



# Breastfeeding as a Health Policy Issue

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# Promoting Exclusive Breastfeeding



## *Model Hospital Policies: First Steps*

Kaiser Northern California Perinatal Council endorses implementation of CDPH Model Hospital Policies



Using facility based teams, model hospital policies implemented in all KFH Northern California hospitals

**Next step: performance improvement using the ICI Model for Improvement methodology**

# Why Exclusive Breast Milk Feeding?



- Stated goals of **WHO, DHHS, AAP, and ACOG**
- Focus of **Healthy People 2020, CDC, and California Dept of Public Health**
- **2010:** TJC announced new Perinatal Care core measures, including “Exclusive Breast Milk Feeding”
- **Jan 2011:** Surgeon General announced “Call to Action to Support Breastfeeding”



# Breastfeeding Collaborative



## Breastfeeding “Bundle” – 4 Evidence-Based Strategies

### The Golden Hour:

*(First hour after birth)*

1. Skin to skin contact
2. Early initiation of breastfeeding



### Ongoing until Discharge

3. Assistance with breastfeeding / Rooming-In
4. No supplementation w/formula unless medically indicated

**Goal:** Exclusive Breast Milk Feeding in the Hospital – 70%

### References:

Evidence based practices

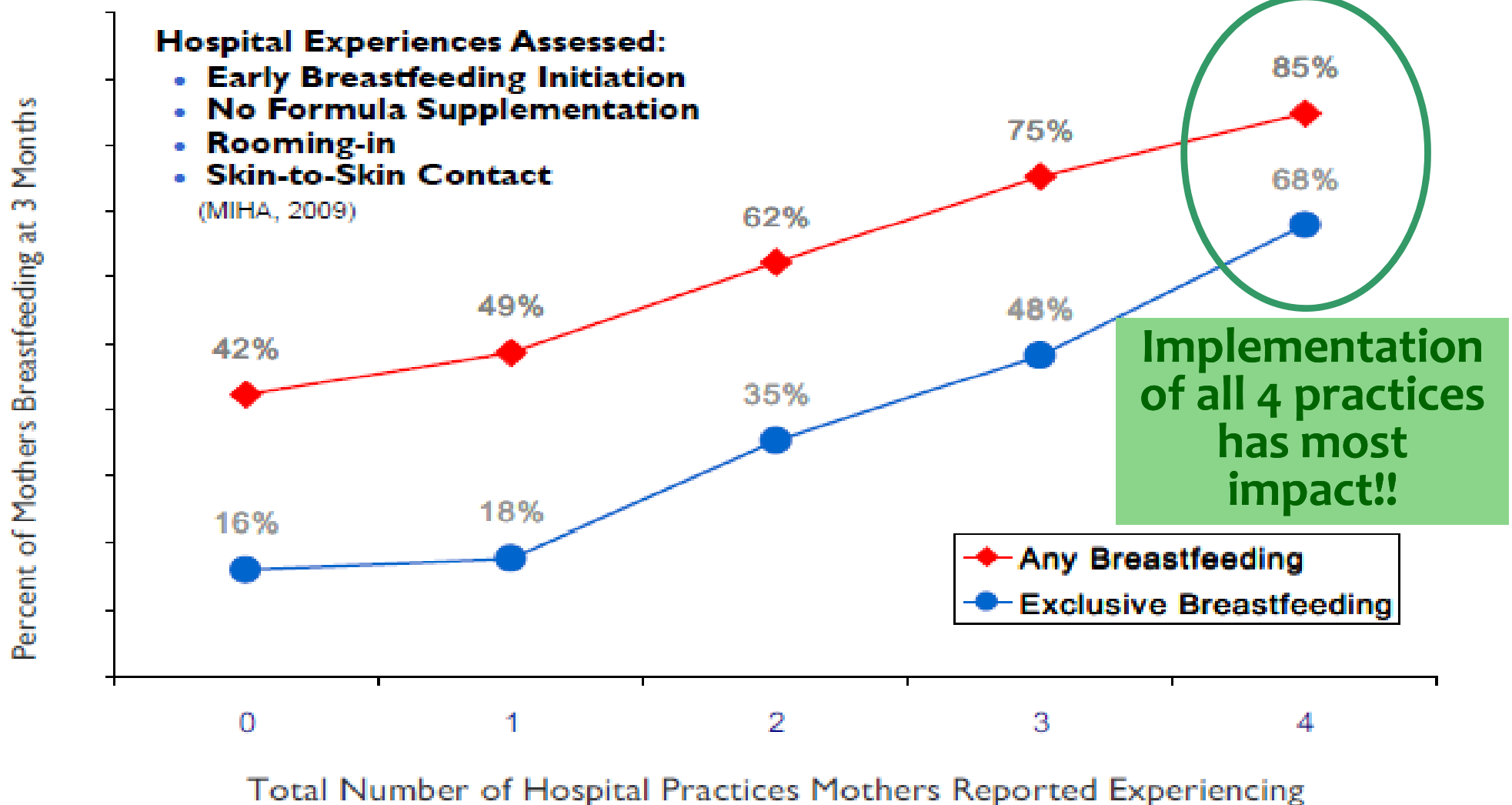
AAP Position Paper, Model Hospital polices, Baby Friendly 10 Steps

# 4 Key Practices Support Exclusive BF

(Maternal & Infant Health Assessment Survey – MIHA)



## Breastfeeding at 3 Months Postpartum by Total Number of Hospital Practices Experienced Among Women Delivering “Healthy Newborns”, MIHA 2009



# Breastfeeding Collaborative Timeline

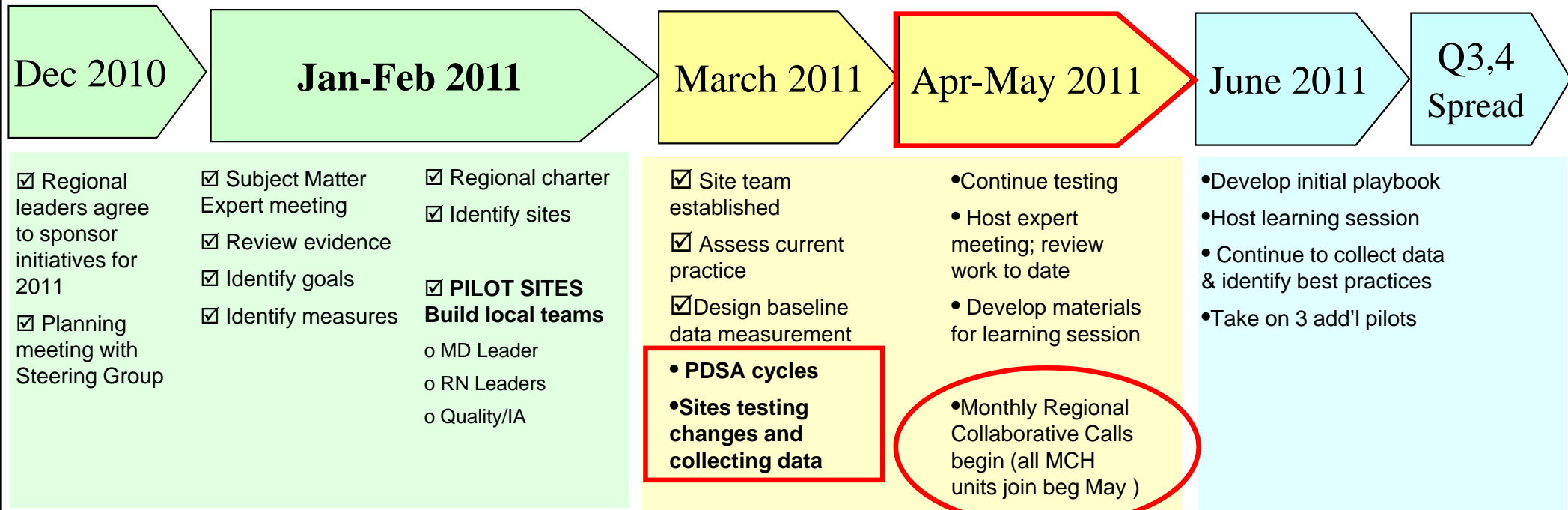


## Pilot Sites

Hayward

South Sacramento

Walnut Creek



## Structure

- Subject Matter Expert Team
- Regional faculty
- Site teams/front line staff
- Support: Collaborative calls

## Process

- Charter, measurement strategy
- PDSA testing-tools
- Action periods
- Change package/Playbook

## Outcomes

- Learning
- Spread
- Improvement
- Improved outcomes