the baby. These preferences are discussed during prenatal visits and are used to guide the care team in providing tailored education.

Outcomes

In Kaiser Permanente's Southern California region, 12 out of 14 hospitals have been certified as Baby-Friendly, and the final two hospitals are in the process of being certified. Since we began the certification process, rates of exclusive breastfeeding at discharge

have nearly doubled in our Southern California region, from 33 percent in 2009, to 64 percent in 2011.⁸ In Northern California, where our providers began performance improvement efforts in 2011, hospital rates of exclusive breastfeeding climbed from 60 percent in 2010, to over 75 percent in mid-2012.⁹ With over 96,000 births occurring in our hospitals annually, Kaiser Permanente has an opportunity to make a major impact on breastfeeding rates through improvement in hospital practices.

Practical Implications and Transferability

As the final element of our commitment with Partnership for a Healthier America, Kaiser Permanente is creating a publicly-available "toolkit" that consolidates our strategies for increasing breastfeeding rates. Available in 2013, the kit will include tools for other organizations to use and adapt, such as planning resources, guidance documents, and patient education materials.

For more information, please contact:

Kaiser Permanente Institute for Health Policy at <http://www.kp.org/ihp>

¹ See: <http://www.babyfriendlyusa.org>.

² U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

³ Ibid.

⁴ Institute of Medicine. Early Childhood Obesity Prevention: Policies Goals, Recommendations, and Potential Actions. www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx.

⁵ Centers for Disease Control and Prevention. *Breastfeeding among U.S. children born 1999–2007*, CDC National Immunization Survey, www.cdc.gov/breastfeeding/data/NIS_data/index.htm.

⁶ Bartick, M., and Reinhold, A., "The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis," *Pediatrics*, 2010 May;125(5):e1048-56.

⁷ U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*.

⁸ Southern California Permanente Medical Group, Department of Consulting and Implementation.

⁹ The Permanente Medical Group, Department of Quality and Regulatory Services.