



**B**reast milk contains essential nutrients needed for optimal infant growth and development and reduces risk of post-partum weight retention, depression and ovarian cancer in mothers. Given the evidenced-based benefits of breastfeeding for both mother and baby, the California Department of Public Health recommends breastfeeding exclusively for the first six months of life followed by continued breastfeeding as complementary foods are introduced, with continuation up to one year or longer, as mutually desired by mother and infant.

In addition to being nutritionally complete and the healthiest source of nutrients for infants, breastfeeding provides economic and environmental benefits. Families do not have to purchase or dispose of

**OUR GOAL:** The goals of the Breastfeeding Initiative are to make breastfeeding the community norm for infant feeding in California exclusively for six months and in a complementary manner at least through the first year of life; ensure that hospitals and health care clinics implement an infant feeding policy; and make lactation accommodation a reality for all working women and their employers.

**OUR WORK:** Conduct surveillance and evaluation of breastfeeding outcomes. Expand the resources

commercial infant formula or bottles when infants breastfeed. The reduction in health risks from breastfeeding also reduces health care costs.

Despite these benefits, barriers to breastfeeding persist and include: lack of knowledge, lack of family and social support, embarrassment, lactation issues, hospital policies and workplace accommodation. These barriers contribute to disparities in exclusive breastfeeding rates for newborns at three months, which were found to be the lowest for Asian/Pacific Islander (20%), followed by Hispanics (21%), African Americans (25%) and Whites (43%).

The Breastfeeding Initiative works to break down these barriers to make breastfeeding and its benefits more accessible to **all** women.

available to provide breastfeeding promotion, education, trainings and guidelines for all Maternal, Child and Adolescent (MCAH) Division programs, health departments and community partners. Collaborate with stakeholders to regularly review and develop policies, environments, systems and clinical care to support breastfeeding.

**WE SERVE:** Women of childbearing age and their babies.

**FUNDING:** Federal Title V Maternal and Child Health

## SHARING BREASTFEEDING INFORMATION WITH OUR PROGRAMS

Consultation is provided to MCAH programs to review breastfeeding guidelines and best practices. This review ensures that program participants are equipped with the best information and advice for taking care of themselves and their babies.

MCAH led the production of the California Infant Feeding Guide, released December 2016. It is now the infant feeding guidance used by CDPH and the Department of Health Care Services for consistent messaging.

## RESOURCES

<https://www.cdph.ca.gov/breastfeeding>

- Surveillance Data
- Education Resources
- Infant Feeding Guide
- In-Hospital Feeding
- Lactation Accommodation: Going Back to Work or School
- Laws and Regulations
- Reports

## California Breastfeeding Coalition

[californiabreastfeeding.org](http://californiabreastfeeding.org)

## WE WANT TO HEAR FROM YOU

Reach us at:  
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## Breastfeeding Initiation

In-hospital breastfeeding initiation and education sets a foundation for infant feeding and care. The California Department of Public Health and its many partners across the state have contributed to the rise in in-hospital exclusive breastfeeding rates, which increased from **57% in 2010 to 69% in 2015**. Efforts are underway in California to further increase breastfeeding and reduce disparities in breastfeeding initiation.

### In-Hospital Formula Supplementation Decreased

Data Source:  
Genetic Disease  
Screening Program,  
Newborn Screening  
Data

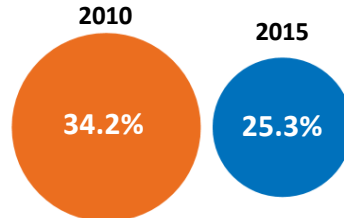


Photo Source: iStock

## Infant Feeding Policy in Development

CDPH/MCAH funds the Regional Perinatal Programs of California (RPPC) to provide technical assistance on quality improvement to California labor and delivery hospitals. The Breastfeeding Initiative is partnering with the RPPC to develop a California Model Hospital Breastfeeding/Infant Feeding Policy.\*

Infant feeding policies utilize evidenced-based practices that promote, protect and support breastfeeding across the continuum of maternal-child care. The California Model will mirror Baby-Friendly USA's *Ten Steps to Successful Breastfeeding*.

\* CA Health and Safety Code § 123365 and 123366.

ing for hospitals and birthing facilities, which includes, but is not limited to:

- ◆ Having a written breastfeeding policy that is routinely communicated to all health care staff.
- ◆ Informing all pregnant women about the benefits and management of breastfeeding.
- ◆ Helping mothers initiate breastfeeding within one hour of birth.
- ◆ Giving infants no food or drink other than breastmilk, unless medically indicated.

RPPC is available to assist hospitals in meeting this California mandate.

## Lactation Accommodation

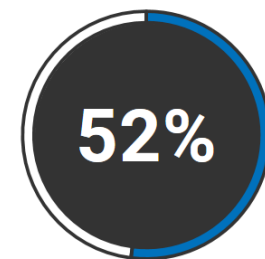
**Two-thirds of women plan to return to work post-partum.** To encourage and ensure that women continue to breastfeed, they need support and accommodations from their employer. Workplace breastfeeding support is required by law and includes providing time and private space to express breast milk, which can be needed as often as every two to three hours.

However, only half of moms have workplace breastfeeding support and moms with lower household income are less likely to have workplace breastfeeding support.

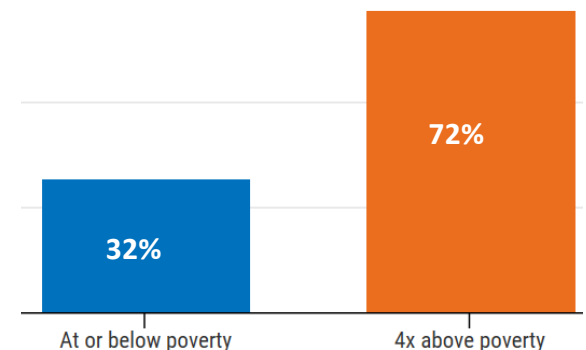
**When given the proper workplace support, women are twice as likely to exclusively breastfeed at three months.**

MCAH promotes lactation accommodation resources to help employees, employers, high school students and high school administrators who want more information about their rights and responsibilities.

## Only Half of Moms Have Workplace Breastfeeding Support



### Workplace Breastfeeding Support Increases as Income Increases



Data Source: California Maternal and Infant Health Assessment 2011