



California Breastfeeding Roundtable

The top six strategies with activities for the Committee to focus their efforts on in the next two years are:

1. Promote early mother/baby follow-up visits to health plans and healthcare providers in order to identify and respond to potential problems with breastfeeding. State and Local Government (17 dots)

a. Implement a toolkit for (CPSP/FQHC/Medi-Cal) reimbursement for early newborn/postpartum breastfeeding follow up visits for licensed health care providers and International Board Certified Lactation Consultants (in progress).

b. Identify and address barriers to early newborn/postpartum visits, i.e., cultural practices, lack of transportation, and lack of family support.

c. Integrate newborn/postpartum breastfeeding services into established healthcare services, for example Santa Barbara County WIC/FQHC.

d. Standardize and promote health care provider talking points (starting with the Healthy Births Care Quality Collaborative) for prenatal and postpartum visits.

e. Develop and implement a certification system for “Breastfeeding Friendly Medical Certification” that includes an early postpartum visit as one of the criteria, for example Riverside County Department of Public Health.

f. Develop a social marketing campaign that includes the importance of an early newborn/postpartum follow-up visit.

g. Investigate incentives to providers for early postpartum visits.

***1b. Complementary Strategy from Health care insurers and Providers:
Provide breastfeeding evaluation and counseling throughout pregnancy, within days of delivery and at association recommended appropriate follow-up visits.***

a. Obtain reimbursement for IBCLC services as well as breastfeeding supplies

b. Identify resources in the community and state for referrals for breastfeeding support

c. Add HEDEIS measure through NCQA related to number of visits infant should have in first month

- d. Expand CPSP integration into routine pre/post natal visits and ensure breastfeeding education provided by CPSP healthcare providers at postpartum follow-up visits is accurate.
- e. Encourage and promote linguistically and culturally appropriate training and materials
- f. Expand follow up calls from facilities to post-partum families
- g. Utilize existing toolkits for prenatal education for providers
- h. Promoting the Medical Home for families
- i. Promoting adoption of WHO ten steps or CA model policies
- j. Promote and encourage group health education visits and home health visits
- k. Establish warm-line within current systems such as 211 or develop in other areas
- l. Make alternative communication methods reimbursable (phone, email, tele-med)

2. Provide technical assistance to California hospitals to develop and implement the ten California model hospital policy recommendations to support breastfeeding. State and local Government (15 dots)

a. Develop and provide in-person and online model hospital breastfeeding policy training with continuing education credits for providers. (in progress)

b. Designate a key contact person for hospital breastfeeding policies at the state and/or county level.

c. Build on existing programs – Use Regional Perinatal Programs of California as a base and expand scope of work of Regional Perinatal Programs of California to include implementation of Model Hospital Policies/Baby Friendly 10 steps.

- d. Consider acknowledgement and/or financial incentives for hospitals that have increased exclusive breastfeeding rates or financial penalties for decreased exclusive breastfeeding (tax credits, Medi-Cal reimbursement rates) with special attention to top and bottom quartiles.
- e. Update model hospital policy recommendations on a regular basis with input from the California Breastfeeding Roundtable.

- f. Recommend standardized breastfeeding data collection for hospitals with electronic charting, add breastfeeding data.
- g. Identify lessons learned from Loma Linda University and Birth and Beyond California trainings/technical support to California hospitals. (in progress)
- h. Provide positive acknowledgement to hospitals that have become Baby Friendly designated.
- i. Identify and use available resources and expertise (materials from Birth and Beyond California). (In progress)
- j. Increase support for breastfeeding when Title 22 regulations are revised.
- k. Educate providers about availability of technical support for revising policies and improve website resources.
- l. Fund University of California, Davis Human Lactation Center to continue preparing annual report of breastfeeding rates.
- m. Encourage hospital administrators in the same county to convene regular meetings to discuss adopting model hospital policies/Baby Friendly 10 Steps.
- n. Identify gaps and develop and distribute culturally and linguistically appropriate breastfeeding education materials, especially for mothers of low birth weight babies, macrosomic babies, preterm babies and mothers with a family history of diabetes.

2b. Complementary Strategy from Health care insurers and Providers: Adopt the WHO Ten Steps of the Baby Friendly Certification or the California model policy recommendations to support breastfeeding within hospitals, birthing centers, and outpatient settings).

a. Provide evidence based research to insurance providers to assist with rationale for service reimbursement through items such as the association policies and protocols as well as using the Business Case for Breastfeeding

b. Include breastfeeding promotion for any and exclusive breastfeeding as a Quality Improvement activity in hospital settings

c. Utilize the Birth and Beyond California Project toolkit for skin to skin training, QI development, and guidance

d. Encourage and support hospitals achieving Baby Friendly certification through easily accessible tools such as online toolkits and list-serve communications

3. Incorporate infant feeding, including breastfeeding as the norm into the health and science curricula at preschool, primary, secondary, university, continuation, technical, adult, job training and professional education. Schools (13 dots)

4. Require continuing education credits for health practitioners in breastfeeding education. Health Care Insurers and Providers (12 dots)

- a. Lay the ground work talking with opponents and allies (CMA, medical schools).
- b. Mandatory 3 hours of CME for all physicians, CEUs for all healthcare providers licensing and re-licensing.
- c. Mandate certain hours of education within medical school and residencies and demonstrate competency
- d. Develop or utilize current medical board free CME mailers for breastfeeding education
- e. FPACT providers show breastfeeding competency
- f. *ABM membership and outreach
- g. *Send letter to medical board asking for assistance in education

5. Create a media campaign that normalizes and celebrates breastfeeding in California. (Media) 11 dots

1. Use male and female athletes and public figures for public education and media campaigns to promote breastfeeding.
2. Consider emphasizing “California” in this media campaign: “Of course I breastfed, I’m a Californian... Of course I’m going to breastfeed, I’m a Californian... Of course my kids were breastfed, they’re Californians.”
3. Build upon recognition of August as World Breastfeeding Month.
4. Create a symbol for breastfeeding awareness and support, such as the campaigns using pink for breast cancer, red ribbons for HIV and drug free, and the no smoking symbol

6. Provide technical assistance to businesses to support breastfeeding mothers returning to work and impose a civil penalty to businesses violating the California Labor code for Lactation accommodation. State and Local Gov (11 dots)

- a. Incorporate this strategy into County and City Plans.

- b. Post model lactation accommodation policies on the Chamber of Commerce website.
- c. Survey businesses to identify the top three barriers to implementing the lactation accommodation law and develop marketing strategies to address these barriers with the Business Case for Breastfeeding.
- d. Collaborate with a variety of professions that have direct contact with women during the prenatal and early postpartum period to ensure they are aware of the Lactation Accommodation Law with their clients verbally and with written literature in appropriate languages.
- e. Assess the number of employers of low wage earners with lactation accommodation policies.
- f. Collaborate with professional associations to promote the benefits of the lactation accommodation law (highlighting the return on their investment), and model policies to their members.
- g. Promote articles about the Lactation Accommodation Law (and all other state laws related to mothers) to Working Mothers Magazines or Fit Pregnancy and magazines that target populations with low breastfeeding rates and culturally specific newspapers.
- h. Add the Lactation Accommodation Law to the Department of Fair Employment and Housing pregnancy leave flyer.
- i. Pilot test distributing information about the Lactation Accommodation Law at Baby Fairs – collect email addresses and follow-up.
- j. Incorporate information about the Lactation Accommodation Law into the Labor Law Digest utilized by human resource organizations.
- k. Incorporate lactation accommodation policies into workplace wellness documents.
- l. Develop an “enforcement document and disseminate it statewide, i.e., “What to do if you are not Accommodated”: 1) Contact Labor Commissioner; 2) Contact Department of Fair Employment and Housing.